



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2009

Department of the Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JANUARY 01, 2009, and ending DECEMBER 31, 2009

Form sections B through J: B Check if applicable, C Name of organization (FRATERNAL ORDER OF EAGLES), D Employer identification number (39-0783488), E Telephone number (608) 637-2707, F Name and address of principal officer (See attachment #1), I Tax-exempt status (501(c)(8)), J Website (N/A), K Form of organization (Corporation), L Year of formation, M State of legal domicile (WI)

048

Part I Summary table with columns for Prior Year and Current Year. Rows include: 1 Mission (COMMUNITY INVOLVEMENT), 2-7a/7b Financials, 8-12 Revenue, 13-19 Expenses, 20-22 Assets/Liabilities.

Part II Signature Block: Sign Here (RONALD FRANKS, SECRETARY), Preparer's signature (Crystal M Moore, 5-13-10), Firm's name (H&R Block), EIN (39-1769741), Phone no (608) 637-7388

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009)

913

3

Copy Processed AS 02/19/2010

SCANNED OCT 01 2010

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

COMMUNITY INVOLVEMENT. "PEOPLE HELPING PEOPLE".

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes  No

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? . . . . .

Yes  No

If "Yes," describe these changes on Schedule O

4 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

4a (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Contains 20 main questions and 12A sub-question regarding consolidated financial statements.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 3		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 38		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</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)?		X
<b>b</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, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? <span style="float: right;">N/A</span>		
<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? <span style="float: right;">N/A</span>		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		X
<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		

**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 changes in Schedule O. See instructions

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .		
1b	Enter the number of voting members that are independent . . . . .		
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? . . . . .		X
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? . . . . .		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body? . . . . .	X	
8b	Each committee with authority to act on behalf of the governing body? . . . . .	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 . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code )

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .		X
10b	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? . . . . .	N/A	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
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 . . . . .		X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	N/A	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	N/A	
13	Does the organization have a written whistleblower policy? . . . . .		X
14	Does the organization have a written document retention and destruction policy? . . . . .		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:		
15a	The organization's CEO, Executive Director, or top management official? . . . . .		X
15b	Other officers or key employees of the organization? . . . . .		X
	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 with a taxable entity during the year? . . . . .		X
16b	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? . . . . .	N/A	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply  
 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 ► See attachment #2

**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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
NORMAN ROSE JR PAST PRESIDENT	2.00				X				0	0	25
PAUL PENCHI JR PRESIDENT	1.00				X				0	0	25
BRAD STAFSLIEN VICE PRESIDENT	1.00				X				0	0	0
PAUL PENCHI SR CHAPLAIN	1.00				X				0	0	0
GEORGE BOYINGTON CONDUCTOR	1.00				X				0	0	75
RONALD FRANKS SECRETARY	25.00				X				2,232	0	0
KEN DRYDEN SECRETARY	20.00				X			X	1,966	0	75
ORRIS PEDERSON TREASURER	7.00				X			X	1,250	0	500
CARL BOSSE INSIDE GUARD	1.00				X				0	0	0
PETE HOWELL OUTSIDE GUARD	1.00				X				0	0	0
CY STAFSLIEN TRUSTEE	6.00				X				0	0	0
BILL HAUN TRUSTEE	6.00				X				0	0	255
VERN BRITT TRUSTEE	6.00				X				0	0	75
PAUL BIRKELO TREASURER	20.00				X				1,500	0	0
JOIE SKARDA TRUSTEE	2.00				X			X	0	0	75
LACI OLSON SECRETARY'S ASSISTANT	30.00					X		X	6,667	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE			
CAROL PETERSON SECRETARY'S ASSISTANT	20.00					X		1,922	0	0
MARY ANN SMITH KITCHEN MANAGER	30.00					X		9,463	0	0
<b>1b Total</b>								25000	0	1105

