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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008

Open to Public
Inspection

A For 2008 calendar year, or tax year beginning JUNE 01, 2008, and ending MAY 31, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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 AERIE 818	D Employer identification number 83-0116343
		No. & street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 667	E Telephone number
		City or town, state or country, and ZIP + 4 Cody WY 82414	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: ► N/A

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

J Organization type (check only one) -- ☒ 501(c)(10) (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 281,797

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	10,705
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4,500
	4	Investment income	4	9,159
	5a	Gross amount from sales of inventory	5a	16,616
	5b	Less cost or other basis and sales expenses	5b	16,195
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	421
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a	231,831	
7b	Less cost of goods sold	7b	158,812	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	73,019	
8	Other revenue (describe ► See attachment #3)	8	8,986	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	106,790	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	2,425
	12	Salaries, other compensation, and employee benefits	12	996
	13	Professional fees and other payments to independent contractors	13	827
	14	Occupancy, rent, utilities, and maintenance	14	31,304
	15	Printing, publications, postage, and shipping	15	706
	16	Other expenses (describe ► See attachment #5)	16	32,653
	17	Total expenses. Add lines 10 through 16	17	68,911
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	37,879
	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)	19	471,834
	20	Other changes in net assets or fund balances (attach explanation)	20	3,111
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	512,824

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	471,834	22 472,275
23 Land and buildings		23
24 Other assets (describe ► See attachment #7)		24 40,549
25 Total assets	471,834	25 512,824
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	471,834	27 512,824

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

6

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose? See attachment #8

(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)

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, or other relevant information for each program title.

28

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 **Total program service expenses** (add lines 28a through 31a)

32

1

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. 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 & deferred compensation

(e) Expense account and other allowances

See attachment #9

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

	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		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
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 your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
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 unpaid at the start of the period covered by this return?	38a	X
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 (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d 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	40e	X
41 List the states with which a copy of this return is filed	WY	
42a The books are in care of	See attachment #10	
Located at		
Telephone no		
ZIP + 4		
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)?	42b	X
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 ?	42c	X
If "Yes," enter the name of the foreign country:		
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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
If "Yes," Form 990 must be completed instead of Form 990-EZ		

Part VI**Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 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** ☐ **Yes** ☒ **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☒ **No**
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 50 Complete this table for the 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
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the 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
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer *Robert K. Swanson* **Date** *12-14-09*

Type or print name and title. *Robert K. Swanson Secretary*

Paid Preparer's Use Only

Preparer's signature *CA Stenius* Date *12-9-09* Check if self-employed ☒ Preparer's Identifying No. (See instr.) *P00049370*

Firm's name (or yours if self-employed), address, and ZIP + 4 *H&R Block* EIN *▶*

1825 Stampede Ave Phone no. *▶*

Cody, WY 82414- *307-587-5457*

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ **Yes** ☒ **No**

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN AN INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 06-01-2008 and ending 05-31-2009

Name of Organization

FRATERNAL ORDER OF EAGLES AERIE 818

Employer Identification Number
83-0116343

Name of Security or Description of Property	Acquisition Date	How Acquired			Date Sold
Nonpublicly Traded Securities:					
RAYMOND JAMES	2008-02	PURCHASE			2008-02
	</				

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 2: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For
Your Records

For calendar year 2008 or tax period beginning 06-01-2008 , and ending 05-31-2009.

Name of Organization

FRATERNAL ORDER OF EAGLES AERIE 818

Employer Identification Number

83-0116343

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
LIQUOR	231,831	158,812	73,019
Total	231,831	158,812	73,019

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 8

For calendar year 2008 or tax period beginning 06-01-2008, and ending 05-31-2009.

FRATERNAL ORDER OF EAGLES AERIE 818

83-0116343

Description of Other Revenue	Amount
FISH FRY	1,068
MT REGION CONVENTION	7,918
Total	8,986

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 06-01-2008 and ending 05-31-2009.

Name of Organization

FRATERNAL ORDER OF EAGLES AERIE 818

Employer Identification Number

83-0116343

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
SCHOLARSHIPS	QUINN STOSSEL MEETEETSE WY 82433	500			
		500			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
					2008-09
Total					

SCHEDULE OF OTHER EXPENSES

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	06-01-2008, and ending	05-31-2009.
Name of Organization		Employer Identification Number	
FRATERNAL ORDER OF EAGLES AERIE 818		83-0116343	

