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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

2009

OMB No 1545-0047

Department of the Treasury

lung benefit trust or private foundation)

Open to Public Inspection

			The organization may have to use a copy of this return to satisfy state				2-10									
					ngMAY		, 2010									
	B Che	ck if licable	Please C Name of organization FRATERNAL ORDER OF EAGLES use IRS	#4256	D Emplo	oyer ide	ntification number									
	Add	ress cha	ange label or Doing Business As	.,	91-17											
	Nam	ne chan	print or Number and street (or P O box if mail is not delivered to street address)	Room/ suite	E Telepi											
	Initia	al retum			(904)	829-	9831									
	Terr	nınated	Specific City or town, state or country, and ZIP + 4		G Gross											
	H _{Ame}	ended re	Instructions. ST AUGUSTINE FL 32085-3162		receip	-	210,619									
	H) Is this a d	group return fo	or affiliates'										
	□.44				filiates include		Yes No									
	I Tay		npt status	•	attach a list (s											
		_	cemption num		15110)											
	_				kempaon nam		of legat domicile									
	K Form			W State	or legal domicile											
	Par		Summary	.												
		1	Briefly describe the organization's mission or most significant activities			-										
	Α															
	A GC															
	100															
	00>EE	2	Check this box ▶ If the organization discontinued its operations or disposed of more	5% of its ne	et assets	i										
	Į R Į N	3	Number of voting members of the governing body (Part VI, line 1a)			3										
2010		4	Number of independent voting members of the governing body (Part VI, line 1b)			4										
	-ES		Total number of employees (Part V, line 2a)			5	6									
€	_		Total number of volunteers (estimate if necessary)			6	10									
€	&		Total gross unrelated business revenue from Part VIII, column (C), line 12			7a										
Ω_		l	Net unrelated business taxable income from Form 990-T, line 34			7b	0									
SEP		-	14et uniterated business taxable income nont i ont 330-1, inte 34		Current Year											
	R		On the british and assets (Dort VIII I lease 4 h)	Prior Year	_	- Current rear										
ᇤ	Ē	l	Contributions and grants (Part VIII, line 1h)	100 4	-	010 610										
Z	Ě	l	Program service revenue (Part VIII, line 2g)	133,46	00	210,619										
SCANNED	ことをくほど	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)													
Ö	Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)													
Š		12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,46	66	210,619										
		13	Grants and similar amounts paid (Part IX, column (A), lines 13)													
	_	14														
	X	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_		70,278										
	P		Professional fundraising fees (Part IX, column (A) June 12e) p 0 3 2010													
	EXPEZOEO	ı	Total fundraising expenses (Part IX, column (D), line 25)													
	Ş	47	Other expenses (Part IV column (A) lines 11s 11d 11f 240		140,38	33	147,266									
	ร	18	Total expenses Add lines 13-17 (must equal Part X, column (A), line 26)		140,38		217,544									
		19	Revenue less expenses Subtract line 18 from line 12	-	-6,9		-6,925									
	N	13	Trevenue 1655 expenses - Oubtract line 10 HOHT line 12	Permi			End of Year									
	N O R		Total access (Bot V. Inn. 46)	beginnir	ng of Current											
	Δ. Γ	l .	Total assets (Part X, line 16)		24,3	14	26,62 <u>4</u>									
	CZCHW		Total liabilities (Part X, line 26)			+										
		22	Net assets or fund balances Subtract line 21 from line 20		24,3	12	26,624									
	Part	: II <u> </u>	Signature Block													
			Under penalties of penury, I declare that I have examined this return, including accompanying schedules and state				edge and									
			belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of wh	scri prepare	n nasany kno	wieuge .	C 35									
	Sign		Diad Schutt				8-30-10									
	Here	•	Signature of officer				Date									
			▶ BRAD SCHULTZ SECRETA	ARY												
			Type or print name and title				-									
				Check if	Pre	parer's ide	ntifying number (see instr.)									
				self- employed	1		4-7613									
	Paid		CENE ADAMS ASSOCIATES		EIN	127	-17850811									
	Prepa				-114	- JA	- IN(17,10,1									
	Use C	nly	if self-employed), 412 SHORES BLVD	 .	Dha	- (00	11.701 5670									
			address, and ZIP+4 ST AUGUSTINE, FL 32086		rnone no	▶ (90	14) 794-5678									
	May th	ne IRS	discuss this return with the preparer shown above? (see instructions)				Yes X No									

