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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning JUNE 01, 2009, and ending MAY 31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <b>FRATERNAL ORDER OF THE EAGLES AND</b>		<b>D</b> Employer identification number 23-7593226
		Doing Business As		<b>E</b> Telephone number (307) 682-5358
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 210 W THIRD STREET		<b>G</b> Gross receipts \$ 701,679
		City or town, state or country, and ZIP + 4 Gillette WY 82716		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer: See attachment #1		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(8) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: N/A				
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Affili</b>		<b>L</b> Year of formation		<b>M</b> State of legal domicile WY

## Part I Summary

<b>ACTIVITIES &amp; GOVERNANCE</b>	<b>1</b> Briefly describe the organization's mission or most significant activities. A MEMBERSHIP ORGANIZATION THAT USES ITS EARNINGS TO PROMOTE CHARITIES WITHIN THE COMMUNITY		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	16
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	489
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>REVENUE</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	20,731	11,299
	<b>10</b> Investment income (Part VIII, column (A), lines 5d, 5e, 6d, 6e, 7d, and 7e)	930	489
	<b>11</b> Other revenue (Part VIII, column (A), lines 5f, 5g, 6f, 6g, 7f, 7g, 8f, 8g, 9f, 9g, 10f, 10g, and 11e)	254,214	203,513
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,875	215,301
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,779	16,548
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>EXPENSES</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	127,631	124,423
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	61,369	96,044
	<b>18</b> Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	211,779	237,015
	<b>19</b> Revenue less expenses - subtract line 18 from line 12	64,096	-21,714
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
<b>21</b> Total liabilities (Part X, line 26)	395,442	373,713	
<b>22</b> Net assets or fund balances - subtract line 21 from line 20	773	758	
		394,669	372,955

## Part II Signature Block

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Thomas Gideon</i>	Date 9-3-2010	Preparer's identifying number (see instr.) 100085732
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Delora Suite</i>	Date 8-12-10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 H&R BLOCK 1211 S DOUGLAS HWY STE L Gillette, WY 82716		EIN (307) 682-2206
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

A MEMBERSHIP ORGANIZATION THAT USES ITS EARNINGS TO PROMOTE  
CHARITITIES WITHIN THE COMMUNITY

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 \$ 146,569 including grants of \$ ) (Revenue \$ )  
See attachment #2

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 ► \$ 146,569

**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," complete Schedule A. . . . .		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .		X
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 . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . N/A		
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. . . . . N/A		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
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 . . . . .		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
• 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 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. . . . .		X
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 . . . . .	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
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 . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 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 . . . . .	X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H. . . . .		X

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

	Yes	No
<b>21</b> 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 . . . . .	<b>21</b>	X
<b>22</b> 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 III . . . . .	<b>22</b>	X
<b>23</b> 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 . . . . .	<b>23</b>	X
<b>24a</b> 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 . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . N/A	<b>24b</b>	
<b>c</b> 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	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . N/A	<b>24d</b>	
<b>25a</b> <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 . . . . .	<b>25a</b>	X
<b>b</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 . . . . .	<b>25b</b>	X
<b>26</b> 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 . . . . .	<b>26</b>	X
<b>27</b> 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 . . . . .	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	X
<b>c</b> 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 . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	X
<b>33</b> 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 . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35</b>	X
<b>36</b> <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 . . . . .	<b>36</b>	X
<b>37</b> 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 . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b>	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?	<b>1c</b>	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>	16
<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)	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	N/A
<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)?	<b>4a</b>	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?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	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?	<b>5c</b>	N/A
<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?	<b>6a</b>	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?	<b>6b</b>	N/A
<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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	N/A
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<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?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	X
<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?	<b>8</b>	N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	X
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<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. Enter:</b>		
<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?	<b>12a</b>	X
<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
<b>1a</b> Enter the number of voting members of the governing body	1a	8
<b>b</b> Enter the number of voting members that are independent	1b	8
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
<b>6</b> Does the organization have members or stockholders?	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> 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.	9a	X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	10b	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A	12b	
<b>c</b> 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	12c	
<b>13</b> Does the organization have a written whistleblower policy?	13	X
<b>14</b> Does the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	15a	X
<b>b</b> Other officers or key employees of the organization? If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b	X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A	16b	

