Form 990

Department of the Treac ry Internal Revenue Service

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)

2008

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

Open to Public Inspection

Α	For th	e 2008 calendar year, or tax year beginning $$ JUN 1 , $$ 2008 $$ and ending	MAY 31, 200	09
В	Check if applicab	Please C Name of organization	D Employer iden	tification number
	applicab	USE HS FRATERNAL ORDER OF EAGLES	,	
	Addre Chang	es label or principal page page appear il and 44		
	Name chang	type	31-	-0913830
	initial return			
	Termi		,	3-759-9974
	Amen	ded tions	G Gross receipts \$	85,745.
	Applic		H(a) Is this a grou	
	pendi		for affiliates?	Yes X No
		39 COHASSET AVENUE, BUZZARDS BAY, MA 0253		
<u> </u>	Tax-ex	empt status X 501(c) (8		h a list (see instructions)
		te: N/A	H(c) Group exemp	
				B M State of legal domicile: MA
		Summary	our or joinnation 1970	olate or legal dofficie. F121
_		Briefly describe the organization's mission or most significant activities PROVIDE	A FRATERNAL	ATMOSPHERE
ance	`	AND MEETING HOUSE FOR MEMBERS AND THEIR FAMI		
. <u>G</u>	2	Check this box if the organization discontinued its operations or disposed of m		eate
	i i	Number of voting members of the governing body (Part VI, line 1a)	ı	.
		Number of voting members of the governing body (Part VI, line 1a)	r	3 5 4 0
		Total number of employees (Part V, line 2a)	}	
			F	5 0 6 0
و	[Total number of volunteers (estimate if necessary)		
:		Total gross unrelated business revenue from Part VIII, line 12, column (C)		$\frac{7a}{}$ < 2, $\frac{751}{}$.
	b	Net unrelated business taxable income from Form 990-T, ine 34		7b 0.
			Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		+
		Program service revenue (Party III; Ine 29)VEU		80,831.
		Investment income (Part VIII, column (A), lines 3, 4, and 7/d)		289.
	11	Other revenue (Part VIII), column (A), lines 5, 6ot 8c, 900c, and 11e)		<2,751.
_	12	Total revenue - add lines 8 through 11 (must equal PartVIII, column (A), line 12)	· · · · · · · · · · · · · · · · · · ·	78,369.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Rart IX, column/A), line 4)		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		810.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
- odx	b	Total fundraising expenses (Part IX, column (D), line 25)		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		87,218.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		88,028.
	19	Revenue less expenses Subtract line 18 from line 12		<9,659.
Jo	3		Beginning of Year	End of Year
sets	20	Total assets (Part X, line 16)		125,420.
Net Assets or	21	Total liabilities (Part X, line 26)		135,079.
3 5	22	Net assets o <u>r f</u> und balances Subtract line 21 from line 20		<9,659.
ĪΡ	art II	Signature)Block		<u> </u>
چ		Under penalties of perjury deviare that I have examined this feture, including accompanying schedules and statemer and complete peciaraty in of preparer (other transported) is passed on all information of which preparer has any knowled	nts, and to the best of my know	ledge and belief, it is true, correct,
=		and complete (declaration of preparer (other tran officer) is passed on all information of which preparer has any knowled	dge	•
r Sig	n		/- /-	(7-16
∟Ի'ց ∟Hei	I	Signature of office	Date)-/
	Ĭ	WILLIAM J. STROJNY , PRESIDENT		
ב		Type or print name and title———		
ZPan		Preparer's Date	Check if Pre	parer's identifying number
Pai	d l	Tropard 3	self (see	instructions)
Pre	parer's	Signature LINDA J. COOLEY, CPA, MST 01/25/10 Firm's name (or LJC TAX SERVICES	employed X	
	Only	yours it	EIN ►	
		address, and		E00 00E 5000
	. + 1 - 1 -	ZIP+4 WEST WAREHAM, MA 02576	Phone no	508-295-6833
		S discuss this return with the preparer shown above? (see instructions)		X Yes No
8320	01 12-18	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nstructions.	Form 990 (2008)

