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#### Form **990**

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

$\Box$	MB No	1545-	004	7_
	(2	009	2	
	Open  ani	to Pu pection	1	- 1
D	3.1	200		

	Denar	tment c	•. of the		lung benefit trust or private foundation)	Code (e	xcept bi	l/	Open	to Pu	
			nue Service	<u>'                                    </u>	The organization may have to use a copy of this return to satisfy state	e reportir	ig roquire	ments	•	pectle	
			2009 cale		year, or tax year beginning JANUARY 01 , 2009, at			EMBE	R 31	, <b>20</b> 0	
	B Ch	eck if plicable		ease	C Name of organization EPATERNAL ORDER OF EAGLES		D Emp	loyer id	entificati	on nun	nber
	L Ad	dress o		e IRS el or	39-0	7834	88				
	Na Na	me cha		E Telep	hone n	umber					
	In	tıal retu		/pe. See	216 SOUTH ROCK AVE	Room/ suite	(608	637	-2707	V	48
	Te	rminate	<sub>id</sub> Spe	ecific truc-	City or town, state or country, and ZIP + 4		<b>G</b> Gros			1	
	X Am	nended		ons.	Viroqua WI 54665			ipts\$	4	03,5	54
3	Ap	plicatio	n pending	F	Name and address of principal officer H(a)	Is this a	group retu	rn for affi	liates?	Yes	s X No
X				See			filiates inc			Yes	H
	I Ta	х-ехе	mpt status.	X	501(c)(8 ) <b>⊲</b> (insert no ) 4947(a)(1) or 527	If "No," a	attach a list	t (see ins	tructions)	ш	لبا
•	J W	ebsite	: N/A		H(c)	Group e:	xemption n	umber	•		
	<b>K</b> Fo	rmofo	rganization	X c <sub>0</sub>	poration Trust Association Other ▶ L Year of for	mation	<u>-</u>	M Sta	ate of legal	domicile	WI
	Pa	rt I	Summar	y							
)		1	Briefly des	cnbe	he organization's mission or most significant activities						
_	Δ	COM	MUNIT	ΥI	NVOLVEMENT. "PEOPLE HELPING PEOPLE"						
,	A G										
,	1 8										
	GOVERN	2	Check this	box I	If the organization discontinued its operations or disposed of more	than 25	% of its	net asse	ets		
	ŤN	3	Number of	votin	members of the governing body (Part VI, line 1a)			3			12
	E N C	4	Number of	ınde	pendent voting members of the governing body (Part VI, line 1b)			4	-	7	39
	SC	5	Total numb	oer of	employees (Part V, line 2a)			5			38
	& =	6	Total numb	oer of	volunteers (estimate if nesessary)			6		-	15
	•	7a	Total gross	unre	ated business evenue from Part VIII, polumn (C), line 12			7a		89,7	91
		b	Net unrelat	ted bu	siness taxable income from Form 996-T, line 34			7b	_	40,4	85
					0 19	P	rlor Year	•	Curr	ent Ye	ar
	R E V	8	Contributio	ns ar	d grants (Part VIII, Ine 1h)		117,4	56	1	30,6	10
	Ě	9	Program se	ervice	revenue (Part VIII, line 2g)						
ă,	N	10	Investment	incoi	ne (Part VIII, column (A), lines 3, 4, and 7d).	15,9	47		9,9	94	
	U E	11	Other reve	nue (l	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		123,2	1	00,6	65	
		12	Total reven	iue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		256,6	79	2	41,2	69
CANNED		13	Grants and	l sımıl	ar amounts paid (Part IX, column (A), lines 1-3)		29,5	66		24,6	33
m	F	14	Benefits pa	ad to	or for members (Part IX, column (A), line 4).						
O	E X P	15	Salaries, ot	ther c	ompensation, employee benefits (Part IX, column (A), lines 5-10)		8,9	8,971			00
20	E	16a	Professiona	al fun	draising fees (Part IX, column (A), line 11e)						
$\Box$	N S	b	Total fundr	aısıng	expenses (Part IX, column (D), line 25)						
9	Š	17	Other expe	nses	(Part IX, column (A), lines 11a-11d, 11f-24f)		262,3	88	2	17,9	33
<b>=</b>	, ,	18	Total exper	nses	Add lines 13-17 (must equal Part IX, column (A), line 25)		300,9	25	2	67,5	66
2		19	Revenue le	ess ex	penses. Subtract line 18 from line 12		-44,2	46		26,2	97
2010	N O B					Beginnin	ng of Curre	nt Year	End	of Yea	ır
	'nΓ	1 20	Total assets				573,2	18	5	06,1	45
	FNE	21			art X, line 26)		24,7	82		10,4	19
	<u>ទំព</u> ន		Net assets	or fur	d balances Subtract line 21 from line 20		548,4	36	4	95,7	26
	Par	i jii	Signatur		· · · · · · · · · · · · · · · · · · ·						
					perjury, I declare that I have examined this return, including accompanying schedule rrect, and complete. Declaration of preparer (other than officer) is based on all inform						je and
	O:			,		120011 01 1	·····c··· p··cp·		,	.gc	
	Sign		<b> </b>								
	Here	,	1 , -		of officer				Date		
					O FRANKS SECRETA	KY					
			<del>                            </del>		nt name and title	· · · ·	- 1				
			Preparer's		0 1 1 20 10 10 10 10 10	heck if elf-		PAPA	dentifying n	umber (s	iee instr )
	Paid		signature	7	TOD Disab	mployed I		<u>rañ</u>	7244	4	
	Prepa		Firm's name			E	IN	<u>▶ 3</u>	4-17	<u>697</u>	41
	Use C	inly	if self-emple address, and		117 FS Drive	— <u> </u> _	la a vr -	. 10	20162	7 7.	200
	May +1	10.100					none no	<b>▶</b> (6)	08)63 <del>W</del>		_
	iviay (I	ie iks	uiscuss thi	is retu	rn with the preparer shown above? (see instructions)	_			ĮX.	Yes	No

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction

Form **990** (2009)