**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 #3**

**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	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED			
DAVE PETA		X							0	0	0
DEAN VELIKANEYE		X							0	0	0
SHAWN VONDRAK		X							0	0	0
DAVE PATTON		X							0	0	0
DAVE VETTER											
PRESIDENT						X			0	0	0
PAT GAFFIELD											
VICE PRESIDENT						X			0	0	0
THOMAS J GIDEON JR											
SECRETARY						X			1,544	0	0
ROGER FEVOLD											
TREASURER						X			0	0	0



## Form 990 (2009)

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a	Federated campaigns	1a				
	b	Membership dues	1b	10999			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	300			
	g	Noncash contributions included in lines 1a-1f		\$			
	h	Total. Add lines 1a-1f		11299			
PROGRESSIVE REVENUE			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		489		489	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real	2465	(ii) Personal		
	b	Less: rental expenses					
	c	Rental income or (loss)		2465			
	d	Net rental income or (loss)		2465			
	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	21000			
	b	Less: direct expenses	b	14581			
	c	Net income or (loss) from fundraising events		6419			
	9a	Gross income from gaming activities. See Part IV, line 19	a	496440			
	b	Less: direct expenses	b	380537			
	c	Net income or (loss) from gaming activities		115903			
10a	Gross sales of inventory, less returns and allowances	a	169986				
b	Less: cost of goods sold	b	91260				
c	Net income or (loss) from sales of inventory		78726				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		215301		489		

**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 .....				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	16548	16548		
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 .....				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	1544	1544		
7	Other salaries and wages .....	104184	104184		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9	Other employee benefits .....				
10	Payroll taxes .....	18695	18695		
11	Fees for services (non-employees):				
a	Management .....				
b	Legal .....				
c	Accounting .....	4651		4651	
d	Lobbying .....				
e	Professional fundraising services See Part IV, line 17 ..				
f	Investment management fees .....				
g	Other .....				
12	Advertising and promotion .....	2638	1278	1360	
13	Office expenses .....	2286		2286	
14	Information technology .....				
15	Royalties .....				
16	Occupancy .....	15605		15605	
17	Travel .....				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials ..				
19	Conferences, conventions, and meetings .....	2191		2191	
20	Interest .....				
21	Payments to affiliates .....				
22	Depreciation, depletion, and amortization .....	21103	21103		
23	Insurance .....	8707		8707	
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	REPAIRS AND MAINTENANCE	9999		9999	
b	SUPPLIES	8642		8642	
c	DUES MEMBERSHIPS CONVENTIONS	5442		5442	
d	GUEST ENTERTAINMENT DINNER A	4492		4492	
e	SPONSORSHIPS	4220	4220		
f	All other expenses .....	6068	100	5968	
25	<b>Total functional expenses.</b> Add lines 1 through 24f	237015	167672	69343	
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) Beginning of year		(B) End of year
<b>A S S E T S</b>	1 Cash -- non-interest bearing .....	75,511	1	77,890
	2 Savings and temporary cash investments .....	66,261	2	52,508
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	205
	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 .....	9,475	8	8,314
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 549,805		
	b Less accumulated depreciation .....	10b 315,009		
		244,195	10c	234,796
	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) .....	395,442	16	373,713	
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses .....	773	17	758
	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 .....	773	26	758
<b>N E T A S S E T B A L A N C E 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 .....	394,669	32	372,955
	33 Total net assets or fund balances .....	394,669	33	372,955
34 <b>Total liabilities and net assets/fund balances.</b> .....	395,442	34	373,713	

**Part XI** Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
 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? . . . . .