FRATERNAL ORDER OF EAGLES Form 990 (2008) BUZZARDS BAY AERIE #3741 31-0913830 Page 2 Part III Statement of Program Service Accomplishments (see instructions) Briefly describe the organization's mission WE PROVIDE A FRATERNAL ATMOSPHERE AND MEETING HOUSE FOR OVER 200 WE PROVIDE A MEETING HOUSE FOR LOCAL GROUPS, AND ACTIVE MEMBERS. FAMILY ATMOSPHERE BY PROVIDING A SETTING FOR SUPPERS AND BREAKFASTS. WE PROMOTE MEMBER CONTRIBUTIONS TO PUBLIC CHARITIES. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 17,820. including grants of \$ 32,193.)) (Expenses \$) (Revenue \$ (Code SOCIAL AND FRATERNAL ENVIRONMENT ACHIEVED BY PREPARING BREAKFAST FOR MEMBERS AND THEIR FAMILIES.) (Revenue \$ (Code) (Expenses \$ including grants of \$) (Revenue \$ (Code) (Expenses \$ including grants of \$ 4d Other program services. (Describe in Schedule O)

832002 12-18-08

Total program service expenses > \$

) (Revenue \$

(Must equal Part IX, Line 25, column (B))

62,

771.

including grants of \$

Form		-09 <u>1</u> 3830) P	age 3
Pa	rt 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	s for		
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Pa	Part II 4	ļ	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	d		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any 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	ļ	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	э		
	Schedule D, Part III	8_	<u> </u>	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	et		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	V 9		X
10	Did the organization hold assets in term, permanent, or quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X_
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	<u> </u>	X
13	Is the organization a school as 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 US?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busing	iess,		
	and program service activities outside the U.S.? 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 organization	- 1		l
	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 individ	luals		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		 	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20_	ļ	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<u> </u>	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II			X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Sche	1		
	If "No", go to question 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24h	1 1	1

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X 26

24c

24d

25a

26

any tax-exempt bonds?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

disqualified person during the year? If "Yes," complete Schedule L, Part I

prior year? If "Yes," complete Schedule L, Part I

' Form 990 (2008)

Part IV | Checklist of Required Schedules (continued)

•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
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		X
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_		X
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		
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		X
		Form	990 (2008)

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31-0913830 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Arnual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90 22 1, Peport of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? X 7a 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 X to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter N/A 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 11 Section 501(c)(12) organizations. Enter N/A

Form 990 (2008)

12a

11a

a Gross income from members or shareholders

amounts due or received from them)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 390 (2008) BUZZARDS BAY AERIE #3741 31-0913830 Pa
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	5	İ	
b				
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_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5	Х	
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	_7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
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	L
b	Each committee with authority to act on behalf of the governing body?	8b	X	L
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х	<u>.</u>
b	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?	9b	Х	Į
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		_X
	Describe the process in Schedule O (see instructions)		İ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		İ	
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at	nd fina	ncial	
	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 organizar	ion 🕨		
	WILLIAM J. STROJNY JR 508-759-9974			
020000	39 COHASSET AVENUE, BUZZARDS BAY, MA 02532			
832006 12-18-0		Form	9 90 (20087

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. Use Schedule J2 if additional space is needed

X Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A) Name and Title	(B) Average hours			(I Pos	C) ition		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MATT GILBERT TRUSTEE	4.00	x					0.	0.	0.
JAMES W. SCRIMA TRUSTEE	4.00	х					0.	0.	0.
JAMES MCCORMACK TRUSTEE	4.00						0.	0.	0.
DAVE COULOMBE TRUSTEE	4.00	х					0.	0.	0.
WILLIAM J. STROJNY PRESIDENT	4.00			Х		_	 0.	0.	0.
							}		
			-						
									<u>.</u>
					-				
								-	

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ERNAI	ORDER	OF EAGLES								
		RIE #3741		31-0913	830 Page 8					
ctors, Tru	tors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
	(B)	(C)	(D)	(E)	(F)					
	Average Position		Reportable	Reportable	Estimated					
	hours	(check all that apply)	compensation	compensation	amount of					

