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### 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Ā	F	or the	2009 calend	dar year, d	or tax year b	eginning		06-01	, 2009, and e	nding		05	-31 , <b>20</b> 10
B	С	heck if	applicable	Please	C Name of org	anization FRATERN	AL ORDER OF	EAGLES			.=	] [	D Employer identification no
	] A	ddress	change	use IRS label or	Doing Busin	ess As AERIE 2	081	<u> </u>					93-0312668
	) N	ame ch	ange	print or		street (or P O box if mail		eet address)		Room/s	uite		E Telephone number
	] In	ıtıal reu	ım	type See	2771 PE	NCE LOOP SE						- 1	(503)362-3212
	Ĩ τ <sub>ε</sub>	erminate	ed	Specific		state or country, and ZIP	+4						G Gross receipts
Ē	รั	mendec		Instruc- tions.	1	OR 97302						- 1	s 336,506
Ē	วั		on pending	E Name	<u></u>	nncipal officer LOU	SE JONES		<del></del>				
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_	т.		npt status		10) <b>◀</b> (inse					1	Are all affil		
<u>-</u>			► N/A	<u> </u>	±0 / 4 (msc		1) 01 321			—  `` ⊩	No, atta	ach a lis	st (see instructions)
<u>ь</u> к			rganization	Corporation	□ Taust [汉]	Association Other		lı va	ar of formation 2				I domicile OR
			Summar			Association Other	<del></del>		2 0.1011121011 2	005	wi Olako	- or regar	domene Or
20	Par	1		<del>-</del>	nanization's m	ussion or most signi	ficant activities	COM	MUNITY ENT	FOR M	EMBEI	R.S	
		1 Briefly describe the organization's mission or most significant activities COMMUNITY ENT FOR MEMBERS										<del></del>	
2.70 C.A.	G						······································						<del></del>
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1	v e	2	Check this h	ov 🏲 🗍 if	the organiza	tion discontinued its	operations or di	snosed of m	ore than 25% o	of its net a	esets		<del></del>
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Š		ì				nue from Part VIII, o						7a	38,495
B		1	•									7b	36,493
_		-	ivet unielatet	Dusiriess	taxable ilico	ne from Form 990-	W KE KI		<del></del>		r Year	10	<u>_</u>
	R	8	Contributions	and grant	to (Dart VIII		O			- 7700		,382	Current Year 16,860
<b>T</b>	e v	9					انسا					, 873	29,123
34	e	10	Investment in	ncome (Pa	ut VIII. colum	ne 2g) JAN 2.4 h (A), lines 3, 4, and	(7d)		<del> </del>			11	
<b>E E</b>	n	11				, lines 5, 6d, 8c, 9c,					156	,499	<del></del>
35	e	12				1 (must equal Part						,765	
ARIX DATE	<del></del>	13				art IX, column (A), lii	7-2-1-0					,,,,,	211,131
Ŧ		14				t IX, column (A), lin							- 0
	E x	15			-	yee benefits (Part I					46	,779	57,803
JAN	P	l			-	X, column (A), line 1						,,,,	37,005
	e n			7	-	column (D), line 25			0		*-***		<del></del>
7	S e			•	•	), lines 11a-11d, 11f					180	,548	145,986
~	S		•	•	•	ust equal Part IX, co	-		J	<del>_</del>		,327	203,789
3		19	-			ne 18 from line 12						,438	
Ne			1104011001000	oxpense.	3 Oublidelin	ne to nom into te				Beginning of			End of Year
As	sets	20	Total assets	(Part X lin	ne 16)				-			,980	52,340
or Fu		21	Total liabilities	•	·				-			, 239	4,934
Ba	i⊦ ces	22			,	act line 21 from line			<del> </del>			,741	47,406
-	art		Signatur						<del></del>				
L.			Under penaltie	s of perjury, I	declare that I ha	ve examined this return, i	ncluding accompany	ng schedules a	nd statements, and	to the best o	f my knov	vledge	
			and belief, it is	true, correct,	and complete [	Declaration of preparer (of	her than officer) is ba	sed on all inform	nation of which prep	arer has any	knowled	ge /	
S	ign			1 Va	لا منه	1 series					,	1 I-	18-11
Н	ere		Signature	officer	1	~					-	Date	;
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			Type or p	nnt name an	d title	<i>J.</i> <b> </b>				-			
			Preparer's		$\overline{}$			Date	Check	ıf	,		ntifying number
_			signature		11-	1 /		12/20	self- employ	red ▶ 🗌	(see in:	struction	ıs)
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J;	,. •	,	if self-employe	d).	930 13	th St. SE					9,	3-1	0308/2
			address, and 2	ZIP + 4		OR 97302				Phone no			
Ma	ay th	e IRS	discuss this i	return with	the preparer	shown above? (see	e instructions)						Yes 🗓 No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