**b** 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
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		X
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**Name of the organization**

FRATERNAL ORDER OF THE EAGLES AERIE #2711

**Employer identification number**

23-7593226

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(I) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(II) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ \_\_\_\_\_ %

b Permanent endowment ☐ \_\_\_\_\_ %

c Term endowment ☐ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments -- Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		75,000		75,000
b Buildings		349,886	225,004	124,882
c Leasehold improvements				
d Equipment		112,042	87,378	24,664
e Other		12,877	2,627	10,250
<b>Total.</b> Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				234,796

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if  
the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

FRATERNAL ORDER OF THE EAGLES AERIE #2711

Employer identification number

23-7593226

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . .

☐ Yes

☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total** . . . . . ▶

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

R E V E N U E		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
R E V E N U E	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
D I R E C T  E X P E N S E S	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

R E V E N U E		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
D I R E C T  E X P E N S E S	<b>1</b> Gross revenue .....		496,440		496,440
	<b>2</b> Cash prizes .....		364,773		364,773
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....		15,764		15,764
	<b>6</b> Volunteer labor .....	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( 380,537 )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				115,903

**9** Enter the state(s) in which the organization operates gaming activities: WY**a** Is the organization licensed to operate gaming activities in each of these states? .....**b** If "No," explain: .....**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....**b** If "Yes," explain: .....**11** Does the organization operate gaming activities with nonmembers? .....**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
<b>9a</b>	X	
<b>10a</b>		X
<b>11</b>		X
<b>12</b>		X

**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 THE EAGLES AERIE #2711

Employer identification number

23-7593226

DOCUMENTS ARE AVAILABLE UPON REQUEST

# 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 06-01-2009, and ending 05-31-2010.
Name of Organization FRATERNAL ORDER OF THE EAGLES AERIE #2711	Employer Identification Number 23-7593226

990, Page 1, Line F

Principal officer name ..... DAVE VETTER  
or  
Business Name:

Street Address .. 210 W 3RD ST

U.S. Address:

Zip code 82716 City Gillette State WY

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

## PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 06-01-2009, and ending 05-31-2010.
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Name of Organization FRATERNAL ORDER OF THE EAGLES AERIE #2711	Employer Identification Number 23-7593226
---	--

Part III - Statement of Program Service Accomplishments

Code:	Expenses: 146,569	including Grants of:	Revenue:
-------	-------------------	----------------------	----------

Exempt Purpose Achievements

THE ORGANIZATION CONTRIBUTES ITS EARNINGS TO CHARITABLE CAUSES IN THE COMMUNITY AND SPONSORS MANY COMMUNITY SERVICES SUCH AS BLOOD DRIVES AND BENEFIT FUNDRAISERS

BOOKS ARE IN CARE OF

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01, and ending 05-31-2010.
Name of Organization FRATERNAL ORDER OF THE EAGLES AERIE #2711	Employer Identification Number 23-7593226
Part VI - Line 91a	

Individual Name ..... NANCY SCROGGINS  
or  
Business Name:

Street Address ..... 13970 E HWY 51

U.S. Address:

Zip code 82727 City Rozet State WY  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (307) 682-5358

Fax Number .....

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
MAINTENANCE	4 , 099		4 , 099	
TELEPHONE	921		921	
POSTAGE & FREIGHT	894		894	
ALARM	600		600	
LICENSE AND TAX	182		182	
RENTAL ITEMS	100	100		
GRAND AERIE AND STATE SECRE	53		53	
CASH SHORT (LONG)	-781		-781	
Total	6 , 068	100	5 , 968	

**7-YEAR ASSETS PLACED IN SERVICE DURING 2009  
USING GENERAL DEPRECIATION SYSTEM**

FRATERNAL ORDER OF THE EAGLES AERIE #2711  
23-7593226

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
32" TV AND SURGE PRO	08-12-2009	609	7	HY	200 DB	87
DINNERWARE & REFRIGE	10-21-2009	3,299	7	HY	200 DB	471
KITCHEN WIRE SHELF	11-18-2009	489	7	HY	200 DB	70
PLASMA TVS	10-01-2009	3,513	7	HY	200 DB	502
SAFE	02-23-2010	1,075	7	HY	200 DB	154
SALAD PLATES	11-30-2009	233	7	HY	200 DB	33
<b>Total</b>						<b>1,317</b>