		RATERNAL	ORDER OF	EAGLES	91-1799730			Page 2
Par		Program Service		nts				
1	Briefly describe the org	janization's missio	on					
								
_ <u></u>	Did the organization un	ndertake any signi	ficant program se	ervices during the	year which were not liste	ed on		
-	the prior Form 990 or 9	_	p. og.a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0 2		Yes	X No
	If "Yes," describe thes		Schedule O					
3	Did the organization ce	ease conducting, o	or make significai	nt changes in how	it conducts, any progran	1		
	services?						Yes	⊠ No
	If "Yes," describe thes							
4	Section 501(c)(3) and	501(c)(4) organiza	ations and section	1 4947(a)(1) trusts	nree largest program se are required to report the program service reported	e amount of grants	; ;	
- <u>4a</u>	(Code) (I	Expenses \$		including grants of \$) (Revenue \$)
					· · · · · · · · · · · · · · · · · · ·			
		-		-				
		·						
								
		 -					 -	
			_ _					
		-						
4b	(Code) (I	Expenses \$		including grants of \$) (Revenue \$)
		 -						
					- <u></u>			
								
						-		
								
			·			<u> </u>		
								
				<u> </u>				
								
						-		
4c	(Code) (E	Expenses \$		including grants of \$) (Revenue \$)
			<u> </u>					
		······································						
								
						· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·						
								
								
4d	Other program services	s (Describe in Sc	hedule O)	-				
	(Expenses \$	<u> </u>	ncluding grants o	f\$) (Revenue \$	i)	
4e	Total program service	e expenses > \$						

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations.Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
7	Part II	4		Χ
5				- 77
3	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III N/A	5		
_		J		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			3.7
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or			
	X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI			
	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
•	assets reported in Part X, line 16°? If ``Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		1	
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
•				
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		Χ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If ``Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If ``Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			<u> </u>
	lines 1c and 8a? If `Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			- ^ `
17	If "Yes," complete Schedule G, Part III	19		Х
20				X
20_	Did the organization operate one or more hospitals? If ``Yes," complete Schedule H	20		\Box

Form 990 (2009)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 19 If ``Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If ``Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	l	
	Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If `Yes,"			
	complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete]	
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If ``Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	—	†	
	Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)			
	was an officer, director, trustee, or direct or indirect owner? If ``Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If ``Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
	Schedule N, Part II	32	ł	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-39 If ``Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	ļ	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If ``Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		İ	
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
JVA	09 99034 TWF 33396 Copyright Forms (Software Only) - 2009 TW	Form 9		2009)

Part	Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	1a	0	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendor	s and reportable	N7 /7			
_	gaming (gambling) winnings to prize winners?		N/A	1c	 	 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	• 1	_	[1
•.	Statements, filed for the calendar year ending with or within the year covered by this return		6	٠		V
b	If at least one is reported on line 2a, did the organization file all required federal employment		-\	2b	 	X
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return to the house we have a second to the sum of \$4,000 or more divine the year.		S)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ii covered by		20	1	X
b	this return? If "You " has it filed a Form 890 T for this year? If "No " provide an explanation in Schedule	0	N/A	3a 3b	 	<u> </u>
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature		74.7.47	30		├
4a	over, a financial account in a foreign country (such as a bank account, securities account, or	· ·				
	account)?	other illiancial		4a	} }	X
b	If ``Yes," enter the name of the foreign country ▶				-	<u> </u>
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of	Foreign Bank and		ļ		
	Financial Accounts	r oreign bank and		1	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			5b	-	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E			<u> </u>	-	
	Prohibited Tax Shelter Transaction?	, , , , , , , , , , , , , , , , , , , ,	N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a	ind did the organiza				T
	solicit any contributions that were not tax deductible?	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such of	contributions or				
	gifts were not tax deductible?		N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	N/A	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for will	hich it was				
	required to file Form 8282?			7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1		ļ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium	ns on a personal				1
	benefit contract?	_		7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benderation		N7 /7	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as r		N/A	7g	<u> </u>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Forr	n 1098-C as	NT / 70			
•	required?		N/A	7h		├
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support the support of the suppo	-		ł		1
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, but were a background the support of any time during the week.	alion, have excess		8	1	\ _V
9	business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			۳	-	X
a	Did the organization make any taxable distributions under section 4966?			9a		Х
a b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations.Enter			 ••		 ^
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations.Enter	<u></u> 1	_	1		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources			1		
_	against amounts due or received from them)	11b		ł		l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu			12a		Х
b	1	12b		T		