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
See attachment #3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS	1a	Federated campaigns	1a				
	b	Membership dues	1b	8,626			
	c	Fundraising events	1c	16,495			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	105,489			
	g	Noncash contributions included in lines 1a-1f		\$			
	h	<b>Total.</b> Add lines 1a-1f			130,610		
PROGRAM SERVICE REVENUE	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		9,994	9,994		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real	7,158			
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)	7,158				
	d	Net rental income or (loss)		7,158	7,158		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less. direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a	252,076				
		b	Less cost of goods sold	162,285			
		c	Net income or (loss) from sales of inventory		89,791	89,791	
Miscellaneous Revenue		Business Code					
11a	REIMB EXPENSES			3,716	3,716		
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d			3,716			
12	<b>Total revenue.</b> See instructions			241,269	20,868	89,791	

**Part IX** Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 .	22,430	22,430		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	2,203	2,203		
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 . . . . .	25,000	25,000		
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) . . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .				
11	Fees for services (non-employees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	308	308		
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .	9,704	9,704		
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	45,002	45,002		
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	2,551	2,551		
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	4,124	4,124		
23	Insurance . . . . .	4,528	4,528		
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	FORM990-T	129,877	129,877		
b	PER CAPITA TAX	11,318	11,318		
c	SUPPLIES	9,616	9,616		
d	PROFESSIONAL FEES	536	536		
e	POSTAGE	369	369		
f	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24f	267,566	267,566		
26	<b>Joint costs.</b> Check here <input type="checkbox"/> 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 . . . . .				

**Part X** Balance Sheet

		(A)		(B)
		Beginning of year		End of year
<b>A S S E T S</b>	1 Cash -- non-interest bearing . . . . .	1,827	1	7,215
	2 Savings and temporary cash investments . . . . .	483,356	2	415,418
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .	5,610	8	5,211
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a 306,887		
	b Less: accumulated depreciation . . . . .	10b 228,586	82,425	10c 78,301
	11 Investments -- publicly traded securities . . . . .		11	
	12 Investments -- other securities See Part IV, line 11 . . . . .		12	
	13 Investments -- program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		573,218	16	506,145
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses . . . . .	24,782	17	10,419
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
25 Other liabilities Complete Part X of Schedule D . . . . .		25		
26 <b>Total liabilities.</b> Add lines 17 through 25		24,782	26	10,419
<b>F U N D A S S E T S O R S</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	548,436	32	495,726
33 Total net assets or fund balances . . . . .	548,436	33	495,726	
34 <b>Total liabilities and net assets/fund balances</b>	573,218	34	506,145	

**Part XI Financial Statements and Reporting**

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

	Yes	No
2a		X
2b		X
2c		X
3a		X
3b		

**Part VII** Investments -- Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII** Investments -- Program Related. 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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX** Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X** Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote 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.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES

**Part I General Information on Grants and Assistance**

Employer identification number  
39-0783488

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY VIROQUA VIROQUA, WI 54665 ART EHRMANN CANCER FUND GRAND AERIE KANSAS CITY, MO BETHEL NURSING HOME 614 S ROCK			100		FMV		DONATION
CRAWFORD CO CRIME STOPPERS CRAWFORD CO			17,000		FMV		DONATION
PRAIRIE DU CHIEN, WI 53821			200		FMV		DONATION
GAYS MILLS FOOD PANTRY GAYS MILLS			300		FMV		DONATION
GAYS MILLS, WI 54631			200		FMV		DONATION
NORSELAND NURSING HOME 323 BLACK RIVER AVE			200		FMV		DONATION
WESTBY, WI 54667 SALVATION ARMY			200		FMV		DONATION
VIROQUA VIROQUA, WI 54665 SANNES SKOGDALEN NURSING HOME			200		FMV		DONATION
101 SUNSHINE BLVD							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES

Employer identification number  
39-0783488

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLDIERS GROVE, WI 54655 SPECIAL OLYMPICS WISCONSIN			200		FMV		DONATION
VIROQUA, WI 54665 TOYS FOR TOTS			300		FMV		DONATION
VIROQUA, WI 54665 VERNON CO CRIMESTOPPERS			200		FMV		DONATION
VIROQUA, WI 54665 VERNON CO FOOD PANTRY			300		FMV		DONATION
VIROQUA, WI 54665 VERNON MANOR NURSING HOME			200		FMV		DONATION
E7404A CO RD BB VIROQUA, WI 54665			200		FMV		DONATION
VIROQUA BOY SCOUTS VIROQUA			200		FMV		DONATION
VIROQUA, WI 54665 VIROQUA GIRL SCOUTS			200		FMV		DONATION
VIROQUA VIROQUA			400		FMV		DONATION
VIROQUA, WI 54665 CHILDREN'S MIRACLE NETWORK				100	FMV		DONATION
VIROQUA DD DUNLAP KIDNEY FUND				150	FMV		DONATION
GRAND AERIE KANSAS CITY, MO				150	FMV		DONATION
DIABETES FUND GRAND AERIE				150	FMV		DONATION
KANSAS CITY, MO GOLDEN EAGLE FUND				150	FMV		DONATION

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



**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization

FRATERNAL ORDER OF EAGLES

Employer identification number  
39-0783488

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)**

(a) Name and address of organization or government	(b) EIN	c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND AERIE KANSAS CITY, MO			150		FMV		DONATION
JIMMY DURANTE FUND GRAND AERIE			150		FMV		DONATION
KANSAS CITY, MO LEW REED SPINAL CORD FUND GRAND AERIE			150		FMV		DONATION
KANSAS CITY, MO MAX BAER HEART FUND GRAND AERIE			1,000		FMV		DONATION
KANSAS CITY, MO MUSCULAR DYSTROPHY GRAND AERIE			150		FMV		DONATION
KANSAS CITY, MO VERNON CO. LAW ENFORCEMENT VIROQUA			100		FMV		DONATION
VIROQUA, WI 54665 VERNON CO. SHRINER'S CLUB VIROQUA			30		FMV		DONATION
VIROQUA, WI 54665 VIROQUA HOCKEY ASSOC VIROQUA			100		FMV		DONATION
VIROQUA, WI 54665							

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

FRATERNAL ORDER OF EAGLES

Employer identification number

39-0783488

YEARLY ELECTIONS HELD BY THE MEMBERSHIP FOR OFFICERS.

ALL ACTIONS BY THE BOARD ARE BROUGHT BEFORE THE MEMBERSHIP TO BE  
DISCUSSED AND VOTED UPON.

**PRINCIPAL OFFICER NAME AND ADDRESS**

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2009, or tax period beginning 01-01-2009, and ending 12-31-2009.
Name of Organization FRATERNAL ORDER OF EAGLES	Employer Identification Number 39-0783488

990, Page 1, Line F

Principal officer name . . . . . RONALD FRANKS  
or  
Business Name

Street Address . . . . . 410 HICKORY ST

U.S. Address:

Zip code 54665 City Viroqua State WI  
or  
Foreign Address  
City \_\_\_\_\_  
Province or State \_\_\_\_\_  
Country \_\_\_\_\_  
Postal code \_\_\_\_\_

BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection For calendar year 2009 or tax period beginning 01-01, and ending 12-31-2009.

Name of Organization FRATERNAL ORDER OF EAGLES Employer Identification Number 39-0783488

Part VI - Line 91a

Individual Name or Business Name. FRATERNAL ORDER OF EAGLES AERIE 2707

Street Address 216 S ROCK AVE

U.S. Address:

Zip code 54665 City Viroqua State WI

Foreign Address

City

Province or State

Country

Postal code

Phone Number (608) 637-2707

Fax Number

## FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 3: Form 990 Page 8, Part VII

<b>Open to Public Inspection</b>	<b>For calendar year 2009 or tax period beginning</b> 01-01-2009, <b>and ending</b> 12-31-2009.	
<b>Name of Organization</b>	FRATERNAL ORDER OF EAGLES	<b>Employer Identification Number</b> 39-0783488