# 2009 Federal Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711  
23-7593226

08-12-2010

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
2 SALAD BARS	09-03-00	200DBHY	7	100	0	0	0	100	100	0
2 VIDEO GAME MACHINE	08-31-04	200DBHY	7	6,400	0	0	0	6,400	5,686	571
2 WATER HEATERS	09-29-04	200DBHY	7	1,028	0	0	0	1,028	799	92
20GAL WATER HEATER	08-07-07	200DBMQ	7	632	0	0	0	632	293	115
3 AIR CLEANERS	03-16-08	200DBMQ	7	4,772	0	0	0	4,772	3,129	731
32" TV AND SURGE PRO	08-12-09	200DBHY	7	609	0	0	0	609	0	87
AIR CONDITIONING	05-31-01	150DBHY	15	5,621	0	0	0	5,621	3,464	332
BAR REMODEL	05-08-02	150DBHY	15	4,329	0	0	0	4,329	2,411	256
BAR STOOLS	06-22-02	200DBHY	7	664	0	0	0	664	634	30
BAR STOOLS	05-19-08	200DBMQ	7	619	0	0	0	619	405	95
BEER COOLER	08-14-00	200DBHY	7	1,555	0	0	0	1,555	1,555	0
BIG SCREEN TV	11-15-03	200DBHY	7	1,575	0	0	0	1,575	1,364	141
building	12-01-83	S/LMM	40	250,000	0	0	0	250,000	157,500	6,250
BUILDING IMPROVEMENT	03-12-04	S/LMM	39	5,422	0	0	0	5,422	724	139
BUILDING IMPROVEMENT	08-18-09	S/LMM	39	2,484	0	0	0	2,484	0	50
BUILDING REPAIR	06-12-02	150DBHY	15	3,045	0	0	0	3,045	1,516	180
CARPETING	10-12-00	150DBHY	15	14,140	0	0	0	14,140	8,713	834
CASH REGISTER	03-24-06	200DBHY	7	600	0	0	0	600	413	54
CHAIRS	08-25-04	200DBHY	7	380	0	0	0	380	338	34
CHAIRS	01-06-99	200DBHY	7	1,700	0	0	0	1,700	1,700	0
COIN MACHINE	01-26-09	200DBHY	7	450	0	0	0	450	64	110
COMPUTER	05-12-08	200DBMQ	5	961	0	0	0	961	687	173
COMPUTER EQUIPMENT	07-16-07	200DBMQ	5	795	0	0	0	795	485	162
COOLER	04-26-02	200DBHY	7	11,206	0	0	0	11,206	11,206	0
COPIER	02-21-00	200DBHY	5	1,400	0	0	0	1,400	1,400	0
DEEP FRYER	03-12-04	200DBHY	7	541	0	0	0	541	469	48
DINNERWARE & REFRIGE	10-21-09	200DBHY	7	3,299	0	0	0	3,299	0	471
EQUIPMENT	11-01-99	200DBHY	7	12,387	0	0	0	12,387	12,387	0
EQUIPMENT	08-01-93	200DBHY	5	10,000	0	0	0	10,000	10,000	0
FLOOR REFINISHING	08-30-00	150DBHY	15	2,250	0	0	0	2,250	1,387	133
FREE SPIN MACHINE	08-04-04	200DBHY	7	3,200	0	0	0	3,200	2,843	285
FREEZER	09-10-08	200DBHY	7	3,635	0	0	0	3,635	519	890
FREEZER	11-30-01	200DBHY	7	570	0	0	0	570	570	0
ICE MACHINE	03-04-98	200DBHY	7	1,807	0	0	0	1,807	1,807	0
KITCHEN WIRE SHELF	11-18-09	200DBHY	7	489	0	0	0	489	0	70
LAND	12-01-83	Land	0	75,000	75,000	0	0	0	0	0
LAND IMPROVEMENTS	05-31-09	150DBHY	15	10,294	0	0	0	10,294	515	978
MICROPHONE	03-29-04	200DBHY	7	105	0	0	0	105	91	9
MOTION DETECTOR	07-26-00	200DBHY	7	130	0	0	0	130	130	0
NACHO CHEESE MACHINE	06-07-05	200DBHY	7	384	0	0	0	384	264	34
NEW BLINDS	06-13-00	200DBHY	7	833	0	0	0	833	833	0
NEW FURNACE	01-06-99	150DBHY	15	5,846	0	0	0	5,846	4,292	345
OFFICE COMPUTER	10-11-06	200DBHY	5	437	0	0	0	437	311	50
OFFICE DESK	12-10-07	200DBMQ	7	484	0	0	0	484	175	95