91-1799730

Part VI

Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Secti	on A. Governing Body and Management					-	
4-	Enter the number of vature members of the navigroup hads	امدا				Yes	No
1a b	Enter the number of voting members of the governing body Enter the number of voting members that are independent	1a 1b			1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		swith.		1		
-	any other officer, director, trustee, or key employee?	Juguip	AAILI		2		Х
3	Did the organization delegate control over management duties customarily performed by or und	or the	direct		-	-	
3					3		Х
4	supervision of officers, directors or trustees, or key employees to a management company or ot Did the organization make any significant changes to its organizational documents since the pri-			filed?	4		X
4				s illeu /	5		X
5	Did the organization become aware during the year of a material diversion of the organization's	asseis	.,		6		X
6 7-	Does the organization have members or stockholders?		ahara		-		
7a	Does the organization have members, stockholders, or other persons who may elect one or mo	re men	nbers		7a	i	Х
L	of the governing body?		.no2		7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or othe Did the organization contemporaneously document the meetings held or written actions underta				10		
8		Ken ut	ming				
_	the year by the following				8a	ļ	X
a	The governing body?				8b		X
b	Each committee with authority to act on behalf of the governing body?	0 5000	had at the		90		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reaci	neu at trie	į	9a		Х
Socti	organization's mailing address? If ``Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Intern.	al Day	onus Cod		9a		
Secu	Off B. Policies (This Section B requests information about policies not required by the intern	ai Revi	sing Cou	e)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of	such ci	hantore		100		<u> </u>
b	affiliates, and branches to ensure their operations are consistent with those of the organization?		napters,	N/A	10Ь		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before the organization provided a copy of this Form 990 to all members of its governing body before the organization.		a the	11/ 17	100		\vdash
11	form?) C IIII	ig tile		11		Х
11a					<u> </u>		Λ.
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If ``No," go to line 13				12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that	t could	Laive	N/A	120		
U	rise to conflicts?	it could	give	14 / 1/2	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy	/2 If \	/es "	N/A	120		
·	describe in Schedule O how this is done		C3,	14/17	12c	i	
13	Does the organization have a written whistleblower policy?				13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and app	nroval	hv		··-	<u> </u>	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberati						
а	The organization's CEO, Executive Director, or top management official?	on and	400000		15a		Х
b	Other officers or key employees of the organization?				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ngem	ent				1
100	with a taxable entity during the year?	90	J.11.		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to	n evalu	ate			 	<u>^``</u>
	its participation in joint venture arrangements under applicable federal tax law, and taken steps			N/A			
	the organization's exempt status with respect to such arrangements?		guara	11/21	16b		1
Secti	on C. Disclosure				1.00		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T	(501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply		(5)(0	,, ,			
	Own website Another's website Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume	nts co	nflict of in	terest			
	policy, and financial statements available to the public	, 🕶	5. 51 111				
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and	records	of the			
	organization ► See attachment #1			- · - · -			
	occ accasimone #1			_			

Farm 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of ``key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average			(0	>)	at apply)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	NRINR FEMIOM O DURSU FYPGMPR		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations				
	18.00			Х				0	0	0
BRAD SCHULTZ SECRETARY RALPH BENDIX	16.00			Х				0	o	0
	10.00			Х				0	o	О