<b>Part VI Five Highest Compensated Independent Contractors</b>		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
THE FURNACE ROOM E6305 HORNBY HOLLOW RD Viroqua, WI 54665 RIDGE REFRIGERATION E9152 CHERRY GROVE RD Viroqua, WI 54665 THERESA ROSE 100 FIRST ST Westby, WI 54667	FURNACE & A/C MAINT   COOLER MAINT   PRINTING & PUBLICATI	   3,055   3,020   6,747

2009 DETAIL STATEMENTS

FRATERNAL ORDER OF EAGLES  
39-0783488

---

STATEMENT #1 - All other contributions etc. (990-EO PG 9 Line 1f)

INCLUDES 1099-MISC STANSFIELD VENDING.....	32,480
OTHER.....	73,009

TOTAL CARRIED TO 990-EO PG 9 Line 1f.....	105,489
---	---------

---

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return <b>FRATERNAL ORDER OF EAGLES</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>39-0783488</b>
---	--	---

**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	
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
<b>6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost</b>		
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 2008 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 2010 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 2009	17	4,124
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 2009 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						
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 2009 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	4,124
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.



## 2009 Federal Depreciation Schedule

FRATERNAL ORDER OF EAGLES, AERIE 2707  
39-0783488

05-11-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
AIR SYSTEM	06-05-97	150DBMQ	10	2,292	0	0	0	2,292	2,105	0
BAR STOOLS	11-09-01	S/LMQ	7	1,838	0	0	0	1,838	1,838	0
BLDG IMPROVEMENT	11-11-93	S/LMM	40	2,152	0	0	0	2,152	837	54
BLDG IMPROVEMENT	02-02-85	150DBHY	15	125,000	0	0	0	125,000	125,000	0
BLDG IMPROVEMENT	02-02-84	S/LMM	40	79,000	0	0	0	79,000	47,400	1,975
BLDG IMPROVEMENT	07-07-92	S/LMM	40	4,417	0	0	0	4,417	1,816	110
BROASTER	12-02-03	S/LMQ	7	4,360	0	0	0	4,360	3,193	623
COPY MACHINE	02-02-92	200DBHY	5	1,455	0	0	0	1,455	1,455	0
DEEP FRYER	01-13-95	150DBHY	7	1,074	0	0	0	1,074	1,074	0
DEEP FRYER	05-12-05	200DBHY	7	1,232	0	0	0	1,232	847	110
FREEZER	02-02-91	S/LHY	10	4,810	0	0	0	4,810	4,810	0
FURNACE	02-02-89	150DBHY	20	8,000	0	0	0	8,000	7,851	149
GLASS WASHER	02-02-92	200DBHY	7	4,838	0	0	0	4,838	4,838	0
ICE MAKER	11-19-97	150DBMQ	7	2,398	0	0	0	2,398	2,398	0
JUKE BOX	10-17-02	200DBHY	7	1,788	0	0	0	1,788	1,709	79
LAND (POOL)	08-08-08	Land	0	22,500	22,500	0	0	0	0	0
MISC EQUIP	02-02-88	200DBHY	7	150	0	0	0	150	150	0
PA SYSTEM	02-02-92	200DBHY	7	602	0	0	0	602	602	0
REFRIGERATOR	09-04-08	S/LHY	7	1,476	0	0	0	1,476	105	211
REFRIGERATOR	06-13-06	200DBHY	7	300	0	0	0	300	168	37
REFRIGERATOR	11-04-06	200DBHY	7	450	0	0	0	450	253	56
REFRIGERATOR-KITCHEN	08-26-05	200DBHY	7	600	0	0	0	600	413	54
ROOF	11-18-05	S/LMM	39	21,953	0	0	0	21,953	1,759	563
ROOF REPAIR	06-13-06	200DBHY	7	825	0	0	0	825	464	103
ROOM DIVIDER	05-03-95	150DBHY	10	3,802	0	0	0	3,802	3,802	0
TABLES	02-02-88	200DBHY	7	750	0	0	0	750	750	0
TV	02-02-88	200DBHY	7	3,000	0	0	0	3,000	3,000	0
WALL	06-06-96	200DBHY	10	2,454	0	0	0	2,454	2,454	0
WATER HEATER	06-06-96	200DBHY	7	3,371	0	0	0	3,371	3,371	0
29 Assets			Totals	306,887	22,500	0	0	284,387	224,462	4,124
29 Assets			Grand Totals	306,887	22,500	0	0	284,387	224,462	4,124