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction



## 2009 Federal Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711  
23-7593226

08-12-2010

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
PAPER SHREDDER	04-29-98	200DBHY	5	110	0	0	0	110	110	0
PHOTO COPIER	10-27-04	200DBHY	5	665	0	0	0	665	646	19
PLASMA TVS	10-01-09	200DBHY	7	3,513	0	0	0	3,513	0	502
POPCORN MACHINE	12-15-97	200DBHY	7	628	0	0	0	628	628	0
RAIN GUTTER	01-26-09	150DBHY	15	1,047	0	0	0	1,047	52	99
REFRIGERATOR	11-28-08	200DBHY	7	1,263	0	0	0	1,263	181	309
remodeling	12-01-83	S/L	40	54,000	0	0	0	54,000	33,750	1,350
RICCAR VACUUM	10-27-03	200DBHY	7	393	0	0	0	393	340	35
RICCAR VACUUM	11-17-00	200DBHY	7	350	0	0	0	350	350	0
RICCAR VACUUM	01-01-97	200DBHY	5	410	0	0	0	410	410	0
SAFE	11-12-02	200DBHY	7	385	0	0	0	385	368	17
SAFE	11-22-05	200DBHY	7	689	0	0	0	689	474	62
SAFE	02-23-10	200DBHY	7	1,075	0	0	0	1,075	0	154
SALAD PLATES	11-30-09	200DBHY	7	233	0	0	0	233	0	33
SHELVES	10-09-08	200DBHY	7	209	0	0	0	209	30	51
SMOKE EATERS	03-16-02	200DBHY	7	3,585	0	0	0	3,585	3,585	0
SPRINKLER SYSTEM	06-29-04	150DBHY	15	2,583	0	0	0	2,583	973	161
STEAM TABLE	03-10-09	200DBHY	7	3,432	0	0	0	3,432	490	840
STORAGE SHED	10-15-03	150DBHY	15	674	0	0	0	674	296	40
STOVE	12-18-01	200DBHY	7	4,660	0	0	0	4,660	4,660	0
TABLES	07-09-98	200DBHY	7	1,700	0	0	0	1,700	1,700	0
TELEVISION CABINET	02-09-04	200DBHY	7	1,200	0	0	0	1,200	1,039	107
TIME CLOCK	08-11-00	200DBHY	7	399	0	0	0	399	399	0
TIME CLOCK	04-03-98	200DBHY	5	216	0	0	0	216	216	0
VENDING MACHINE	01-26-09	200DBHY	7	7,152	0	0	0	7,152	1,022	1,752
VENDING MACHINE	11-28-08	200DBHY	7	7,056	0	0	0	7,056	1,008	1,728
70 Assets		Totals		549,805	75,000	0	0	474,805	293,906	21,103
70 Assets		Grand Totals		549,805	75,000	0	0	474,805	293,906	21,103