JVA

Part	VII Section A. Officers	, Director	s, Trust	ees, K	Cey En	nploy	ees, and	High	est Compensated E	mployees(continue	∌d)			
	(A)	(B)			(0	•			(D)	(E)			(F)	
	Name and title	Average hours per week	PO DIRECTOR INDIVIDUAL	SITION T N R U S T T E E T T O N A L	OFFFICER	K E E M Y P L O Y E E	at apply) H COMPLOYERS ATED	F O R M E R	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		amo of compo from organ and	mated bunt o ther ensati m the nizatio relate	f ion on d
				L	<u> </u>					-	 			
1b	Total Total number of individuals (including I	out not l	mitod	to the	no liete	nd above		0	0 \$100,000 un reporte	0	no mn	ancati	
-	from the organization	including i	out not n	mileu	to thos	56 11516	above	, willo	received more man	#100,000 iii lepoite	IDIC (COMP	ciisati	OII
	gamen p			_									Yes	No
3	Did the organization list any	former of	ficer, dire	ector c	or trust	tee, ke	y emplo	yee, o	r highest compensat	ed				
	employee on line 1a? If "Ye										L	3		_X
4	For any individual listed on li										-		į	
	the organization and related individual	organizati	ons grea	ater tha	an \$15	50,000	ivit ve	s," cor	mpiete Schedule J to	or such		4		Х
5	Did any person listed on line	1a receiv	e or acci	rue co	mpens	sation	from any	unrel	lated organization for	ī	-	-		
	services rendered to the org				•		-		=			5		Χ
Sectio	n B. Independent Contracto	rs												
1	Complete this table for your	five highes	st compe	ensate	d ınde	pende	nt contra	ctors	that received more t	han \$100,000 of				
	compensation from the orga													
	Name and	(A) I business	address	·					(B) Description of se	ervices	_Cc	(C omper	satio	<u>n</u>
									1.5					_
2	Total number of independent \$100,000 in compensation from			_	ut not	imited	to thos	e liste	d above) who receive	ed more than				

Part	VII	Statement of Rever	nie						. ugo o
<u>. u., </u>		Statement of Never				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
c G O	1a	Federated campaigns	1	а					
$\alpha \in H$	١ ,	Membership dues		b		1			
NTE	ءَ ا	Fundraising events		С		1			
RcS		Related organizations		ă	 	1			
IRM		Government grants (contril	<u></u>	e	 	}			
R G R M - L	l	-	-	-		1			
UNTA	f	All other contributions, gifts							
OAA		similar amounts not include							
0 A A A N M S D T	9		nes 1a-1f	\$ _					
<u>s</u> _	h	Total. Add lines 1a-1f			<u> </u>	<u></u>			
P				_	Business Code]			
R O S	2a	GROSS REVENUE	(SEE SCH	5		210,619			
GΕ	b			_ [
RRR	C			_ {					
MIV	d								
CE	lе				_				
E N U	f	All other program service r	evenue	- [
Ē	g			•		210,619			
	3	Investment income (includi	ing dividends, inte	eres	t, and				
		other similar amounts)							
	4	Income from investment of	tax-exempt bond	l pro	ceeds •				
	5	Royalties			•	<u> </u>			
		[(ı) Real	$\neg \tau$	(II) Personal				
	62	Gross Rents	(1) (1001	-	(11) 1 01001101				
		Less rental expenses	<u></u>	_	· · · · · · · · · · · · · · · · · · ·	1		1	
		D 11		-		-			
			<u> </u>						
	d	Net rental income or (loss)			(v) Other				
	7a	Gross amount from sales	(ı) Securities	-	(II) Other				
		of assets other than							
	L	Inventory		-			1		
	ם ו	Less cost or other basis							
0	_	and sales expenses		-+		-			
Ť	I	Gain or (loss)							
Н	,	Net gain or (loss)		_					
Ε	ва	Gross income from fundrai	sing						
R		events (not including \$		- [
R		of contributions reported or	n line 1c) .					•	
E		See Part IV, line 18		a		ļ	i		
٧		Less direct expenses		þ					
Ε		Net income or (loss) from f	_	3 .					
N	9a	Gross income from gaming	activities See						
U		Part IV, line 19		a		1			
_	b	Less direct expenses		ь		[,	1	
	С	Net income or (loss) from g	gaming activities		•				
	10a	Gross sales of inventory, le	ess						
	ĺ	returns and allowances		а					
	b	Less cost of goods sold		ь		}			
	С	Net income or (loss) from s	sales of inventory	_					
		Miscellaneous Re	venue	T	Business Code				
	11a			7		1			
	b			-					
	C		· · · · · · · · · · · · · · · · · · ·	-					
	d	All other revenue		-			 		
	e			L	<u> </u>				
	12	Total revenue. See instruc	ctions			210,619			
								l	i