09 99012

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Form	n 990 (2009) FRATERNAL ORDER OF EAGLES 39-0783488		Page 2
ATTITUTE OF	rt III . Statement of Program Service Accomplishments		rage z
1			
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	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
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 \$		)
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 \$	1	
4e	Total program service expenses ▶ \$	,	

JVA

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	<u> </u>	X
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_		.,
4		3		X
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	-		}
5	Part II $N/A$ Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	4		<b>—</b> —
Ū				
6	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . N/A  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the	5	<u> </u>	
·	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			ĺ
	Schedule D, Part I	_	li	V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b>		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or	<del></del>		
	X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			:
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			í
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			:
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			:
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			:
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		Χ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		•	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		ĺ	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			٠,
19	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes" complete Schedule G. Part III			v
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

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	21	Х	
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"		;	
	complete Schedule J	23		X
24a	5 Section of the sect	ŀ		
	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. N/A	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  N/A	24d		
25a	(1) The state of t			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,	İ		
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			۱
00	complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ŀ		
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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	]		,,
28	Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-	
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			v
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a	-	Х
	Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)	200		<u>  ^-</u>
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-23		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>                                     </del>		
	Schedule N, Part II	32		Х
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		Х
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		Х
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		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	:

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a		3			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0	]		1
С	Did the organization comply with backup withholding rules for reportable payments to vend	ors an	d reportable	)	]		Ī
	gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return			38			1
ь	If at least one is reported on line 2a, did the organization file all required federal employment				2b	X	<u> </u>
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re			ons)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the years and the setural	ar cov	ered by		ł		1
b	this return?		•		3a	X	<b> </b>
4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule				3b	Х	<u> </u>
70	At any time during the calendar year, did the organization have an interest in, or a signature					j	
	over, a financial account in a foreign country (such as a bank account, securities account, o account)?	r otner	Tinanciai				\ <sub>V</sub>
b	If "Yes," enter the name of the foreign country.		•		4a	ļ	X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of	f Earou	an Bonk one				ĺ
	Financial Accounts	rorei	gii balik alik	J			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	v voarî	>		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt			•	5b	<del> </del>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E				-	<u> </u>	1
	Prohibited Tax Shelter Transaction?		.099	N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a	and did	I the organiz			<del> </del>	
	solicit any contributions that were not tax deductible?				6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such of	contribi	utions or				
	gifts were not tax deductible?			N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly as a c	artly f	or goods an	ıd			
	and services provided to the payor?				7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided			N/A	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w	vhich it	was				
	required to file Form 8282?	٠.			7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d				:	1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur	ms on	a personal				
	benefit contract?	• • •			7e		X
f 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber				7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as in				7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	m 109	B-C as				1 ,,
8	required?				7h		X
Ū	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization.	_	-			-	l
	business holdings at any time during the year?	nzanon	i, Have exce	33	8		Х
9	Sponsoring organizations maintaining donor advised funds.				-		
а	Did the organization make any taxable distributions under section 4966?				9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
10	Section 501(c)(7) organizations. Enter	•	•				<del></del>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					1
11	Section 501(c)(12) organizations. Enter		·				1
a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources		-				
	against amounts due or received from them)	11b					
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of For	m 1041?		12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

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

				Yes	No
1a	Enter the number of voting members of the governing body 1a		12		1
b	Enter the number of voting members that are independent 1b		39		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the			ļ	
	supervision of officers, directors or trustees, or key employees to a management company or other po		3		X
4	Did the organization make any significant changes to its organizational documents since the prior For		d? 4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	37	5	<u> </u>	X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers			
	of the governing body?		7a	X	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal by members, stockholders, stockhol		7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	luring			-
	the year by the following:				1
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the			
C = -4	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9a		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code )		~	T
400	Door the average than been been been been been for the original of			Yes	
10a	Does the organization have local chapters, branches, or affiliates?		108	1	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such o	•			
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?		/A 10	2	_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the			1,,
44-	form?		11	<del>.  </del>	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		122	<u> </u>	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	digive N	/A		
_	rise to conflicts?	, , , , , , , , , , , , , , , , , , , ,	12b	<u> </u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," N	/A		
40	describe in Schedule O how this is done	•	120	+	+,,
13	Does the organization have a written whistleblower policy?		13		X
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 approva				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	d decision			ļ ,,
a	The organization's CEO, Executive Director, or top management official?	• •	15a		X
b	Other officers or key employees of the organization?		15b	<u>'</u>	X
160	If "Yes" to line 15a or 15b, 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 arrangem	ent			,,,
b	with a taxable entity during the year?		162	1	X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate participation in century exception and talking at the participation in century exception and the participation in the participation		/ 7		ŧ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	eguara IN	/A		-
Section	the organization's exempt status with respect to such arrangements?  On C. Disclosure		.   16b	<u> </u>	<u> </u>
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	(501/0)/3)0 07	nhv)	_,	
	available for public inspection. Indicate how you make these available Check all that apply	(201(2)(3)8 01	шу <i>)</i>		
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	anflict of intera	et		
	policy, and financial statements available to the public	ATTINUE OF ILITERS	: <b>3</b> (		
20	State the name, physical address, and telephone number of the person who possesses the books an	d rocarda of "	20		
20	organization > See attachment #2	u records of th	10		
	organization > Dee accacimenc #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	•		ite any	/ curre	ent offi	cer, dire	ctor, c	or trustee		
(A)	(B)	<u> </u>		-	<del></del>		·	(D)	(E)	(F)
Name and Title	Average		sition	(check	all th	at apply)	ı	Reportable	Reportable	Estimated
	hours per week	TRUSTEE OR	- NST-TUT-OZA-	OFF-CF&	EMP LOYEE	HAPLOYEM COMPESSATED	FORMER	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
NORMAN ROSE										
JR PAST PRESIDENT	2.00			Х				0	0	25
PAUL PENCHI JR										
PRESIDENT	1.00			Х				0	0	25
BRAD STAFSLIEN										
VICE PRESIDENT	1.00			X				0	lo	0
PAUL PENCHI SR								-		
CHAPLAIN	1.00			Х				lo	o	Ю
GEORGE BOYINGTON						!				}
CONDUCTOR	1.00			X				0	0	75
RONALD FRANKS										
SECRETARY	25.00			Χ				2,232	lo .	o
KEN DRYDEN										
SECRETARY	20.00			X			X	1,966	lo	75
ORRIS PEDERSON	İ									
TREASURER	7.00			Х			X	1,250	0	500
CARL BOSSE										
INSIDE GUARD	1.00			Х				0	0	0
PETE HOWELL		i								
OUTSIDE GUARD	1.00			X				0	0	0
CY STAFSLIEN										
TRUSTEE	6.00			Χ		i		0	0	0
BILL HAUN						İ				
TRUSTEE	6.00			X				0	0	255
VERN BRITT										
TRUSTEE	6.00			X				0	0	75
PAUL BIRKELO						1				
TREASURER	20.00			Х		ŀ		1,500	0	0
JOIE SKARDA						ļ				
TRUSTEE	2.00			Х			Χ	lo	0	75
LACI OLSON						}				
SECRETARY'S ASSISTANT	30.00				Χ		X	6,667	0	0 (2000)