Pa	rt VII Section A. Officers, Directors, Tr	<u>ustees, Key E</u>	mpl	oyee	es, a	and	High	est	Compensated Employ	ees (continued)				
`	, (A)	(B)			(C)			(D)	(E)			(F)	
	Name and title	Average	_ ا			itior		. I. A	Reportable	Reportable			stimate	
		hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-Mi	d ns	com fi org an	mount other opensa rom th ganizat d relat anizati	ation e ion ed
			-	-										
			-				-							
			<u> </u>				-							
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				ļ		ļ	-							
						-								
			ļ	-			_							
1b	Total		· .		<u></u>			L	0.		0.			0.
2	Total number of individuals (including those	e ın 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable					^
	compensation from the organization								<u> </u>				Yes	0 No
3	Did the organization list any former officer,			e, key	/ en	nplo	yee,	or l	highest compensated er	nployee on				
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			amne	-ne	atior	n and	to h	her compensation from	the organization		3		X
•	and related organizations greater than \$15	•							•	are organization		4		Х
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched				rom	any	unr/	elat	ted organization for servi	ces rendered to		_		v
Sec	ction B. Independent Contractors	idle 3 for such	pers	OH								5		X
1	Complete this table for your five highest countries the organization NONE	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	(A)								(B)			(0		
	Name and business	address						-	Description of s	ervices	C	ompe	nsatioi	n
-							-			-				
														
2	Total number of independent contractors (i	ncluding those	e in 1	1) wh	no re	ecen	ved r	nor	re than \$100,000 in comi	pensation				
	from the organization	0												

12

832009 02-02-09

Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

FRATERNAL ORDER OF EAGLES BUZZARDS BAY AERIE #3741 31-0913830 Part VIII Statement of Revenue (**D**) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a LIQUOR (ALCOHOLIC BEVE 722410 43,877 43,877 Program Service Revenue 32,193. 32,193. 722210 ь BREAKFASTS & SUPPERS 900099 3,600. 3,600. c MEMBERSHIPS 771. 900099 771. d RAFFLES e VIDEO GAMES/JUKEBOX 900099 390. 390. f All other program service revenue 80,831 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 289. 289. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 4,625. 6 a Gross Rents 7,376. b Less rental expenses <2.751.> c Rental income or (loss) <2,751 <2.751.> d Net rental income or (loss) 7 a Gross amount from sales of (II) Other (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

78,369.

81,120.

<2,751.

0.

Form 990 (2008)

Part IX | Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
	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	810.		810.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		<u> </u>		
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·	_	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal		····		
С	Accounting				
d	, ,				
е	Professional fundraising services. See Part IV, line 17		 		
f	Investment management fees				
g					
12	Advertising and promotion	121		121	
13	Office expenses	131.		131.	
14	Information technology				
15	Royalties				
16	Occupancy				
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 Insurance				
23	Other expenses Itemize expenses not covered				
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	LIQUOR/ALCOHOL PURCHASE	24,421.	24,421.		
b	FOOD/PRODUCE FOR BREAKF	17,820.	17,820.		
c	UTILITIES (HEATING AND	16,932.	16,932.		
d	PROPERTY INSURANCE EXPE	9,751.		9,751.	
e	MASSACHUSETTS SALES TAX	3,804.		3,804.	
f	All other expenses	14,359.	3,598.	10,761.	
25	Total functional expenses Add lines 1 through 24f	88,028.	62,771.	25,257.	0.
26	Joint Costs Check here If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Form **990** (2008)

Form 990 (2008)