JVA

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

		· · · · · · · · · · · · · · · · · · ·		olumns (B), (C), and	
	t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	, 9b, and 10b of Part VIII. Grants and other assistance to governments and	 	expenses	general expenses	expenses
·	organizations in the U.S. See Part IV, line 21		1		
2	•				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the	1	[1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			 	
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and	1	ļ	, ,	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	64,064			
8	Pension plan contributions (include section 401(k)	- 01/001			
-	and section 403(b) employer contributions)			[
9	Other employee benefits		1	 	
10	Payroll taxes	6,214	 	 	
11	Fees for services (non-employees)			 	
а	Management	1			
b	Legal			 	······································
С	Accounting	545			
d	Lobbying				·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	75			
13	Office expenses	1,116			
14	Information technology				
15	Royalties				
16	Occupancy	19,562			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,110			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		1		
	5% of total expenses shown on line 25 below)				
a	DIRECT COST (SEE SCHEDULE)	70,622	ļ <u> </u>		
b	UTILITIES	23,093			
C	SALES TAX	15,451	ļ	 	
d	REPAIR & MAINTENANCE	3,955	ļ		
e	PROPERTY TAX	3,215			
f o=	All other expenses #2	4,522	 	 	
25	Total functional expenses. Add lines 1 through 24f	217,544	 	 	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in	1	1	1	
	column (B) joint costs from a combined educational				
JVA	campaign and fundraising solicitation 09 99010 TWF 33402 Copyright Forms (Software Only) - 20		<u> </u>	<u> </u>	Form 990 (2009)

Part X Balance Sheet (A) (B) Beginning of year End of year 24,312 1 26,624 Cash -- non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete ASSETS Part II of Schedule L ĥ Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments -- publicly traded securities 11 12 12 Investments -- other securities See Part IV, line 11 13 Investments -- program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 24,312 26,624 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable L 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 A B 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 I LITI 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Е 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 0 0 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. FUND N E T 27 Unrestricted net assets 24,312 27 26,624 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 ASSETS BALANC Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund O R Ε 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 24,312 26,624 24,312 34 34 Total liabilities and net assets/fund balances 26,624

09 99011

JVA

TWF 33403

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Form 990 (2009)

			Pag	e 12
			Yes	No
				
,		2a		<u>X</u>
		2b		X
oversight of the	N/A	2c		X
oplain in				
ar were issued oi	1			

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for audit, review, or compilation of its financial statements and selection of an independent accountant If the organization changed either its oversight process or selection process during the tax year, ex Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye a consolidated basis, separate basis, or both Consolidated basis Separate basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form **990** (2009) 09 99012

Accrual

X Cash

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Fçrm 990 (2009)