	n 990 (2009) FRATERNAL ORDER OF EAGLES	93-0312668	Page 2
Pa	irt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	COMMUNITY ENT FOR MEMBERS		
			<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	Π.,	
	the prior Form 990 or 990-EZ?	· · · · 📙 Yes	X No
2	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v	₩.
		📋 res	⊠ NO
4	If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants at	nd	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	10	
	allocations to differs, the total expenses, and revenue, if any, for each program on vice reported		
4a	(Code ) (Expenses \$ 190,104 including grants of \$ ) (Revenue	\$	
	PROVIDE COMMUNITY ENT FOR MEMBERS	<u> </u>	′
		<del></del>	
4Ь	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services. (Describe in Schedule O.)	1	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	<del></del>
4e	Total program service expenses ▶ 190,104		

Part 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		<u>X</u>
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, Part II	4		
5	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	5		
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 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		X
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	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			1
•	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		-	
•	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 167 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	40		
	Schedule D, Parts XI, XII, and XIII	12		X
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	4.5		v
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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.4L		v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15	:	v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	- 13		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		Х
4	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	10		Λ_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	-17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Х
~~	If "Yes," complete Schedule G, Part III	20		X
20	Dig the organization operate one or more hospitals / If "Yes," complete Schedule n	20	1	27

Part IV Checklist of Required Schedules (continued) Yes No 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 1? If "Yes," complete Schedule I, Parts I and II ............ 21 Χ 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 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 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 24a Χ 24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Ь 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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? 27 Χ 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) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ........ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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, 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I ......................... 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 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, Χ Part VI . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 Χ 

		- Control	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		ŧ	-
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ł	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	]	Ī	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ.,,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		•	
	instructions)		] .	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1	-	
	this return?	3a	X	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		}	}
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ		
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	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?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds			
a	Did the organization make any taxable distributions under section 4966?	9a		Х
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
1	Section 501(c)(12) organizations. Enter:			,
' a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	•	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	1 100, onto the amount of tax exempt interest received of accided during the foot	L	1	

Form 990 (2009) FRATERNAL ORDER OF EAGLES

Part VI Governance, Management, and Disclosure For 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 change	35
Schedule	O See instructions				

	Schedule O See instructions			
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 8	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	] }		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
_		6		X
6		-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			v
	of the governing body?	7a		$\frac{X}{X}$
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Λ.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	Bb	X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	nue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
		14	X	
14	Docs the digularitation without document and document party	<del></del> -		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		v
a	The organization's CEO, Executive Director, or top management official	15b		X
þ	• • • •	, , , ,		- 47
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
_	with a taxable entity during the year?	108		
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1 1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	466		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ FRATERNAL ORDER OF EAGLES AERIE2081 (503)363-3212			
	2771 PENCE LOOP SE Salem, OR 97302			

# 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

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

Average   Position (check all that apply)   Reportable   Compensation   Compens	Estimated amount of other compensation from the organization
week	other compensation from the
	and related organizations
MARC FERRIS	
PRESIDENT 3.00 X . 0 0	0
LOUISE JONES	
SECRETARY 3.00 X 0	
AL UNWIN	
TRUSTEE 3.00 X	
BRIAN DOBSON	
TRUSTEE 3.00 X	
GLORIA GREINER	
TRUSTEE 3.00 X	
EMILY BOWMAN	
TRUSTEE 3.00 X	
KEN TURNER	
TRUSTEE 3.00 X	
PAUL HUBER	
VICE PRESIDENT 3.00 X	
ROBERT DANKENBRING	
JUNIOR PAST PRESIDENT 3.00 X	