Pa	rt X	Balance Sheet							<u> </u>
`		,			(A) Beginning of year		(E End o		
	1	Cash - non-interest-bearing				1			07.
	2	Savings and temporary cash investments				2			<u>150.</u>
	3	Pledges and grants receivable, net				3_			
	4	Accounts receivable, net				4		51,8	<u> 324.</u>
	5	Receivables from current and former officers, d	rectors	s, trustees, key					
		employees, or other related parties Complete F	Part II o	f Schedule L	·	5			
	6	Receivables from other disqualified persons (as		ľ					
		4958(f)(1)) and persons described in section 49	58(c)(3)	(B) Complete					
		Part II of Schedule L				6			
Assets	7	Notes and loans receivable, net				7			
\ss	8	Inventories for sale or use	_		8		3,5	<u>00.</u>	
•	9	Prepaid expenses and deferred charges	1 1	1 40 000		9			
	1	Land, buildings, and equipment cost basis	10a	140,000.					
	b	Less accumulated depreciation Complete		E2 064	•				
		Part Vi of Schedule D	10b	73,261.	0.	1	6	6,7	<u> 39.</u>
	11	Investments - publicly traded securities		_	_ _	11			
	12	Investments other securities See Part IV, line	-		12				
	13	Investments - program-related See Part IV, line	11			13			
	14	Intangible assets		-		14			
	15	Other assets See Part IV, line 11		24)	0.	15	1 1) = /	20.
	16	Total assets. Add lines 1 through 15 (must equ	ai iine c	34)	0.	16		,5,4	<u> 40 .</u>
	17	Accounts payable and accrued expenses				17	· · · · · · · · · · · · · · · · · · ·		
	18	Grants payable		-		18	· · · · · · · · · · · · · · · · · · ·		
	19	Deferred revenue		_		19			
Liabilities	20 21	Tax-exempt bond liabilities Escrow account liability Complete Part IV of Sc	hodulo			20		_	
	22	Payables to current and former officers, director							
	22	highest compensated employees, and disqualifi							
Ë:		of Schedule L	ica per	Sons complete rate in		22			
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	12	: O . C	00.
	24	Unsecured notes and loans payable	. d partio		24			, , , , , , , , , , , , , , , , , , , 	
	25	Other liabilities Complete Part X of Schedule D			0.	25	1	5.0	79.
	26	Total liabilities. Add lines 17 through 25		0.	26			79.	
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete					
S		lines 27 through 29, and lines 33 and 34.		,					
JC.	27	Unrestricted net assets				27	<	:9,6	59.
sala	28	Temporarily restricted net assets				28			
Ā	29	Permanently restricted net assets				29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and					
þ		complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds				30			
Ass	31	Paid-in or capital surplus, or land building, or ed	quipmei	nt fund		31			
et '	32	Retained earnings, endowment, accumulated in	come,	or other funds		32			
2	33	Total net assets or fund balances		_	0.	33			<u>59.</u>
_	34	Total liabilities and net assets/fund balances			0.	34	12	5,4	20.
Pai	rt XI	Financial Statements and Reporting						Von	No
			77 0	. — —	•			Yes	NO
1		unting method used to prepare the Form 990.			Other]	177
2a		the organization's financial statements compiled		•	ccountant?		2a	 	X
b		the organization's financial statements audited by	-		aladah dan arasar terbesah		2b		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						2ç			
~ -		review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
зa		result of a federal award, was the organization rel nd OMB Circular A-133?	quired 1	to undergo an audit or audi	is as set forth in the Sing	ie Audit	Į.	ĺ	
h			1.t a	udita?			3a	 	_X_
	11 16	s," did the organization undergo the required aud	uit or at	uuits /			3b	000	L