JVA

Part XI Financial Statements and Reporting

99011

TWF 33421

1 Accounting method used to prepare the Form 990

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

uctions. Inspection
Employer identification number

FRA	TΕ	ERNAL OR	RDER OF EAGL	ES #4256			_	9	1-179	9730			
Pa	rt I	Reason	for Public Chari	ty Status (All organ	ızatıons m	ust compl	ete this pai	rt) See ins	structions				
The d	orga	anization is not a	a private foundation be	cause it is (For lines 1	through 1	1, check o	only one bo) x					
1	L		ention of churches, or			d in sect	ion 170(b)	(1)(A)(i).					
2	L	A school descr	ibed in section 170(b)	(1)(A)(ii).(Attach Sche	edule E)								
3	L	A hospital or a	cooperative hospital se	ervice organization des	scribed in	section 1	70(b)(1)(A	.)(iii).					
4		A medical rese	arch organization oper	ated in conjunction wit	h a hospita	al describe	d in sect	ion 170(b))(1)(A)(iii)	.Enter th	e hospi	tal's na	ıme,
		city, and state											
5	L		n operated for the bene	efit of a college or unive	ersity owne	ed or oper	ated by a g	governmer	ntal unit de	escribed i	n sect	tion	
6		A federal, state	e, or local government	or governmental unit d	escribed ir	section	170(b)(1)((A)(v).					
7		_	n that normally receive)(1)(A)(vi).(Complete F		ts support	from a go	vernmenta	I unit or fro	om the ge	neral pub	lic desc	cribed i	ın
8		A community tr	rust described in section	on 170(b)(1)(A)(vi). (C	omplete Pa	art II)							
9		receipts from a support from gi	n that normally receive activities related to its e ross investment income e organization after Jur	xempt functionssubje e and unrelated busine	ect to certa	in exception income (I	ons, and (2 ess section	l) no more n 511 tax)	than 33 1	/3 % of it			
10	П	An organizatioi	n organized and opera	ted exclusively to test f	or public s	afety See	section !	509(a)(4).					
11		An organization purposes of on	n organized and opera ie or more publicly sup	ted exclusively for the l ported organizations de	benefit of, escribed in	to perform section 5	the function the the the the the the the the the the	ons of, or to section 5	09(a)(2) \$	See sec t	tion		
		<u> </u>	ck the box that describ					ines rie ti	· —				
е			b ∐ Type is box, I certify that the than foundation manage ection 509(a)(2)	organization is not cor		ectly or inc	directly by		re disqual				
f		If the organizat	tion received a written of	determination from the	IRS that it	ıs a Type	I, Type II o	or Type III	supporting	g			Г
g		Since August 1 following perso	7, 2006, has the orgar	nization accepted any g	gift or conti	ribution fro	om any of the	he					
		(i) A person w	ho directly or indirectly	controls, either alone	or togethe	r with pers	sons descr	ibed in (ii)				Yes	No
		and (III) bel	low, the governing bod	y of the supported orga	anızatıon?					N/A	11g(i)		<u> </u>
		(ii) A family me	ember of a person des	cribed in (i) above?							11g(ii)		
		(iii) A 35% con	trolled entity of a person	on described in (i) or (ii)) above?					N/A	11g(iii)		
<u>h</u> _		Provide the foll	lowing information abo	ut the supported organ	ization(s)				-				
(i) N		ne of supported ganization	(ii) EIN	, , ,,	(iV) Is the o in col (i) lis governing di	sted in your	(V) Did you organization of your st	ın col (i)	(vi) organizatior organize U	nın col (İ) ' '	Amou suppor	
					Yes	No	Yes	No	Yes	No			
			1		}								
									1		1		
					1						Ì		
									ļ				
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rot.													-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE OF OTHER EXPENSES

Attachment 2: Form 990 Page 10, Line 24 - Other Expenses

Open to Public
Inspection For calendar year 2009 or tax period beginning 06-01-2009, and ending 05-31-2010.

Name of Organization Employer Identification Number

Inspection For calendar year 2009 or t	1aing 05-51-					
Name of Organization FRATERNAL ORDER OF EAGLES	#4256		Employer Iden 91-17997	Employer Identification Number 91–1799730		
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising		
TELEPHONE LICENSES & PERMITS SUPPLIES EXTERMINATOR AUTO EXPENSE OTHER EXPENSES(SEE SCHEDU	2,091 796 796 482 193	Services	and General	(D) I unuraising		
	otal 4,522					