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Parl	VII Section A. Officer	s, Director	s, Trust	ees, K	ey En	nploye	ees, and	Hlgh	est Compensated E	mployees (continue	d)		
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	TRUSTEE OR	TRUSTEE ONA	O F F I C E R	K all th	H COMPLOYER STED	FORMER	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ed o ns comp		tion e on ed
	DL PETERSON RETARY'S ASSISTANT	20.00		L		X			1,922	0	0		
	Y ANN SMITH CHEN MANAGER	30.00				X			9,463	0	0		
		30.00				1			,403				
							ļ						
						ļ							
1b	Total	<u> </u>						<b>•</b>	25000	0	1105		
2	Total number of individuals	(including	but not l	 ımıted		se list	ed abov		<u> </u>	l <del></del>	<u> </u>	npensa	ation
	from the organization >	<del></del>										Tv	1
3	Did the organization list any	former of	icer, dıre	ector c	or trust	ee, ke	y emplo	yee, o	r highest compensat	ted		Yes	No
	employee on line 1a? If "Ye									•	3	X	ļ
4	For any individual listed on the organization and related					-			•		į		1
	ındıvıdual .		J								4		X
5	Did any person listed on line									or			,,
Section	services rendered to the org		ii "Yes,	comp	olete S	cneal	lie J for s	sucn p	person		5	<del></del>	X
1	Complete this table for your		st compe	ensate	d inde	pende	ent contr	actors	that received more	than \$100,000 of			
	compensation from the orga	anızatıon.											
	Name and	(A) d business	address						(B) Description of se	ervices		C) ensatic	on
									· · · · · · · · · · · · · · · · · · ·				
								-					
				·									
	attachment #3	at ac=t		٠الم		t tree 4			and all and a second				
2	Total number of independer \$100,000 in compensation for				out no	ı ıımıte	a to thos	se liste	ed above) who recei	ved more than			

JVA

Page 9

Par	i VII	Statement of Reve	nue						
					`	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
c G O	1a	Federated campaigns		1a					
OFH	b	Membership dues		1b	8,626	1			
OFH	c	Fundraising events		1c	16,495	]			
Rgs	I .	Related organizations.		1d		1			
BAM	е	Government grants (contri	butions)	1e					
R I B U T I	f	All other contributions, gift	s, grants, &			]			
I S R	ļ	similar amounts not includ	ed above	1f	105,489				
O A A N NM S D T	g			\$					
s	h	Total. Add lines 1a-1f			.,,,,	130,610			
P					Business Code	]			
R O S	2a								
GΕ	b								
RRR						-			
WIA	d								
CE EN	]	Att at							
ñ	i .	All other program service r	evenue					<del>,</del>	
E	<u>g</u>		mar almudondo		<b>▶</b>	 	,		
	"	Investment income (includ other similar amounts)	_			9,994	9,994		
	4	Income from investment of	f tay-evemnt he			7,774	J, JJ3	· -	
	5	Royalties .	•	ond p	, ,				
		rroyuuoo ,	(ı) Real	•	(II) Personal				
	6a	Gross Rents	7,15		()				
	b					•			
	c	Rental income or (loss)	7,15	8		1			
		Net rental income or (loss)				7,158	7,158		1
			(i) Securitie	s	(II) Other		•		
	7a	Gross amount from sales of assets other than inventory							
	ь	Less: cost or other basis							
		and sales expenses							
0	c	Gain or (loss)					Ì		
T H	d	Net gain or (loss)		,	. •				
Ε	8a	Gross income from fundra	ısıng			:			
R		events (not including \$						:	<b>E</b>
R		of contributions reported o	n line 1c)						<u> </u>
E		See Part IV, line 18		а		-			<del>-</del>
٧		Less: direct expenses		. b					
E N		Net income or (loss) from t	_		<u> </u>		······································	:	
Ü	9a	Gross income from gaming	g activities See						
Ē	_	Part IV, line 19		a b					
		Less. direct expenses		_	L <u>.</u>	1			ŧ
		Net income or (loss) from g Gross sales of inventory, le		15	<u> </u>				
	IVA	returns and allowances		2	252,076				1
	h	Less cost of goods sold		a b	162,285	1			<u> </u>
		Net income or (loss) from s	sales of invento	-		89,791		89,79	ł
		Miscellaneous Rev		<del></del>	Business Code				
	11a	REIMB EXPENSE				3,716	3,716		<u></u>
	b								
	С			_					
	d	All other revenue		-					
	е	Total. Add lines 11a-11d			<b>&gt;</b>	3,716			
	12	Total revenue. See instru	ctions ,		<u></u>	241,269	20,868		
JVA	09	9909 TWF 33401 Co	pyright Forms (So	ftwar	e Only) - 2009 TW				Form <b>990</b> (2009