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES BUZZARDS BAY AERIE #3741

Employer identification number 31-0913830

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fu	nds 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 advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be	used only	
_	for charitable purposes and not for the benefit of the donor			
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)		
	Preservation of land for public use (e g , recreation or public use)		-	
	Protection of natural habitat	Preservation of certifie	d historic s	tructure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a consi	ervation ea	sement on the last day
	of the tax year			
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	• •	2c	
d	Number of conservation easements included in (c) acquired		2d	L
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the taxable
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, and	d	
_	enforcement of the conservation easements it holds?			└── Yes └── No
6	Staff or volunteer hours devoted to monitoring, inspecting, a			· -
7	Amount of expenses incurred in monitoring, inspecting, and	_	\(\d\) (\overline{\overlin	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	1)(4)(B)(I)	
_	and section 170(h)(4)(B)(ii)?			└ Yes
9	In Part XIV, describe how the organization reports conservat	•		•
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes ti	ne organiza	tion's accounting for
Pai	conservation easements 't III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	her Simil	ar Assets
ı a	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	ilei oliili	ai Assets.
	complete if the organization answered Tes to Form	550, i activ, mic o		
10	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and hal	lanco choot	works of ort. historical
ıa	treasures, or other similar assets held for public exhibition, e			
	the footnote to its financial statements that describes these		iic sei vice,	provide, in Fart XIV, the text of
h	If the organization elected, as permitted under SFAS 116, to		a chaot wa	rks of art historical transuires
U	or other similar assets held for public exhibition, education, or			
	these items	research in fulfillerance of public service,	provide the	FIGHOWING AFFICURES TELERING TO
	(i) Revenues included in Form 990, Part VIII, line 1			¢
	(ii) Assets included in Form 990, Part X			\$ \$
2	If the organization received or held works of art, historical tre	asuras or other similar assets for financial		
~	the following amounts required to be reported under SFAS 1		gant, provid	•
а	Revenues included in Form 990, Part VIII, line 1	. S. Galling to tribbo homo	•	\$
b	Assets included in Form 990, Part X			\$ \$
-				Ψ
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.		Schedule D (Form 990) 2008

Sche		CORDER OF INTERPORT OF I				31	-0913830 Page:	2
Par				easures,	or Other			_
` 3	Using the organization's accession and other re	ecords, check any of the	he following tha	it are a signif	ficant use o	f its collecti	on items (check all	
	that apply)							
а	Public exhibition	d _	Loan or exc	hange progr	ams			
b	Scholarly research	e L	Other					_
С	Preservation for future generations							
4	Provide a description of the organization's colle		-	-			in Part XIV	
5	During the year, did the organization solicit or re				ner sımılar a	ssets		
	to be sold to raise funds rather than to be main						Yes No	<u>_</u>
Par	t IV Trust, Escrow and Custodial A		mplete if organ	ization answ	ered "Yes"	to Form 99	0, Part IV, line 9, or	
	reported an amount on Form 990, Part >							—
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contribution	ns or other as	ssets not in	cluaea		
	on Form 990, Part X?	at a second con-					└── Yes └── No	,
b	If "Yes," explain the arrangement in Part XIV an	a complete the followi	ng table				A	-
	Decimping belongs					10	Amount	-
C C	Beginning balance Additions during the year					1c		-
u	Distributions during the year					1e		-
f	Ending balance					1f		-
	Did the organization include an amount on Form	n 990 Part X line 21?					Yes No	_
	If "Yes," explain the arrangement in Part XIV							
Par		rganization answered	"Yes" to Form 9	990, Part IV,	line 10	•		_
		a) Current year (k	o) Prior year	(c) Two yea	rs back (d)) Three years	back (e) Four years back	_
1a	Beginning of year balance			·				
b	Contributions							_
С	Investment earnings or losses							_
d	Grants or scholarships		,					_
е	Other expenditures for facilities							
	and programs	_						_
f	Administrative expenses				-			
g	End of year balance							_
2	Provide the estimated percentage of the year e							
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
_	Term endowment \(\bigsec\) \(\bigsec\) \(\bigsec\)							
За	Are there endowment funds not in the possessi	on of the organization	that are held a	nd administe	ered for the	organizatio		_
	by 60						Yes No	_
	(i) unrelated organizations						3a(ı)	-
	(ii) related organizations	atod as roquired as C-	hadula D2				3a(ii)	_
l.		aeo as required on SC	neaute K7				3b	
	If "Yes" to 3a(ii), are the related organizations lis	•					<u> </u>	_
	Describe in Part XIV the intended uses of the or	ganization's endowme	ent funds	Part X line	10			_

Schedule D (Form 990) 2008

46,154. 12,821.