FRATERNAL ORDER OF EAGLES 4256 INCOME STATEMENT DATE: 05/31/10

PERIOD: JUN-MAY

ACCT. DESCRIPTION	CURRENT	8 =========	YEAR-TO-DATE	% ======
GROSS REVENUES				
MEMBER DUES BAR SALES FOOD SALES GAMEROOM INCOME MISC DONATIONS	9,170.00 151,975.66 38,634.34 9,408.42 1,431.00	72.2 18.3 4.5	9,170.00 151,975.66 38,634.34 9,408.42 1,431.00	72.2 18.3 4.5
TOTAL GROSS REVENUES	210,619.42	100.0	210,619.42	100.0
DIRECT COSTS				
NATIONAL DUES STATE DUES BAR PURCHASES FOOD PURCHASES BAR & FOOD SUPPLIES DONATION TO CHARITY GAMEROOM SUPPLIES PAYROLL COMMISSIONS	1,842.00 594.00 38,656.35 11,658.26 3,113.27 9,037.00 2,509.00 64,063.95 3,212.00	0.3 18.4 5.5 1.5 4.3 1.2 30.4	38,656.35 11,658.26 3,113.27 9,037.00 2,509.00	0.3 18.4 5.5 1.5 4.3 1.2
TOTAL DIRECT COSTS	134,685.83	63.9	134,685.83	63.9
GROSS PROFIT (LOSS)	75,933.59	36.1	75,933.59	36.1
GENERAL EXPENSES				
ACCT'G & LEGAL FEES ADVERT & PROMOTION AUTO EXPENSE CASUAL LABOR DUES & SUBSCRIPTIONS EXTERMINATOR INSURANCE JANITORIAL LICENSES & PERMITS OFFICE EXP & PSTG RENT REPAIR & MAINTENANCE	545.00 75.00 192.50 114.00 48.50 482.00 5,110.48 125.00 795.90 1,116.02 19,561.50 3,955.27	0.3 0.0 0.1 0.1 0.0 0.2 2.4 0.1 0.4 0.5 9.3 1.9	545.00 75.00 192.50 114.00 48.50 482.00 5,110.48 125.00 795.90 1,116.02 19,561.50 3,955.27	0.3 0.0 0.1 0.1 0.0 0.2 2.4 0.1 0.4 0.5 9.3

Page 2

FRATERNAL ORDER OF EAGLES 4256 INCOME STATEMENT DATE: 05/31/10

PERIOD: JUN-MAY

ACCT. DESCRIPTION	CURRENT	용 	YEAR-TO-DATE	%
SUPPLIES	796.24	0.4	796.24	0.4
TAXES-PAYROLL	6,214.11	3.0	6,214.11	3.0
TAXES-PERS PROPERTY	3,214.98	1.5	3,214.98	1.5
TAXES-SALES	15,450.75	7.3	15,450.75	7.3
TELEPHONE	2,091.23	1.0	2,091.23	1.0
UTILITIES	23,092.85	11.0	23,092.85	11.0
TOTAL GENERAL EXPENSES	82,981.33	39.4	82,981.33	39.4
TOTAL INCOME TOTAL EXPENSE	210,619.42 217,667.16	100.0 103.3	210,619.42 217,667.16	100.0 103.3
				
NET PROFIT (LOSS)	(7,047.74)	3.3	(7,047.74)	3.3

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRATERNAL ORDER OF EAGLES #4256 BOOKS ARE IN CARE OF THE GEN. MEMB.

Employer identification number 91-1799730

BOOKS ARE IN CARE OF

<u>Attachme</u>	ent	1:	Form	990	Pag	e 6,	Part	VI,	Section	C, Lin	ne_20_	
Open to Publi	С			_								
Inspection			alendar y	<u>ear 2009</u>	or tax	period	beginning	0.6	6-01	, and endi		5-31-2010.
Name of Orga												er Identification Number
FRATERNA		ORDE	ER OF	EAGI	<u>ES</u>	#425	56				91-1	799730
Part VI - Line 9	1a											
									CENTEDAT	MUMBU	CUID	
Individual Nam	е								GENERAL	MEMBER	KSHIP_	
OF	_											
Business Name	e											
				<u> </u>	-							
Charact A I I				_					12 COUMI	I DIVII	7 115.137	
Street Address									13 SOUTH			
									SI AUGUS	DITINE,		
U S Address												
Zip cod	le	3208	R 4		City	ST	AUGUST	TTNE		,	State FL	
or					Oity						J.U.O <u></u>	
Foreign Addres	ss											
3												
City					_				·			
		_										
Provinc	ce or :	State					_					
Countr	v											
	,											
Postal	code											
5 1	N 11	.										(004) 020 0021
Phone	Numi	ber										(904)829-9831
Fax Nu	ımber											
i ux iii												

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

clus date for preturn sets of preturn to be filed (file a separate application for each return) Form 990 Form 990 Form 990-EZ Form 990-PF Telephone No ▶ Form 1041-A Form 990-PF If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this fall imembers the extension will cover Tereflect an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15 , 20 11 , to file the exempt organization return for the organization named above The extension is for the organization's return for the organization return for the organization return for the organization named above The extension is for the organization's return for the organization return for the organization named above The extension is for the organization's return for the organization is for Form 990-Bi, 990-PF, 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit to Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment 3c the file of the propertice of the propertice of the payment specified in store organizations.	Internal Revenu	e Service			
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for payment instructions