

1005

OMB No. 1545-1150

Form **990-EZ**

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning June 1, 2009, and ending May 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FRATERNAL ORDER OF EAGLES FLORIDA STATE AERIE		D Employer identification number <u>59-2326442</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2317 BUTLER STREET	E Telephone number 352-360-2326	
		City or town, state or country, and ZIP + 4 LEESBURG, FLORIDA 34748-5402		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

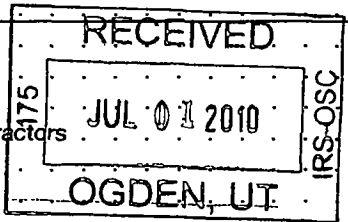
J Tax-exempt status (check only one) — 501(c) (8) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1		2		3		4		5a		5b		5c		6a		6b		6c		7a		7b		7c		8		9	
Revenue	1	Contributions, gifts, grants, and similar amounts received																													
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments																												23680	
	4	Investment income																												111	
	5a	Gross amount from sale of assets other than inventory																													
	b	Less: cost or other basis and sales expenses																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																													
	a	Gross revenue (not including \$ of contributions reported on line 1)																													
b	Less: direct expenses other than fundraising expenses																														
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																														
7a	Gross sales of inventory, less returns and allowances																														
b	Less: cost of goods sold																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe ▶ SEE ATTACHED)																												93417		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																												117208		
Expenses	10	Grants and similar amounts paid (attach schedule)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																												5000	
	13	Professional fees and other payments to independent contractors																												400	
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping																												4146	
	16	Other expenses (describe ▶ SEE ATTACHED)																												112873	
17	Total expenses. Add lines 10 through 16																												122419		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												(5211)	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												100511	
	20	Other changes in net assets or fund balances (attach explanation)																												(9)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												95291	



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	100511	22	95291	
23	Land and buildings		23		
24	Other assets (describe ▶)		24		
25	Total assets	100511	25	95291	
26	Total liabilities (describe ▶)		26		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	100511	27	95291	

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

Cat. No. 106421

Form **990-EZ** (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28	_____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	_____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	_____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & other compensation	(e) Expense account and other expenses
LARRY MC CORMICK 658 MANOR DR, APR 4 BOYNTON BEACH 33445	PAST STATE PRES- 2 HRS	-0-		
JOHN CALHOUN 208 3RD ST, JUPITER 33458	STATE PREIDENT-8 HRS	-0-		
DAN COVER 60 LAKE DIAMOND BLVD, OCALA 34472	STATE PRES ELECT- 9 HR	-0-		
TOM KNOX 2431 SW 15TH COURT, FT LAUDERDALE 33312	VICE-PRESIDENT - 2 HRS	-0-		
GEOFF ROBE 1550 NEWBRIDGE LANE, ORLANDO 32825	CHAPLAIN - 2 HRS	-0-		
A. N. SARGENT 2317 BUTLER STREET, LEESBURG 34748	SECRETARY - 24 HRS	5000		
BASIL HOUGHTALING 198 PALM AIR DRIVE, OSPREY 34229	TREASURER - 5 HRS	-0-		
JOHN BRANCACCIO 2509 MESQUITE PLACE, KISSIMMEE 34741	CONDUCTOR - 2 HRS	-0-		
WARREN QUEEN 17 OCEAN SHORE DRIVE	INSIDE GUARD - 2 HRS	-0-		
DAVE LOWE 2294 PRAGUE LAND, PUNTA ORDA 32983	OUTSIDE GUARD - 2 HRS	-0-		
BILL WHITTEN 157 NE 172ND AVE, SILVER SPRINGS 34488	TRUSTEE - 6 HRS	-0-		
JEFF DELASHMET 1061 MICHELL STREET, COCOA 32922	TRUSTEE - 6 HRS	-0-		
RICH SCOTT 9136 FARMINGTON LANE, PORT RICHEY 34668	TRUSTEE - 6 HRS	-0-		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ A. N. SARGENT Telephone no. ▶ 352-360-2326 Located at ▶ 2317 BUTLER STREET, LEESBURG, FL ZIP + 4 ▶ 34748-5402		
b	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 account)?	Yes	No
42b	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.		✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|-------------------------------------|
| 46 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each received ▶ _____

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Sign Here

▶ *Abner N. Sargent*
Signature of officer

▶ Abner N. Sargent Secretary
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Thomas E. Lally*

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THOMAS E. LALLY
4251 S. PELICAN ISLE DR, LEESBURG, VA 22079

May the IRS discuss this return with the preparer shown above? Yes No

FRATERNAL ORDER OF EAGLES FLORIDA STATE AERIE # 59-2326442

Attachment to Form 990EZ

June 1, 2009 to May 31, 2010

Part I, Line 8 Other Revenue:

Booster	1,100
Conventions/Meetings	29,985
Disaster Relief Fund	5,870
Florida Dog Chain	225
Operations School	4,045
Past State Presidents' Club	687
Scholarship Fund	14,877
State Per Capita	27,801
State Picnic	1,114
Ways & Means	5,938
Youth Rally	1,775

93,417

Part 1, Line 16 Other Expenses:

Awards	3,803
Bank Charges	28
Conventions, Meetings	32,904
Florida Dog Chain	225
Insurance	1,110
Miscellaneous	640
New Aries	615
Office	1,037
Operations School	4,416
Past State President's Club	400
Scholarship Fund	15,000
State President's Charity	750
State President Historian	543
State Report Fee	61
State Sales Tax	58
Telephone	840
Travel	32,970
Ways & Means	9,384
Youth Rally	4,552
Miscellaneous	3,537

112,873