Description of Other Expenses	Amount
AUTO EX	40
BK FEES	423
PROPANE	49
BIRD CAGE PRIZE	290
BOX RENT	111
CABLE TV	2,378
MATIN FUNERAL DINNER	200
CORP REPORT	175
FILING FEE	25
FOOD LICENSE	50
WY LIQUOR LICENSE	285
TRAILER LICENSES	66
HOSPITALITY FOOD	225
XMAS PATY	48
TELEPHONE	1,811
MR MRS TICKETS	560
FLOWERS	327
MOTELS	1,275
SALT	126
BAKER COMM	416
ALDRICH PARTY	139
OFFICE SUPPLIES	810
DEPRECIATION	8,886
SECURITY	468
MISC FOOD	29
STEAK DINNER	240
SALES TAX PD	5,165
CLEANUP DEPOSIT	300
ADVERTISING	2,312
DUES PAID FOR MEMBERS TO WY AND GRAND AIRIE	5,424

Total 32,653

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 6: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection	For calendar year 2008 or tax period beginning	06-01-2008, and ending	05-31-2009.
Name of Organization FRATERNAL ORDER OF EAGLES AERIE 818			Employer Identification Number 83-0116343

Description of Changes	Total Amount
DECREASE IN INVESTMENT FUND VALUE	3,111
Total	3,111

Attachment 7: page 1 - 990-EZ Page 1, Part I, Line 24

For calendar year 2008 or tax period beginning 06-01-2008, and ending 05-31-2009.

FRATERNAL ORDER OF EAGLES AERIE 818

83-0116343

Totals

PRIMARY EXEMPT PURPOSE

Attachment 8: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01, and ending 05-31-2009.
Name of Organization FRATERNAL ORDER OF EAGLES AERIE 818	Employer Identification Number 83-0116343

Primary Purpose

PROVIDE MEALS TO THE ELDERLY, INFIRM, HANDICAPPED. ALSO TO PROVIDE SCHOLARSHIPS FOR MEEDY AND DONATION TO CHARITIES THROUGHTOUT THE COMMUNITY APPROXIMATELY 750 TO 800 PEOPLE SERVICE IN A YEAR.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01-2008, and ending 05-31-2009.
---------------------------	---

Name of Organization FRATERNAL ORDER OF EAGLES AERIE 818	Employer Identification Number 83-0116343
---	--

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
SEE ATTACHMENT # 7		0	0	0

BOOKS ARE IN CARE OF

Attachment 10 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01, and ending 05-31-2009.
Name of Organization FRATERNAL ORDER OF EAGLES AERIE 818	Employer Identification Number 83-0116343
Part V - Line 42a	

Individual Name ROBERT SWANSON
or
Business Name.

Street Address P O BOX 667

U.S. Address

Zip code 82414 City Cody State WY

Foreign Address

City

Province or State

Country

Postal code

Phone Number (307) 587-4573

Fax Number (307) 587-4573

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FRATERNAL ORDER OF EAGLES AERIDO NOT CARRY

83-0116343

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	8,656
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property	See Statement					230
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	8,886
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

**7-YEAR ASSETS PLACED IN SERVICE DURING 2008
USING GENERAL DEPRECIATION SYSTEM**

FRATERNAL ORDER OF EAGLES AERIE 818
93-0116343

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
CHAIR LIFT	07-23-2008	879	7	MQ	200 DB	128
POPCORN MACHINE	11-12-2008	908	7	MQ	200 DB	19
PULLTAB MACHINE	12-23-2008	3,962	7	MQ	200 DB	83
Total						230