P	art VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A)	(B)			(6	C)			(a)	(E)			
	Name and Title	Average hours per week	Position of the position of th	d I t n n r r s u e t s c i t t e o u e	Oflice	K e y e m p t o y e e	H c e I o m g m p l e e o s n y t s e t e d	F o r m	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Cor	Estimate: mount of other mpensatifrom the ganization and relate ganization	of tion e ion ed
_				-	-		-						
			-		_							<del></del>	
			ļ	_	_					1			
					-		-	-					
							<del>  -</del> -				<u> </u>		
						}							
					-								
											ļ		
		-				-		-			<del>                                     </del>		
		<del> </del>			_						-		
		ļ											
1b	Total							<b>▶</b> e tha	0 \$100,000 in	0	<u> </u>		0
	reportable compensation from the organization									0		,	<u></u>
3	Did the organization list any <b>former</b> officer, director or	truetee kevi	emnlov	iee i	or h	iahe	st com	nen	sated			Yes	No
•	employee on line 1a? If "Yes," complete Schedule J for	r such individ	iual								3		X
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater than											1	
	ındıvıdual										4		X
5	Did any person listed on line 1a receive or accrue com services rendered to the organization? If "Yes," complete									<i></i>	5	1	Х
Sec	ction B. Independent Contractors	ste Ochedule	0 101 3	uo	porc							<u> </u>	
1	Complete this table for your five highest compensated compensation from the organization	independent	contra	ctors	s tha	it re	ceived	mor	e than \$100,000 of				
	(A)				•				(B)			(C)	
	Name and business address								Description of se	ervices	Comp	ensation	<u></u>
									<del> </del>				
				_									
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization)		those	liste	ed al	DOV	e) who	rece	eived	j			

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
	Ь	· · · ·	1b	16,860	:			
Contri- butions,	c		1c				•	
grits,	d		1d					
grants	e		1e				į	
and other		All other contributions, gifts, grants,						
sımılar	<u>'</u>	and similar amounts not included above	1f	j	]			
amounts	g		-1f \$	· · · · · · · · · · · · · · · · · · ·				
	h				16,860			
				Business Code		-		
	2a	MISCELLANEOUS		900099	29,123	29,123		
	ь							
Program Service	c							
Revenue	d							
	e							
	f	All other program service revenue	<del></del> .					
_	g	Total. Add lines 2a-2f			29,123			
	3	Investment income (including dividends, into other similar amounts)						
	4	Income from investment of tax-exempt bond	d proce	eeds► [				
	5	Royalties		<u></u> ▶ ]				
		(ı) Real		(ii) Personal		-		
	6a	Gross Rents						
	ь	Less: rental expenses				,		
	С	Rental income or (loss)					,	
	d	Net rental income or (loss)	· · ·		···	·		
	7a	Gross amount from sales of (i) Secunting	es	(II) Other		•		
	ļ	assets other than inventory						
	ь	Less cost or other basis						
0		and sales expenses						
ť		Gain or (loss)				:		
h	ď	Net gain or (loss)						<del></del>
r	8a	Gross income from fundraising						
D		events (not including \$						
R e		of contributions reported on line 1c).				1		
V		See Part IV, line 18		3,235				
e n		Less: direct expenses				1		
u		Net income or (loss) from fundraising event	s .	· · · · · · <b>&gt;</b>	3,235	3,235		······
e	9a	Gross income from gaming activities.				j		
		See Part IV, line 19						
		Less: direct expenses		L	:			
	С	Net income or (loss) from gaming activities		· · · · · • •				
	10a	Gross sales of inventory, less						
		returns and allowances		248,793				
		Less cost of goods sold		122,052				
	С	Net income or (loss) from sales of inventory	<u> </u>		126,741	126,741		
		Miscellaneous Revenue		Business Code				
	11a					<del></del>	20 407	
	þ	OREGON STATE LOTTERY		713200	38,495		38,495	
	C			<del></del>				<u> </u>
		All other revenue						<del></del>
		Total. Add lines 11a-11d		1	38,495	150 000	20 405	
	12	Total revenue. See instructions		<u></u> <u>▶ _</u>	214,454	159,099	38,495	0