Part IX S

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). (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. 22,430 22,430 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .... .. 2,203 2,203 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 25,000 25,000 trustees, and key employees . 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 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes .. ... . . 11 Fees for services (non-employees): Management . . . . . . . Legal . b .. .. . . 308 308 C Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other g 9,704 9,704 12 Advertising and promotion 13 14 Information technology . 15 Royalties ... .. 45,002 45,002 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 2,551 2,551 19 Conferences, conventions, and meetings 20 Payments to affiliates . . . 21 4,124 22 Depreciation, depletion, and amortization 4,124 4,528 4,528 23 Insurance ... .. . . . 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.) FORM990-T 129,877 129,877 PER CAPITA TAX 11,318 11,318 ь SUPPLIES 9,616 9,616 ¢ PROFESSIONAL FEES 536 d 536 POSTAGE 369 369 e 267,566 267,566 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ▶ I if following SOP 98-2 26 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

		(A)		(B)
1.	Cash non Interest hours	Beginning of year	$\bot$	End of year
1 2	Cash non-interest bearing	1,827	1	7,215
3	Savings and temporary cash investments	483,356	2	415,418
[	Pledges and grants receivable, net	<del></del>	3	
5	Accounts receivable, net		4	······································
3	Receivables from current and former officers, directors, trustees, key	<del>+</del>		
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		1	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
۱_	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	
10	a Land, buildings, and equipment, cost or other			
Ι.	basis. Complete Part VI of Schedule D 10a 306,887		1	
	Less. accumulated depreciation . 10b 228,586	82,425	10c	78,301
	Investments publicly traded securities		11	
12	Investments other securities See Part IV, line 11		12	
13	program related boot arriv, and it		13	
14			14	
15		<del></del>	15	
	Total assets. Add lines 1 through 15 (must equal line 34)	573,218	16	506,145
17	Accounts payable and accrued expenses	24,782	17	10,419
18	Grants payable		18	
19			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	·		
1	employees, highest compensated employees, and disqualified			
l	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	Total llabilities. Add lines 17 through 25	24,782	26	10,419
	Organizations that follow SFAS 117, check here ▶ and	<del></del>		<del></del>
	complete lines 27 through 29, and lines 33 and 34.		1	
27	Unrestricted net assets		27	
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ 🏻		<u> </u>	
	and complete lines 30 through 34.		1	
30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds	548,436	32	495,726
1				
33	Total net assets or fund balances	548,436	33	495,726

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Form **990** (2009)

Pai	T XI 'Financial Statements and Reporting			
			Yes	No
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			
	ın Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ
С	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?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		1	
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		1	
3 <b>a</b>	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?	3a		Х
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	3ь		
IVΔ	09 99012 99011 TWE 22/21 Converget Forms (Software Only) - 2000 TW	Form	990	(2009)

Part VIII	Investments Other Securities. See For	m 990, Part X, line 12		
	a) Description of security or category	(b) Book value	(c) Method of value	ation
	(including name of security)		Cost or end-of-year ma	
Financial der	ivatives			
Closely-held	equity interests			
Other				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12.)			***************************************
Part VIII	Investments Program Related. See Fo	rm 990, Part X, line 13	<u> </u>	
<u> </u>	(a) Description of investment type	(b) Book value	(c) Method of value	ation
		, ,	Cost or end-of-year ma	
<del></del>		<del>                                     </del>		
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 1		<u> </u>	
ELECTION OF THE L		escription		(b) Book value
	(4) 2			()
Total (Colum	nn (b) must equal Form 990, Part X, col (B) lin	e 15 )		,
Part X	Other Liabilities. See Form 990, Part X, line			
1.	(a) Description of liability	(b) Amount		
Federal incon		(S) / Illiodik		
- Cacra moon		<del>  -</del>		
i Otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	

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OMB No 1545-0047 Open to Public Employer Identification number 39-0783488 Inspection 2009 Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. FRATERNAL ORDER OF EAGLES Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part (

Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? . .

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

**2** ⊠

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 Part II

Schedule I-1 (Form 990) if additional space is needed	nonal space is need	space is needed				. מפן מוויל מוויל	:
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							DONATION
VIROQUA							
VIROQUA, WI 54665			100		FMV		
ART EHRMANN CANCER FUND							DONATION
GRAND AERIE							
KANSAS CITY, MO			17,000		FMV		
BETHEL NURSING HOME							DONATION
614 S ROCK							
VIROQUA, WI 54665			200		FMV		
CRAWFORD CO CRIME STOPPERS							DOANTION
CRAWFORD CO							
PRAIRIE DU CHIEN, WI 53821			300		FMV		
GAYS MILLS FOOD PANTRY							DOANTION
GAYS MILLS							
GAYS MILLS, WI 54631			200		FMV		
NORSELAND NURSING HOME							DONATION
323 BLACK RIVER AVE							
WESTBY, WI 54667			200		FMV		
SALVATION ARMY		-					DONATION
VIROQUA				_			
VIROQUA, WI 54665			200		FMV		
SANNES SKOGDALEN NURSING							DONATION
номЕ							
101 SUNSHINE BLVD							
2 Enter total number of section 501(c)(3) and government organizations	and government org	anizations				•	

Enter total number of other organizations

3 Enter total number of other organizations
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

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OMB No 1545-0047 Schedule I-1 (Form 990) 2009 (h) Purpose of grant Open to Public Employer Identification number or assistance DONATION 2009 ONATION NONTION ONATION CONATION CONATION DONATION Inspection CONATION ONATION CONATION ONATION Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) 39-0783488 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Continuation Sheet for Schedule I (Form 990) FMV FΜ FMV FMV FMV FMV FMV FMV FMV ŽΨ ΣM ► Attach to Form 990 to list additional information for (e) Amount of non-cash assistance Schedule I (Form 990), Part II or Part III. 50 150 100 (d) Amount of 200 300 200 200 400 200 300 200 cash grant For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. c) IRC section ıf applicable (p) EIN FRATERNAL ORDER OF EAGLES CHILDREN'S MIRACLE NETWORK VERNON MANOR NURSING HOME (a) Name and address of organization 54655 VERNON CO CRIMESTOPPERS DD DUNLAP KIDNEY FUND VERNON CO FOOD PANTRY GOLDEN EAGLE FUND VIROQUA GIRL SCOUTS SOLDIERS GROVE, WI VIROQUA BOY SCOUTS or government VIROQUA, WI 54665 VIROQUA, WI 54665 54665 WI 54665 VIROQUA, WI 54665 54665 WI 54665 WI 54665 SPECIAL OLYMPICS E7404A CO RD BB KANSAS CITY, MO KANSAS CITY, MO Name of the organization Department of the Treasury Internal Revenue Service DIABETES FUND TOYS FOR TOTS Μ 3 GRAND AERIE GRAND AERIE SCHEDULE 1-1 WISCONSIN VIROQUA, VIROQUA, VIROQUA, VIROQUA, VIROQUA, VIROQUA VIROQUA VIROQUA VIROQUA VIROQUA VIROQUA (Form 990) Part I