2008 Federal Depreciation Schedule

83-0116343

12-02-2009

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Do Not Carry										
REPAIRS	01-01-92	S/LMM	31 5	4,434	0	0	0	4,434	2,611	64
SIDEWALK	01-01-92	S/LMM	31 5	9,312	0	0	0	9,312	9,312	0
ROOF	05-27-98	S/LMM	39	12,420	0	0	0	12,420	5,110	142
WASHER DRYER	03-08-00	200DBHY	7	574	0	0	0	574	574	0
ICE MACHINE	08-09-00	200DBHY	7	2,450	0	0	0	2,450	2,232	0
53"SONY TV	10-06-00	200DBHY	7	1,877	0	0	0	1,877	1,709	0
JUKEBOX	08-15-01	200DBHY	7	2,200	0	0	0	2,200	1,905	172
REFROGERATOR	10-24-01	200DBHY	7	970	0	0	0	970	842	75
HEATING EQUIPMENT	05-08-02	200DBHY	7	25,643	0	0	0	25,643	22,538	905
100 CHAIRS	12-26-02	200DBHY	7	1,797	0	0	0	1,797	1,395	117
WATER HEATER	02-13-03	200DBHY	7	4,280	0	0	0	4,280	3,403	170
BINGO MACHINE	05-07-03	200DBHY	7	10,264	0	0	0	10,264	8,159	409
KITCHEN EQUIPMENT	08-20-03	200DBHY	7	2,200	0	0	0	2,200	581	315
AIR CONDITIONING	09-11-03	200DBHY	7	26,865	0	0	0	26,865	17,516	1,818
NEW ROOF	12-01-04	S/LMM	39	10,425	0	0	0	10,425	545	160
PHONE EQ	01-04-06	200DBHY	5	2,125	0	0	0	2,125	1,513	143
ICE MACHINE	01-24-06	200DBHY	7	2,729	0	0	0	2,729	1,535	199
DOORS	05-03-06	S/LMM	39	12,928	0	0	0	12,928	331	194
DOORS AND WINDOWS	10-11-06	S/LMM	39	4,258	0	0	0	4,258	109	64
PULLTAB MACHINE	10-26-06	200DBHY	7	4,065	0	0	0	4,065	996	512
KITCHEN HOOD	11-08-06	200DBHY	7	9,120	0	0	0	9,120	2,233	1,148
BAR STOOLS	12-20-06	200DBHY	7	1,392	0	0	0	1,392	341	175
3 COMPUTERS	11-26-07	200DBHY	5	2,000	0	0	0	2,000	400	373
AIR CONDITIONING	02-27-08	200DBHY	7	10,510	0	0	0	10,510	1,502	1,501
CHAIR LIFT	07-23-08	200DBMQ	7	879	0	0	0	879	0	128
POPCORN MACHINE	11-12-08	200DBMQ	7	908	0	0	0	908	0	19
PULLTAB MACHINE	12-23-08	200DBMQ	7	3,962	0	0	0	3,962	0	83
FREEZER	03-18-09	200DBHY	7	100	0	0	0	100	0	0
28 Assets			Totals:	170,687	0	0	0	170,687	87,392	8,886
28 Assets			Grand Totals:	170,687	0	0	0	170,687	87,392	8,886

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2008 DETAIL STATEMENTS

FRATERNAL ORDER OF EAGLES AERI

83-0116343

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

POSTAGE.....	439
PUBLICATIONS.....	267

TOTAL CARRIED TO 990 EZ PG 1 Line 15.....	706
---	-----

STATEMENT #2 - Investment Income (990-EZ PG 1 Line 4)

CD'S.....	8,155
RAYMOND JAMES.....	883
RAYMOND JAMES DIVIDENDS.....	14
WELLS FARGO.....	16
WELLS FARGO.....	91

TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	9,159
--	-------

STATEMENT #3 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

CLIFF STROW.....	500
JAMES ENGLISH.....	500
JAKE BANGART.....	200
BRET MCELMEY.....	225
TERANCE BANGART.....	500
JAMES ROGERS.....	500

TOTAL CARRIED TO 990-EZ PG 1 Line 11.....	2,425
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STATEMENT #4 - Beginning of Year - Cash (990-EZ PG 1 Line 22)

CD6015519.....	49,153
CD6214843.....	83,706
CD6214844.....	27,751
CD6214845.....	27,796
CD6214847.....	27,900
CD6216823.....	80,418
CD6217849.....	6,471
RAYMOND JAMES.....	31,259
WELLS FARGO CHECKING.....	115,646
SPECIAL ACCT.....	21,734

TOTAL CARRIED TO 990-EZ PG 1 Line 22.....	471,834
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STATEMENT #5 - End of Year - Cash (990-EZ PG 1 Line 22)

CD6015519.....	50,663
CD6214843.....	86,148
CD6214844.....	29,241
CD6214845.....	28,497

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CD6214847.....	28,716
CD6216823.....	81,428
CD6217949.....	6,657
WELLSFARGO CHECKING.....	110,516
SPECIAL ACCT.....	20,032
RAYMOND JAMES.....	30,377

TOTAL CARRIED TO 990-EZ PG 1 Line 22..... 472,275

STATEMENT #6 - ()

	Beginning	Ending
cd 6015519.....	49,153	0
cd6214843.....	27,796	0
cd6214844.....	27,796	0
cd6214847.....	27,796	0
cd6216823.....	27,796	0
cd6217949.....	27,796	0
BENEFIT FUND.....	27,796	0
CHECKING.....	27,796	0
cd6214845.....	27,796	0

TOTAL CARRIED TO 3,180,529 0

STATEMENT #7 - (#1)

JOHN SWANSON PRESIDENT
 ROCKY L LEHMAN VICE PRESIDENT
 ROBERT SWANSON SECRETARY
 MARSHALL WILLIAMS TREASURER
 ELBIE FARLOW AUDITOR

TOTAL CARRIED TO #1