### Part IX Statement of Functional Expenses

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

	All other organizations must complete colu	mn (A) but are not re	quired to complete co	olumns (B), (C), and (D	)
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
71	o, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21				
2	Grants and other assistance to individuals in	ļ			
	the U.S. See Part IV, line 22				······
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	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	ļ			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,392	50,392		<del></del>
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,411	7,411		<del>-7</del>
11	Fees for services (non-employees)				
a	Management				
b	Legal				<del></del>
ب 2	Accounting		<del></del>		
d	Lobbying		<del></del>	,	
e f	Investment management fees				
-	Other	<del></del>	<del></del>		
g 12	Advertising and promotion		<del></del>		
13	Office expenses	12,437		12,437	
14	Information technology	22, 20,			
15	Royalties				
16	Occupancy	34,833	34,833	* * * * * * * * * * * * * * * * * * * *	<del></del>
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	28		28	
23	Insurance	14,139	14,139		
24	Other expenses. Itemize expenses not		1		
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed		, [		
	5% of total expenses shown on line 25 below.)				
а	EQUIPMENT REPAIR	2,517	2,517		
b	JANITORIAL	18,293	18,293		
С	BANK CHARGES	1,220		1,220	
ď	BUILDING MAINTENANCE	3,198	3,198		
e	BAND AND MUSIC	57,808	57,808		
f	All other expenses	1,513	1,513		
25	Total functional expenses Add lines 1 through 24f	203,789	190,104	13,685	0
26	Joint Costs. Check here ▶ ☐ if following  SOP 98-2 Complete this line only if the		İ		
	organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation				<del></del>

93-0312668

Part X **Balance Sheet** (A) (B) End of year Beginning of year 1 30,089 33,356 4,614 2 3,972 2 3 3 4 4 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 A 6 7 \$ 7 Notes and loans receivable, net ............ e 4,227 8 12,850 8 9 9 Prepaid expenses and deferred charges ...... Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . | 10a 1,303,609 10c 2,050 2,162 1,301,447 11 11 12 Investments - other securities See Part IV, line 11 ...... 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 40,980 52,340 16 17 2,934 17 18 18 19 19 L 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ..... 21 b 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 t 23 2,000 4,239 23 Secured mortgages and notes payable to unrelated third parties ..... 24 24 25 25 4,239 26 4,934 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. NF 27 36,741 47,406 e t ш 27 n 28 28 29 Α 29 s s В Organizations that do not follow SFAS 117, check here ▶ □ а and complete lines 30 through 34. е 30 30 S n 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . 0 32 33 47,406 36,741 33 34 52,340 40,980 Total liabilities and net assets/fund balances . . . Form 990 (2009)

orm	990 (200	9) FRATERNAL ORDER OF EAGLES 93-0312668	3	Pa	age 12
Par	XI	Financial Statements and Reporting			
				Yes	No
1	Account	ng method used to prepare the Form 990. 🔯 Cash 🔲 Accrual 🗋 Other	-		
	If the org	anization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedul	e O			
2a	Were the	e organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
ь	Were the	e organization's financial statements audited by an independent accountant?	2b		X
		o line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
		, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u></u>
	If the org	anization changed either its oversight process or selection process during the tax year, explain in			
	Schedul	0			
d	If "Yes"	o line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued o	n a consolidated basis, separate basis, or both			

Both consolidated and separate basis

EE A

☐ Separate basis

☐ Consolidated basis

Form 990 (2009)