SCHEDULE I-1 (Form 990)	O	Continuation Sheet for Schedule I (Form 990)	heet for Scho	edule I (Forn	(066 u		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Attach to Forr Schedule	► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	nal information for or Part III.			Open to Public Inspection
Name of the organization FRATERNAL ORDER OF EAG	EAGLES					Employer Identific 39-0783488	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 II)	its and Other Ass	stance to Gover	rnments and Or	ganizations in	the United States	(Schedule I (Form 990	), Part II )
(a) Name and address of organization	(p) EIN	c) IRC section	(d) Amount of	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıf applıcable	cash grant	non-cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
GRAND AERIE							
			150		FMV		
JIMMY DURANTE FUND GRAND AERTE							DONATION
KANSAS CITY, MO			150		FMV		
LEW REED SPINAL CORD FUND							DONATION
KANSAS CITY, MO			150		FMV		
MAX BAER HEART FUND							DONATION
GRAND AERIE							
KANSAS CITY, MO			1,000		FMV		
MUSCULAR DYSTROPHY							DONATION
GRAND AERIE Kansas City Mo			150		T-10/1		
VERNON CO. LAW ENFORCEMENT			)		•		DONATION
VIROQUA							
I 54665			100		FMV		
VERNON CO. SHRINER'S CLUB							DONATION
VIROQUA, WI 54665			30		FMV		
VIROQUA HOCKEY ASSOC							DONATION
VIROQUA, WI 54665			100		FMV		
						-	
						1.70	0000 (000
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	n Act Notice, see the If	structions tor Form	990.			ocueduie	Schedule I-1 (Form 990) 2009

39-0783488

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Schedule | (Form 990) 2009

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

#### SCHEDULE O

(Form 990)

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

Department of the Treasury Name of the organization

Internal Revenue Service

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	Employer Identification Number
FRATERNAL ORDER OF EAGLES	39-0783488
990, Page 1, Line F	
Principal officer name	. RONALD FRANKS
or	. RONALD FRANKS
Business Name	
Swomood Harro	
	A40 VICENORY OF
Street Address	. 410 HICKORY ST
U S. Address:	
Zıp code 54665 cıty Viroqua	State WI
or	
Foreign Address	
3	
City	
Province or State	
Country	
Postal code	

## **BOOKS ARE IN CARE OF**

Attachment	2:	Form	990	Page	6,	Part	VI,	Sect	lon	С,	Line	20
Open to Public Inspection				or tax pe		<u></u>		1 – 0 1			ending	12-31-2009.
Name of Organizati		ileridai y	Cai 2003	OI LEAN PO	sitou b	cgittiiiig				, and	Chang	Employer Identification Number
FRATERNAL		R OF	EAGI	LES								39-0783488
Part VI - Line 91a												
								•				
Individual Name											_	
or												
Business Name.												
FRATERNAL	ORDE	R OF	EAGI	LES A	ERIE	<u> 270</u>	7					
Street Address		, ,					•	216	S RO	OCK	AVE	
											_	
U.S Address												
Zıp code	5466	55		City	Virc	oqua					Stat	e <u>WI</u>
or												
Foreign Address												
City	•			<u> </u>							···	
Province or	State											
			•			<del></del>						
Country .	•							•				
Postal code												
Phone Num	ber											(608) 637 - 2707
Fax Number				•		• •						

## FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

•		
Attachment 3: Form 990 Page 8, Part VII		
Open to Public		0000
Inspection For calendar year 2009 or tax period beginning 0 1 - 0 1  Name of Organization	-2009, and ending 12-31	
FRATERNAL ORDER OF EAGLES	Employer Identif 39-0783488	
Part VI Five Highest Compensated Independent Contractors	39-0763466	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
THE FURNACE ROOM	FURNACE & A/C MAINT	(0) 001140111
E6305 HORNBY HOLLOW RD	· ·	
Viroqua, WI 54665		3,055
RIDGE REFRIGERATION	COOLER MAINT	
E9152 CHERRY GROVE RD		
Viroqua, WI 54665		3,020
THERESA ROSE 100 FIRST ST	PRINTING & PUBLICATI	
Westby, WI 54667		6,747
westby, wi sador		6,747
		]

#### **2009 DETAIL STATEMENTS**

FRATERNAL 'ORDER OF EAGLES 39-0783488	Page 1
STATEMENT #1 - All other contributions etc. (990-EO PG 9 Line 1f)	
INCLUDES 1099-MISC STANSFIELD VENDING 32,480 OTHER	
TOTAL CARRIED TO 990-EO PG 9 Line 1f	5,489