\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

FRATERNAL ORDER OF EAGLES AERIE 2707  
216 SOUTH ROCK AVE.  
VIROQUA, WI 54665  
608-637-2707

2009  
1099's

39-0783488

388-60-3676

Larry Jansen  
Ridge Refrigeration

3020.00

E9152 Cherry Grove Rd

Viroqua WI 54665

FRATERNAL ORDER OF EAGLES AERIE 2707  
216 SOUTH ROCK AVE.  
VIROQUA, WI 54665  
608-637-2707

39-0783488

39-2043247

Teresa Rose  
Teresa's Accounting

6747.13

100 First Street

Westby WI 54667

Form <b>1096</b> Department of the Treasury Internal Revenue Service	<b>Annual Summary and Transmittal of U.S. Information Returns</b>	OMB No 1545-0108  <b>2009</b>
--	---	-------------------------------------

<b>FILER'S name</b> FRATERNAL ORDER OF EAGLES AERIE 2707  <b>Street address (including room or suite number)</b> 216 SOUTH ROCK AVE  <b>City, state, and ZIP code</b> VIROQUA, WI 54665	
--	--

<b>Name of person to contact</b> CAROL PETERSON	<b>Telephone number</b> (608) 637-2707	<b>For Official Use Only</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Email address</b>	<b>Fax number</b>	

<b>1 Employer identification number</b> 39-0783488	<b>2 Social security number</b>	<b>3 Total number of forms</b> 3	<b>4 Federal income tax withheld</b> \$	<b>5 Total amount reported with this Form 1096</b> \$ 12822.45
---	---------------------------------	-------------------------------------	--	---

<b>6 Enter an "X" in only one box below to indicate the type of form being filed</b>							<b>7 If this is your final return, enter an "X" here</b> <input type="checkbox"/>						
W-2G 32 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>
1099-MISC 95 <input checked="" type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	3921 25 <input type="checkbox"/>	3922 26 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>		

**Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.**

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete

<b>Signature</b> ▶	<b>Title</b> ▶	<b>Date</b> ▶
--------------------	----------------	---------------

**Instructions**

**Reminder.** The only acceptable method of filing information returns with Enterprise Computing Center—Martinsburg (ECC—MTB) is electronically through the FIRE system. See Pub 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, and W-2G Electronically

**Purpose of form.** Use this form to transmit paper Forms 1099, 1098, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, and W-2G Electronically

**Caution:** If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G

**Who must file.** The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above

**Preaddressed Form 1096.** If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1099, 1098, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form

**When to file.** File Form 1096 as follows

- With Forms 1099, 1098, 3921, 3922, or W-2G, file by March 1, 2010
- With Forms 5498, 5498-ESA, or 5498-SA, file by June 1, 2010

**Where To File**

Send all information returns filed on paper with Form 1096 to the following

<b>If your principal business, office or agency, or legal residence in the case of an individual, is located in</b>	<b>Use the following three-line address</b>
---	---

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury  
Internal Revenue Service Center  
Austin, TX 73301

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no  FRATERNAL ORDER OF EAGLES AERIE 2707 216 SOUTH ROCK AVE VIROQUA, WI 54665 (608)637-2707		1 Rents \$	OMB No 1545-0115  <b>2009</b>  Form 1099-MISC		<b>Miscellaneous Income</b>
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	<b>Copy C For Payer</b>	
PAYER'S federal identification number 39-0783488	RECIPIENT'S identification number 39-1582114	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name  JERRY DELAP THE FURNACE ROOM, LLC Street address (including apt no )  E6305 HORNBY HOLLOW RD City, state, and ZIP code VIROQUA, WI 54665		7 Nonemployee compensation \$ 3055 32	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input checked="" type="checkbox"/>	10 Crop insurance proceeds \$		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no	18 State income \$	