3ь

#### Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2009

(Including Information on Listed Property) 200

Interna	Iment of the Treasury at Revenue Service (99)	➤ See separate	e instructions			our tax return	). 		Attachment Sequence No	67	
	(s) shown on return				ĺ		this form relates			klentifying number	
<u>FR</u>	ATERNAL ORDI				<del></del>	M 990	<u>- 1</u>			93-03126	68
Pa	rt I Election T	o Expense	e Certain Pr	operty Unc	ler Sect	tion 179					
	Note: If you	have any liste	d property, com	olete Part V be	lore you c	omplete Part	1			<del></del>	
1	Maximum amount Se	e the instructi	ons for a higher	limit for certain	business	es			1		
2	Total cost of section 1	79 property p	laced in service	(see instruction	ns)				2		
3	Threshold cost of sec	tion 179 prope	erty before reduc	tion in limitation	n (see inst	ructions)			3_		
4	Reduction in limitation	n. Subtract line	3 from line 2. If	zero or less, e	nter -0-				4		
5	Dollar limitation for tax	k year Subtra	ct line 4 from line	e 1. If zero or le	ss, enter ·	0 If married	t filing				
	separately, see instru	ctions				<u> </u>	<u></u> .		5		
	(a)	Description of pre	орепу		(b) Cost (b)	isiness use only	) (c) Elec	cted cost		ļ į	
6			<del>_</del>							}	
7	Listed property Enter	the amount fr	om line 29			7				Į	
8	Total elected cost of s			unts in column	(c), lines	6 and 7 .			8		
9	Tentative deduction								9		
10	Carryover of disallow				4562				10		
11	Business income limit								11		
12	Section 179 expense						,		12		
13	Carryover of disallow					. ▶ 13		<del> </del>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	·····
	: Do not use Part II or						<u></u>			L	
	t II Special D	enreciation	n Allowance	and Other	Denre	ciation (D	n not include le	sted pro	perty )	(See instructions.	`
-	Special depreciation a							oteu proj	]	(BOO III OU GOLOIJO:	,
14									14		
	during the tax year (se		,						15		
15	1117										
16	Other depreciation (in		<del></del>					· · · ·	16		
Pai	HIII MACRS	Jepreciatio	on (Do not inc			e instruction	8 /				
					ection A	- 0000			17		
17	MACRS deductions for									<u> </u>	<del></del>
18	If you are electing to g							$\Gamma$			
	asset accounts, check	k here	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	· · · · ·		<u> ▶</u>				
	Section Section	on B - Assets	Placed in Ser			ear Using th	e General De	preciation	on Sys	item )	
,	(a) Classification of prop	erty	( <b>b</b> ) Month and year placed in service	(c) Basis for der (business/investionly-see instru	ment use	(d) Recovery period	(e)Convention	(f) Met	nod	(g)Depreciation ded	luction
19a	3-year property					L					
b	5-year property				140	5	HY	200	DB		28
c	7-year property										
d	10-year property										
e	15-year property										
f	20-year property							]			
g	25-year property			<u> </u>		25 yrs		S/L			
	Residential rental		<u> </u>			27 5 yrs	MM	S/L			
			<del></del>	<del> </del>		27.5 yrs	MM	S/L			
<del></del>	property Newspandantial real		<u></u>	<del> </del>		39 yrs.	MM	S/L			_
i	Nonresidential real		<u> </u>	<del> </del>		00 yis.	MM	S/L			
	property	- 6 1-2-12	Placed in Serv	ion During 20	00 Tay Va	ar licing the				L	
20 -		n C - Assets	FIACEU IN SERV	ice buring 20	UJ IAX IE	vaniy an	- AICHIUM C	S/L			
	Class life			<del> </del>		10 000	<del> </del>	S/L			
ь	12-year			<del> </del>		12 yrs	1414			<del></del>	
C	40-year					40 yrs.	MM	S/L			
		(see instruc							24	Γ	
21	Listed property Enter								21	<del> </del>	
22	Total. Add amounts fr									1	20
	and on the appropriate	e lines of your	return Partners	thips and S cor	porations	- see inst <u>r</u> uc	tions	· · ·	22	L	28

# (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	of the organization		Employer identification number
FR	ATERNAL ORDER OF EAGLES		93-0312668
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Fun	ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, F	art IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	rs in writing that the assets held in donor advised	<u> </u>
	funds are the organization's property, subject to the org	anization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and do		
	used only for charitable purposes and not for the benefit		
	purpose conferring impermissible private benefit? .		
Pa		if the organization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreation	_	orically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form of	a conservation
	easement on the last day of the tax year	1	
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements .		
С	Number of conservation easements on a certified histor		
d	Number of conservation easements included in (c) acqu		
3	Number of conservation easements modified, transferre		
	the tax year 🕨	,	
4	Number of states where property subject to conservation	n easement is located	
5	Does the organization have a written policy regarding th		
	violations, and enforcement of the conservation easeme	•	
6	Staff and volunteer hours devoted to monitoring, inspec		ng the year
	<b>&gt;</b>	<b>o</b> ,	
7	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easements during th	ne year
	<b>▶</b> \$	, and the second	•
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports cons		
	balance sheet, and include, if applicable, the text of the		
	the organization's accounting for conservation easemer		
Pa	t III Organizations Maintaining Collect	ions of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 11	6, not to report in its revenue statement and bala	ince sheet works of
	art, historical treasures, or other similar assets held for p		
	provide, in Part XIV, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 11		sheet works of art,
	historical treasures, or other similar assets held for publ		
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic		
	following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
ь	Assets included in Form 990, Part X		
	·		