#### Form **4562**

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

Na	me(s) shown on return		Busine	ss or ac	tivity to which					Identifying number	
	RATERNAL ORDER OF	FEAGLES			1 990		J.1111101Q100			39-0783488	,
P	art I Election To Expe	nse Certain	Property Un	der S	ection 179					<del></del>	
	Note: If you have any				<u>-</u>	art i					
	Maximum amount See the instr	_			esses				1	\$250,000	
	Total cost of section 179 proper							. [	2		
	Threshold cost of section 179 pa			-	,				3	\$800,000	
	Reduction in limitation Subtract								4		
5	Dollar limitation for tax year. Sub	otract line 4 from	line 1 If zero or	less, en	ter -0- If man	ned fi	ling separa	tely,			
_	see instructions		·· · ·	<del></del>			<del></del>		5	250,00	00
_6	(a) Description	of property	<del></del>	( <b>b</b> ) Co	st (busn. use o	only)	(c) Elec	cted cost		1	
										-	
_	Lated and a Colonia			L							
	Listed property Enter the amount				L	7					
	Total elected cost of section 179			ın (c), lu	nes 6 and 7			}	8		
	Tentative deduction. Enter the s		•					ļ	9		
	Carryover of disallowed deduction		•		- Al		<b>-</b> /		10	350 0	
	Business income limitation Enter						5 (see instr	uctions)	11	250,00	<u>J U</u>
	Section 179 expense deduction				_	<del></del>	• •		12		
	Carryover of disallowed deduction to the carryover of disallowed deduction to the carryover of the carryover of disallowed deduction to the carryover of disallo					13				<u> </u>	
_	art II Special Deprecia						t maluda ka	to d = -o =	ort. \	(Can instructions)	
_	Special depreciation allowance							iea prop	erty )	(See instructions )	
•	during the tax year (see instructi		orty (other than	nsteu pi	operty) placed	ı III 30	N VICE		14		
15	Property subject to section 168(	,					•	-	15		
	Other depreciation (including AC		•					ŀ	16		
	art III MACRS Deprecia		clude listed pror	nerty ) (9	See instruction	e )			10		
	WE AND THE POPLEOUS	ittori (Boriot iii	olado liotod prop	Section		<i>3</i>					
17	MACRS deductions for assets p	laced in service i	n tax vears begi						17	4,1:	2.4
	If you are electing to group any		_	_		more	•			<u> </u>	
	general asset accounts, check h							ightharpoonup			
	Section B A	Assets Placed In	Service During	2009 T	ax Year Usino	the	General De	epreciati	on S	vstem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for contraction (business/investment)	depr	(d) Recovery	/	(e)	(f) Met		(g) Depreciation deduction	
19a	3-year property					+					
Ŀ					-						
-	7-year property										
C	10-year property			_							
e	15-year property										
f	20-year property	[									
<u> </u>	25-year property				25 yrs.			S/L			
h	Residential rental				27 5 yrs.		ММ	S/L			
	property				27 5 yrs		MM	S/L			
ı	Nonresidential real				39 yrs		MM	S/L			
	property			_			MM	S/L			
	Section C As	sets Placed in S	ervice During 2	2009 Ta	x Year Using t	the A	Iternative	Deprecia	tion	System	
	Class life							S/L			
	12-year				12 yrs			S/L			
	40-year	L			40 yrs		ММ	S/L			
	Irt IV Summary (See Instr							. 1			
	Listed property. Enter amount from the 40								21		
22	Total. Add amounts from line 12	_						nere		1 1	<b>7</b> 4
22	and on the appropriate lines of y				_	truction	ons .		22	4,12	<u>4</u>
	For assets shown above and pla portion of the basis attributable t		_	•	1.						
	Panenwork Poduction Act Notice			<del>•</del>		23				Form 4562 (r	2000

## 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
Form 990										
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	ø'	0	1,455	1,455	0
DEEP FRYER	01-13-95	150DBHY	7	<b>∖</b> ,074	0	<b>/</b> 0	0	1,074	1,074	0
DEEP FRYER	05-12-05	200DBHY	7	1,232	0	/ o	0	1,232	847	110
FREEZER	02-02-91	S/LHY	10	4 <b>\</b> 810	0	/ 0	0	4,810	4,810	0
FURNACE	02-02-89	150DBHY	20	8, <b>þ</b> 00	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, <b>3</b> 98	0	/ 0	0	2,398	2,398	0
JUKE BOX	10-17-02	200DBHY	7	1,7 <b>8</b> 8	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	ø'	0	0	150	150	0
PA SYSTEM	02-02-92	200DBHY	7	605	<b>/</b> 0	0	0	602	602	0
REFRIGERATOR	09-04-08	S/LHY	7	1,476	<b>/</b> 0	0	0	1,476	105	211
REFRIGERATOR	06-13-06	200DBHY	7	30 <b>d</b>	/ 0	0	0	300	168	37
REFRIGERATOR	11-04-06	200DBHY	7	450	/ 0	0	0	450	253	56
REFRIGERATOR-KI TCHEN	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	\ <i>/</i> 0	0	0	3,802	3,802	0
TABLES	02-02-88	200DBHY	7	750	<i>)</i> 0	0	0	750	750	0
TV	02-02-88	200DBHY	7	3,000 /	/\	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	-		otals	306,887	22,500	0	0	284,387	224,462	4,124
29 Assets		Grand T	otals	306,887	22,500	0	0	284,387	224,462	4,124