Form 1099-MISC Department of the Treasury - Internal Revenue Service

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no  FRATERNAL ORDER OF EAGLES AERIE 2707 216 SOUTH ROCK AVE VIROQUA, WI 54665 (608)637-2707		1 Rents \$	OMB No 1545-0115  <b>2009</b>  Form 1099-MISC		<b>Miscellaneous Income</b>
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	<b>Copy C For Payer</b>	
PAYER'S federal identification number 39-0783488	RECIPIENT'S identification number 388-60-3676	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no )  E9152 CHERRY GROVE RD City, state, and ZIP code VIROQUA, WI 54665		7 Nonemployee compensation \$ 3020.00	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no	18 State income \$	

Form 1099-MISC Department of the Treasury - Internal Revenue Service

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no  FRATERNAL ORDER OF EAGLES AERIE 2707 216 SOUTH ROCK AVE VIROQUA, WI 54665 (608)637-2707		1 Rents \$	OMB No 1545-0115  <b>2009</b>		<b>Miscellaneous Income</b>
PAYER'S federal identification number 39-0783488		2 Royalties \$	Form 1099-MISC		
RECIPIENT'S name  THERESA ROSE TERESA'S ACCOUNTING Street address (including apt no )  100 FIRST STREET City, state, and ZIP code WESTBY, WI 54667		3 Other income \$	4 Federal income tax withheld \$	<b>Copy C For Payer</b>	
RECIPIENT'S identification number 39-2043247		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	7 Nonemployee compensation \$ 6747 13	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
15a Section 409A deferrals \$	15b Section 409A income \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11	
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$	17 State/Payer's state no	18 State income \$	
16 State tax withheld \$		17 State/Payer's state no		18 State income \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no		1 Rents \$	OMB No 1545-0115  <b>2009</b>		<b>Miscellaneous Income</b>
PAYER'S federal identification number		2 Royalties \$	Form 1099-MISC		
RECIPIENT'S name  Street address (including apt no )  City, state, and ZIP code		3 Other income \$	4 Federal income tax withheld \$	<b>Copy C For Payer</b>	
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
15a Section 409A deferrals \$	15b Section 409A income \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11	
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$	17 State/Payer's state no	18 State income \$	
16 State tax withheld \$		17 State/Payer's state no		18 State income \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

FRATERNAL ORDER OF EAGLES AERIE 2707  
216 SOUTH ROCK AVE.  
VIROQUA, WI 54665  
608-637-2707

2009  
1099's

39-0783488

388-60-3676

Larry Jansen  
Ridge Refrigeration

3020.00

E9152 Cherry Grove Rd

Viroqua WI 54665

FRATERNAL ORDER OF EAGLES AERIE 2707  
216 SOUTH ROCK AVE.  
VIROQUA, WI 54665  
608-637-2707

39-0783488

39-2043247

Teresa Rose  
Teresa's Accounting

6747.13

100 First Street

Westby WI 54667

FRATERNAL ORDER OF EAGLES AERIE 2707  
216 SOUTH ROCK AVE.  
VIROQUA, WI 54665  
608-637-2707

39-0783488

39-1582114

Jerry Delap  
The Furnace Room, LLC

3055.32

E6305 Hornby Hollow Road

Viroqua WI 54665

11:55 AM

09/09/10

Accrual Basis

**Fraternal Order of Eagles Aerie 2707**  
**Expenses by Vendor Detail**  
 May 14, 2010

Type	Date	Num	Memo	Account	Cir	Split	Amount	Balance
H & R Block Check	5/14/2010	27545	2009 Fed for...	Professional fees		Checking Gen...	300.00	300.00
Total H & R Block							300.00	300.00
Postmaster Check	5/14/2010		mailed 990 I	Postage		Checking Gen .	3.12	3.12
Total Postmaster							3.12	3.12
<b>TOTAL</b>							<b>303.12</b>	<b>303.12</b>