Sched	uie D (Form 990) 2009 FRATERNAL ORDER					93-03126		Page 2
Pa	rt III Organizations Maintaining Co	ollections of	Art, Historical	Treasures, o	r Othe	er Similar Ass	sets (contin	ued)
3	Using the organization's acquisition, accession, an	d other records, cl	neck any of the follo	wing that are a si	ignifican	it use of its		
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loar	n or exchange progr	rams				
b	☐ Scholarly research	e 🗌 Othe	er					
c	Preservation for future generations							
4	Provide a description of the organization's collection	ons and explain ho	w they further the or	ganızatıon's exer	mpt purp	oose in		
	Part XIV.							
5	During the year, did the organization solicit or recei	ive donations of ar	t, historical treasure	s, or other simila	r			
	assets to be sold to raise funds rather than to be m						. 🗌 Yes	☐ No
Pa	t IV Escrow and Custodial Arran							
E	Part IV, line 9, or reported an amount of							
1a	Is the organization an agent, trustee, custodian or			other assets not				
	included on Form 990, Part X?						. 🗌 Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV and c							
		- ,	J			Amo	unt	
c	Beginning balance		. <i></i>		1c			
d	Additions during the year				1d			
e	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Form 99						. Yes	No
 b	If "Yes," explain the arrangement in Part XIV	, , , , , , , , , , , , , , , , , , ,						_
	t V Endowment Funds. Complete if ti	he organization an	swered "Yes" to Fo	rm 990. Part IV. I	line 10			
	The state of the s	(a) Current year	(b) Pnor year	(c) Two years ba		n) Three years back	(e) Four year	s back
1a	Beginning of year balance	(a) Contin you	(2) ( 10. ) (2.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·	, ` ,	
ь	Contributions			<del> </del>			<u> </u>	
c	Net investment earnings, gains, and losses			<del> </del>				
d	Grants or scholarships		<u>.                                    </u>	<del> </del>				
•	Other expenditures for facilities				·····		<u> </u>	
-	and programs			-	1			
	Administrative expenses		<del></del>	· · · · · · · · · · · · · · · · · · ·				
'	End of year balance					·	<u> </u>	
g	Provide the estimated percentage of the year end to	nalanco held as		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>
2		%						
a	Board designated or quasi-endowment ►  Permanent endowment ►  %							
þ								
С 2-		of the ergonization	that are hold and a	dministered for th	10			
3a	Are there endowment funds not in the possession of	or the organization	that are new and a	arministered for tr	10		Ye	s No
	organization by						3a(i)	1.00
	(i) unrelated organizations						3a(ii)	<del></del>
	(ii) related organizations						3b	<del></del>
b								
4	Describe in Part XIV the intended uses of the organ			000 Part V Inc	10		·	
Pai	t VI Investments - Land, Building	gs, and Equip						<del></del>
	Description of investment	(a) Cost or other	'''	ost or other		cumulated	(d) Book valu	je
		(investme	nt) bas	is (other)	depr	eciation		
1a	Land		<del></del>				<del></del>	2 050
Ь	Buildings			1,053,469		1,051,419		2,050
С	Leasehold improvements			050 510		250 000		110
d	Equipment			250,140		250,028		112
<u>e</u>	Other		(2) 1					2,162
Intal	Add lines 1a through 1e (Column (d) must equal i	⊢orm 990 Part X	column (8). line 10(	c))				ک D ۱ ر ت

(2	<ul> <li>Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivati	ves		Cost of end-or-year market value
	ity interests		
Other			
			<del></del>
	ust equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	
Part VIII	Investments - Program Re	lated. See Form 990, Part X, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
	<del></del>		
	· · · · · · · · · · · · · · · · · · ·		
	ost equal Form 990, Part X, coi (B) line 13)  Other Assets. See Form 990, Part X, coi (B) line 13)	<u> </u>	<del></del>
Fall IX	Tilei Assets. See Form 990, Pa		(A) D
		(a) Description	(b) Book value
- <del></del> -			
<del></del>			
otal. (Column (b	must equal Form 990, Part X, col (	B) line 15 )	
Part X 0	ther Liabilities. See Form 990,	Part X, line 25	
	(a) Description of liability	(b) Amount	
ederal income ta	xes		
<del> </del>			
otal. (Calumn (b) mu:	si equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	