<sup>\*</sup> 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

39-0783488

388-60-367

Larry Jansen Ridge Refrigeration

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

100 First Street

Westby WI 54667

6747.13

3020.00

Do Not Staple 696	, <b>9</b> ′			your copies
Form 1096 ·	Annual Summ	•		OMB No 1545-0108
Department of the Treasury Internal Revenue Service	U.S. Info	rmation R	eturns	2009
FILER'S name FRATERNAL (	ORDER OF EAGLES AERIE 2707	7		
Street address ( 216 SOUTH F	including room or suite number)			
City, state, and i	`	ı		
Name of person to cont	V		FOF (	Official Use Only
CAROL PETERSO Email address	N(608) 6 Fax number	37-2707		
1 Employer identification numb	er 2 Social security number 3 Total number	er of forms 4 Feder	ral income tax withheld 5 Total	amount reported with this Form 1096
6 Enter an "X" in only or	ne box below to indicate the type of form bein	g filed 7 If this	s is your final return, enter	
1	98-C 1098-E 1098-T 1099-A 1099- 78 84 83 80 79	B 1099-C 109 85	99-0AP 1099-DIV 1099-G 73 91 86	1099-H 1099-INT 1099-LTC 71 92 93
	PATR 1099-Q 1099-R 1099-S 099-S 97 31 98 75 94		9922 5498 5498-ESA 26 28 72	5498-SA 27
Return this entire	e page to the Internal Revenue	Service. Pho	tocopies are not a	cceptable.
Under penalties of perjui belief, they are true, corr	y, I declare that I have examined this return ect, and complete	ind accompanying	documents, and, to the bes	t of my knowledge and
Signature >	Title	1		Date
with Enterprise Computing electronically through the Specifications for Filing F W-2G Electronically	eptable method of filing information returns ing Center—Martinsburg (ECC—MTB) is a FIRE system. See Pub. 1220, Forms 1098, 1099, 3921, 3922, 5498, and his form to transmit paper Forms. 1099,	name, addres TIN in the spa When to file.  With Form March 1, 2010	ot using a preaddressed for ss (including room, suite, or aces provided on the form File Form 1096 as follows ns 1099, 1098, 3921, 3922, 0 ns 5498, 5498-ESA, or 549	other unit number), and or W-2G, file by
1098, 3921, 3922, 5498, Do not use Form 1096 to submissions, see Pub 1 1099, 3921, 3922, 5498,	and W-2G to the Internal Revenue Service of transmit electronically For electronic 220, Specifications for Filing Forms 1098, and W-2G Electronically ared to file 250 or more information returns of	Where To Send all information following	o File mation returns filed on pape	er with Form 1096 to the
any one type, you must f electronically but fail to d waiver, you may be subje	file electronically If you are required to file o so, and you do not have an approved ect to a penalty For more information, see al Instructions for Forms 1099, 1098, 3921,	office or a residence	ncipal business, agency, or legal in the case of an al, is located in	Use the following three-line address
Who must file. The name must be the same as tho 1099, 1098, 3921, 3922, entity who files any of the Preaddressed Form 1096 from the IRS with Forms 1099, 1098, 3921	ne, address, and TIN of the filer on this form use you enter in the upper left area of Forms 5498, or W-2G. A filer is any person or eforms shown in line 6 above 96. If you received a preaddressed Form 2 ackage 1096, use it to transmit paper 3922, 5498, and W-2G to the Internal of the preprinted information is incorrect,	Delaware, Flond Louisiane, Maine Mississippi, New New Mexico, Nei	ia, Arkansas, Connecticut, ia, Georgia, Kentucky, e, Massachusetts, r Hampshire, New Jersey, w York, North Carolina, nia, Rhode Island, Texas, a, West Virginia	Department of the Treasury Internal Revenue Service Center Austin, TX 73301

make corrections on the form

, d	. []VOID	CORR	ECTED		
PAYER'S name, street address, city, s	state, ZIP code, and		1 Rents	OMB No 1545-0115	
FRATERNAL ORDER OF E		. 0707			Missellanseus
216 SOUTH ROCK AVE	EAGLES AERIE	: 2707	2 Royalties	<b>─</b> 2009	Miscellaneous Income
VIROQUA, WI 54665			1 110/4		
(608)637-2707			\$	Form 1099-MISC	
		1/	3 Other income	4 Federal income to	ax x
		\	\$	withheld \$	Copy C
PAYER'S federal identification	RECIPIENT'S	identification	5 Fishing boat proceeds		
number	number	1		payments	,
39-0783488 RECIPIENT'S name	39-1582114	4	\$	\$	
RECIPIENT 5 name		ł	7 Nonemployee compensation	8 Substitute payments of dividends or intere	
JERRY DELAP					For Privacy Act
THE FURNACE ROOM, LL	С		\$ 3055	32 \$	and Paperwork
Street address (including apt no	)	1	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proc	eeds Reduction Act
EGGOE HODNBY HOLLOW	20	1	products to a buyer	<del>/</del>	Notice, see the
E6305 HORNBY HOLLOW City, state, and ZIP code	RU		(recipient) for resale	∠_)  \$ ∴40.12	2009 General
VIROQUA, WI 54665		1			Forms 1099.
Account number (see instructions	s)	2nd TN not	13 Excess golden parachu	ute 14 Gross proceeds p	<del>-i,</del>
		4	payments /	to an attorney	3922, 5498,
15a Section 409A deferrals	455 0 400		\$	\$	and W-2G.
15a Section 409A delerrais	<b>15b</b> Section 409	A Income	16 State tax withheld	17 State/Payer's stat	te no 18 State income
\$	\$	- 1	\$/		  \$
Form 1099-MISC				Department of the Treas	sury - Internal Revenue Service
PAYER'S name, street address, city, s	VOID	CORRE	ECTED 1 Rents	OMB No 1545-0115	
FRATERNAL ORDER OF E		2707			BA: II
216 SOUTH ROCK AVE	AGLES AERIE	2707	\$ 2 Royalties	<b>─</b> 2009	Miscellaneous
VIROQUA, WI 54665		/ \	· · · · · · · · · · · · · · · · · · ·		Income
(608)637-2707		/ /	1	1	Income
		/	\$	Form 1099-MISC	Income
		/ '	\$ 3 Other income	4 Federal income ta	
			\$ 3 Other income	4 Federal income ta withheld	ax
PAYER'S federal identification	RECIPIENTS	dentification	\$	4 Federal income ta	ах Сору С
number	RECIPIENT'S i	- 1	\$ 3 Other income \$ 5 Fishing boat proceeds	4 Federal income ta withheld \$	ах Сору С
number 39-0783488	1	- 1	\$ 5 Fishing boat proceeds \$	4 Federal income ta withheld \$ 6 Medical and healt payments \$	Copy C h care For Payer
number	number	- 1	\$ 5 Fishing boat proceeds \$ 7 Nonemployee	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments	Copy C h care For Payer
number 39-0783488	number	- 1	\$ 5 Fishing boat proceeds \$	4 Federal income ta withheld \$ 6 Medical and healt payments \$	Copy C h care For Payer
number 39-0783488 RECIPIENT'S name	number	- 1	\$ 5 Fishing boat proceeds \$ 7 Nonemployee	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interest	Copy C h care For Payer  In lieu est For Privacy Act
number 39-0783488 RECIPIENT'S name  LARRY JANSEN	number 388-60-367	- 1	\$ Fishing boat proceeds \$ 7 Nonemployee compensation \$ 3020.0	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interest	Copy C For Payer  In lieu est For Privacy Act and Paperwork
number 39-0783488 RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no	number 388-60-3670	- 1	\$ Fishing boat proceeds \$ Nonemployee compensation \$ 3020.0 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes	Copy C h care For Payer  In lieu est For Privacy Act and Paperwork Reduction Act Notice, see the
number 39-0783488  RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no	number 388-60-3670	- 1	\$ Fishing boat proceeds  Nonemployee compensation  \$ 3020.0  Payer made direct sales of \$5,000 or more of consumer	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes 00 \$ 10 Crop insurance proces	Copy C For Payer  In lieu est  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General
number 39-0783488  RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no  E9152 CHERRY GROVE Ri City, state, and ZIP code	number 388-60-3670	- 1	\$ Fishing boat proceeds \$ Nonemployee compensation \$ 3020.0 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes	Copy C For Payer  In lieu est  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for
number 39-0783488  RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no	number 388-60-3670	- 1	\$ Fishing boat proceeds \$ Nonemployee compensation \$ 3020.0 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes 00 \$ 10 Crop insurance proces	Copy C For Payer  In lieu est  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099,
number 39-0783488  RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no  E9152 CHERRY GROVE RI City, state, and ZIP code VIROQUA, WI 54665	number 388-60-3670	6	\$ Fishing boat proceeds  \$ The Nonemployee compensation  \$ 3020.00  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale  11 Excess golden parachupayments	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes  10 Crop insurance proces \$ 12 The payments of dividends or interes  14 Gross proceeds payments of an attorney	Copy C For Payer  In lieu est  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, and 1098, 3921, 3922, 5498,
number 39-0783488  RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no  E9152 CHERRY GROVE RI City, state, and ZIP code VIROQUA, WI 54665  Account number (see instructions	number 388-60-3670	2hd TIN not	\$ Fishing boat proceeds  \$ Nonemployee compensation  \$ 3020.0  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale  11  13 Excess golden parachu payments  \$	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes 00 \$ 10 Crop insurance proces \$ 12 The payments of dividends or interes 14 Gross proceeds payments of an attorney \$	Copy C For Payer  In lieu est  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
number 39-0783488  RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no  E9152 CHERRY GROVE RI City, state, and ZIP code VIROQUA, WI 54665	number 388-60-3670	2hd TIN not	\$ Fishing boat proceeds  \$ Nonemployee compensation  \$ 3020.0  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale  11  13 Excess golden parachu payments  \$ 16 State tax withheld	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes  10 Crop insurance proces \$ 12 The payments of dividends or interes  14 Gross proceeds payments of an attorney	Copy C For Payer  In lieu est  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
number 39-0783488  RECIPIENT'S name  LARRY JANSEN RIDGE REFRIGERATION Street address (including apt no  E9152 CHERRY GROVE RI City, state, and ZIP code VIROQUA, WI 54665  Account number (see instructions	number 388-60-3670	2hd TIN not	\$ Fishing boat proceeds  \$ Nonemployee compensation  \$ 3020.0  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale  11  13 Excess golden parachu payments  \$	4 Federal income to withheld \$ 6 Medical and healt payments \$ 8 Substitute payments of dividends or interes 00 \$ 10 Crop insurance proces \$ 12 The payments of dividends or interes 14 Gross proceeds payments of an attorney \$	Copy C For Payer  In lieu est  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G. e no 18 State income