14,286.

10,000. 13,846. 37,179.

5,714.

66,739.

1a Land

b Buildings

d Equipment

c Leasehold improvements

10,000

60,000.

50,000.

20,000.

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

	FRATERNAL	J OKI	JER OF	EAGLE
Schedule D (Form 990) 2008	BUZZARDS	BAY	AERTE	#3741

Schedule D (Form 990) 2008 BUZZARDS Part VII Investments - Other Securities.	BAY AERIE #3741	<u>.</u>	31-0913830 Pag
(a) Description of security or category	<u> </u>		od of valuation
(including name of security)	(b) Book value		f-year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other		-	
	-		
	-		
otal (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related	See Form 990 Part X line 1"	3	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
		•	
			
······································			
			
Catal (Cal (b) should agual Form 000. Part V. cal (D) line 12.)			
otal (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, I	Ino 15		-
	(a) Description		(b) Book value
	(a) Dodonphon		(0, - 0
			····
			
		-	
atal (Column (h) should agust Form 200 Part V 1/5) lno 15)		
otal. (Column (b) should equal Form 990, Part X, col (E Part X Other Liabilities. See Form 990, Part	Y line 15)		<u>P</u>
(a) Description of liability	A, III IC 20	(b) Amount	
· · · · · · · · · · · · · · · · · · ·		(2)	
Federal Income taxes JAN 2007 TO JULY 2009 MEALS	max		
	TAX	15 070	
LIABILITY		15,079.	
· · · · · · · · · · · · · · · · · · ·			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

832053 12-23-08

	edule D (Form 990) 2008 BUZZARDS BAY AERIE #3741		31-091	3830 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial St	atements	i	
٠ 1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		78,369
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		88,028
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		<9,659
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 4.8	9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		-0 6E0
	rt XII Reconciliation of Revenue per Audited Financial Statements With Rev		Return	<9,659.
1	Total revenue, gains, and other support per audited financial statements	ondo por	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
С.	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)		\dashv \mid	
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIV)	 	4	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses pe	er 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			
а	Donated services and use of facilities 2a		_	
b	Prior year adjustments 2b			
С	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)			
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	
Par	t XIV Supplemental Information		 1	
Com	olete 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 2b. Pa	rt V. line 4. Part
	rt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	,		, ,
				 :

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES
BUZZARDS BAY AERIE #3741

Employer identification number 31-0913830

DOUBLINGS BILL MARKET 13741 31 05 13030
Form 990, Part VI, Section A, line 5: THE NEW LEADERSHIP IS RESEARCHING
WHETHER OR NOT PRIOR YEAR FUNDS WERE DIVERED WITHOUT THE ORGANIZATION'S
CONSENT. THIS RESEARCH IS UNDERGOING CURRENTLY.
Form 990, Part VI, Section A, line 6: THE ORGANIZATION HAS MEMBERS WHO
PAY ANNUAL MEMBERSHIP DUES.
Form 990, Part VI, Section A, line 7a: THE MEMBERSHIP OF THE ORGANIZATION
ELECTS THE OFFICERS AND TRUSTEES OF THE ORGANIZATION EACH YEAR.
Form 990, Part VI, Section A, line 7b: THE MEMBERSHIP VOTES ON IMPROVEMENT
PROJECTS, MAJOR EXPENDITURES AND PROCEDURES OF THE ORGANIZATION BROUGHT
BEFORE THEM BY THE OFFICERS AND TRUSTEES.
Form 990, Part VI, Section A, line 10: THE ORGANIZATION IS PRESENTED WITH
THE COMPLETED FORM 990 FOR A COMPLETE AND THOROUGH REVIEW BEFORE THE RETURN
IS FILED. ANY QUESTIONS OR ISSUES ARE DISCUSSED WITH THE ACCOUNTANT BEFORE
THE RETURN IS FINALIZED FOR FILING.
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION GOVERNING
DOCUMENTS AND FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST
TO THE PRESIDENT OF THE ORGANIZATION.