_	IDIO D (FORM 990) 2009 FRATERNAL ORDER OF EAGLES	93-0312668	Page
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	_  1	
þ	Donated services and use of facilities	_	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	_	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
þ	Prior year adjustments		
c	Other losses	_	
ď	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	"	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
his p	art to provide any additional information		

EEA

Federal Supporting Statements	<b>2009</b> PG01
Name(s) as shown on return	FEIN
FRATERNAL ORDER OF EAGLES	93-0312668

990	Overflow Statement	<b>2009</b> Page 1
Name(s) as shown on return		FEIN
FRATERNAL ORDER O	F EAGLES	93-0312668
FRATERNAL ORDER O	F EAGLES	93-031266

#### OFFICE EXPENSE

Description	 Amount
SUPPLIES	\$ 9,855
POSTAGE	608
LICENSES AND FEES	1,974
Total:	\$ 12,437

#### OCCUPANCY

Description		Amount
UTILITIES	-\$	34,833
Total:	\$	34,833

#### INVENTORIES

Description		Amount
BUFFET	\$_	11,280
OFFICE		1,570
Total:	\$	12,850

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990

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

OMB No 1545-0047 2009

▶ Attach to Form 990.

Open to Public Inspection Employer identification number

FRATERNAL ORDER OF EAGLES	93-0312668
01. Form 990 governing body review (Part VI, line 11)	
No review was conducted or will be conducted	
02. Conflict of interest policy compliance (Part VI, line 12c)	
The auditor reviews transactions	
03. Governing documents, etc, available to public (Part VI, line 19	)
No documents available to the public	

# (Rev April 2009)

Application for Extension of Time to File an **Exempt Organization Return** 

OMB No 1545-1709

If you are find not complete.  Part 1  A corporation in Part 1 only.  All other corporations to file incomplete.  Electronic File one of the return electronically if returns, or a complete.	ing for an Automaing for an Additional ing f	mai (Not Autom s you have alread Month Exter m 990-T and req 1120-C filers), pa erally, you can ele months for a co additional (not au lidated Form 990 ectronic filing of the ot Organization ORDER OF EX	dension, com latic) 3-Month dy been grante nsion of Tir luesting an auto control of the artnerships, RE ectronically file proporation requisionatic) 3-mon latomatic) 3-mon latomatic) 3-mon latomatic) your form, visit w	plete only Part I  Extension, come ad an automatic 3- me. Only submit omatic 6-month ex  EMICs, and trusts  Form 8868 if you ared to file Form 98 onth extension or (2 ou must submit the	month extension on original (no copies in tension - check this tension -	on page 2 of this for a previously filed Fineeded).  s box and complete  4 to request an externomatic extension of a cannot file Form 8 0-BL, 6069, or 8870d signed page 2 (Partitles & Nonprocession of the Charities & Nonprocession of the Charities & Nonprocession page 2 (Partitles & Nonprocession page 2 (Partit	orm 886 ension of time to the 868 the group rt II) of F	▶ □
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Check type of	return to be file	d (file a separate	e application for	r each return)				
X Form 990			Form 990-T (co	orporation)		☐ Fo	rm 4720	
Form 990-B	L		Form 990-T (se	ec 401(a) or 408(a	a) trust)	☐ Fo	rm 5227	
Form 990-E	Z		Form 990-T (tri	ust other than abo	ve)	☐ Fo	rm 6069	
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2 If this tax	year is for less th	an 12 months, c	heck reason.	☐ Initial return	Final return	Change in acco	unting p	eriod
3a If this app	olication is for Fori	m 990-BL, 990-P	PF, 990-T, 4720	), or 6069, enter th	e tentative tax,			
less any	nonrefundable cre	edits. See instruc	tions.				3a	\$
b If this app	olication is for Fori	m 990-PF or 990	)-T, enter any re	efundable credits	and estimated tax			
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c Balance	Due. Subtract line	3b from line 3a	Include your p	payment with this	orm, or, if required,			
deposit w	ith FTD coupon o	r, if required, by	using EFTPS (	(Electronic Federa	Tax Payment			
	See instructions						3с	\$
Caution. If you	are going to make	e an electronic fu	und withdrawal	with this Form 88	68, see Form 8453-	EO and Form 8879	EO	