	; ∐∨oid	☐ CORF	EC.	ΓED			
PAYER'S name, street address, city,	state, ZIP code, and	telephone no	1	Rents	OMB No 1545-0115	7	
FRATERNAL ORDER OF I	EAGLES AEDII	E 2707	l <sub>e</sub>			Mic	scellaneous
216 SOUTH ROCK AVE	LAGLES MENII	E 2101	2	Royalties	<b>∤ 2009</b>	T IVIIS	Income
VIROQUA, WI 54665							
(608)637-2707			\$		Form 1099-MISC	<u>;</u>	
			3	Other income	4 Federal incom	e tax	
			l <sub>e</sub>		withheld \$		Сору С
PAYER'S federal identification	RECIPIENTS	dentification	5	Fishing boat proceeds	6 Medical and h	ealth care	For Payer
number	number	\		,	payments		•
39-0783488	39-204324	<u> </u>	\$	<del>/</del>	<b>(</b> \$		
RECIPIENT'S name		1	7	Nonemployee compensation	8 Substitute paym of dividends or ii		
THERESA ROSE				Compensation	or dividende or		For Privacy Act
TERESA'S ACCOUNTING		1	\$	67,47 13	\$		and Paperwork
Street address (including apt_no	)	1	9	Payer made direct sales of	10 Crop insurance	proceeds	Reduction Act
		1		\$5,000 or more of consumer products to a buyer			Notice, see the
100 FIRST STREET		1	-	(recipient) for resale	\$	ni vict nee .	2009 General
City, state, and ZIP code			11		12	STEP A	Instructions for
WESTBY, WI 54667 Account number (see instruction	e)	2nd TIN not	13	Excess golden parachute	14 Gross proceed		Forms 1099, 1098, 3921,
7 to oca in that in the control of t	<b>5</b> ,	2.10   1.11.10	'`	payments	to an attorney	ao pala	3922, 5498,
			\$		\$		and W-2G.
15a Section 409A deferrals	15b Section 40	9A income	16	State tax withheld	17 State/Payer's	state no	18 State income
,		1	\$	· <del> </del>			\$
Form 1099-MISC	\$	<del></del>	\$	-/	Department of the T	roosun, Into	srnal Revenue Service
		1		(			
PAYER'S name, street address, city, s	VOID state, ZIP code, and	CORF	EC	rED Rents	OMB No 1545-0115	7	
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FRATERNAL ORDER OF EAGLES AERIE 2707 216 SOUTH ROCK AVE. VIROQUA, WI 54665 608-637-2707 2009

39-0783488

388-60-3676

Larry Jansen Ridge Refrigeration

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

100 First Street

Westby WI 54667

6747.13

3020.00

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

Fraternal Order of Eagles Aerie 2707 Expenses by Vendor Detail

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Expenses by Vendor Detail May 14, 2010	Amount	300.00	300 00	3.12	303.12
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