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

## 2009 AMT Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711  
23-7593226

08-12-2010

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Form 990</b>								
2 SALAD BARS	09-03-00	150DBHY	7	100	0	0	0	0
2 VIDEO GAME MACHINE	08-31-04	150DBHY	7	6,400	0	784	571	-213
2 WATER HEATERS	09-29-04	150DBHY	7	1,028	0	126	92	-34
20GAL WATER HEATER	08-07-07	150DBMQ	7	632	0	98	115	17
3 AIR CLEANERS	03-16-08	150DBMQ	7	4,772	0	653	731	78
32" TV AND SURGE PRO	08-12-09	150DBHY	7	609	0	65	87	22
AIR CONDITIONING	05-31-01	150DBHY	15	5,621	0	332	332	0
BAR REMODEL	05-08-02	150DBHY	15	4,329	0	256	256	0
BAR STOOLS	06-22-02	150DBHY	7	664	0	41	30	-11
BAR STOOLS	05-19-08	150DBMQ	7	619	0	85	95	10
BEER COOLER	08-14-00	150DBHY	7	1,555	0	0	0	0
BIG SCREEN TV	11-15-03	150DBHY	7	1,575	0	193	141	-52
building	12-01-83	S/LMM	40	250,000	0	6,250	6,250	0
BUILDING IMPROVEMENT	03-12-04	S/LMM	39	5,422	0	139	139	0
BUILDING IMPROVEMENT	08-18-09	S/LMM	39	2,484	0	50	50	0
BUILDING REPAIR	06-12-02	150DBHY	15	3,045	0	180	180	0
CARPETING	10-12-00	150DBHY	15	14,140	0	834	834	0
CASH REGISTER	03-24-06	150DBHY	7	600	0	74	54	-20
CHAIRS	08-25-04	150DBHY	7	380	0	47	34	-13
CHAIRS	01-06-99	150DBHY	7	1,700	0	0	0	0
COIN MACHINE	01-26-09	150DBHY	7	450	0	86	110	24
COMPUTER	05-12-08	150DBMQ	5	961	0	164	173	9
COMPUTER EQUIPMENT	07-16-07	150DBMQ	5	795	0	148	162	14
COOLER	04-26-02	150DBHY	7	11,206	0	0	0	0
COPIER	02-21-00	150DBHY	5	1,400	0	0	0	0
DEEP FRYER	03-12-04	150DBHY	7	541	0	66	48	-18
DINNERWARE & REFRIGE	10-21-09	150DBHY	7	3,299	0	353	471	118
EQUIPMENT	11-01-99	150DBHY	7	12,387	0	0	0	0
EQUIPMENT	08-01-93	150DBHY	5	10,000	0	0	0	0
FLOOR REFINISHING	08-30-00	150DBHY	15	2,250	0	133	133	0
FREE SPIN MACHINE	08-04-04	150DBHY	7	3,200	0	392	285	-107
FREEZER	09-10-08	150DBHY	7	3,635	0	695	890	195
FREEZER	11-30-01	150DBHY	7	570	0	0	0	0
ICE MACHINE	03-04-98	150DBHY	10	1,807	0	0	0	0
KITCHEN WIRE SHELF	11-18-09	150DBHY	7	489	0	52	70	18
LAND	12-01-83	Land	0	0	0	0	0	0
LAND IMPROVEMENTS	05-31-09	150DBHY	15	10,294	0	978	978	0
MICROPHONE	03-29-04	150DBHY	7	105	0	13	9	-4
MOTION DETECTOR	07-26-00	150DBHY	7	130	0	0	0	0
NACHO CHEESE MACHINE	06-07-05	150DBHY	7	384	0	47	34	-13
NEW BLINDS	06-13-00	150DBHY	7	833	0	0	0	0
NEW FURNACE	01-06-99	150DBHY	15	5,846	0	345	345	0
OFFICE COMPUTER	10-11-06	150DBHY	5	437	0	73	50	-23
OFFICE DESK	12-10-07	150DBMQ	7	484	0	79	95	16
PAPER SHREDDER	04-29-98	150DBHY	5	110	0	0	0	0
PHOTO COPIER	10-27-04	150DBHY	5	665	0	55	19	-36
PLASMA TVS	10-01-09	150DBHY	7	3,513	0	376	502	126
POPCORN MACHINE	12-15-97	150DBHY	10	628	0	0	0	0
RAIN GUTTER	01-26-09	150DBHY	15	1,047	0	99	99	0
REFRIGERATOR	11-28-08	150DBHY	7	1,263	0	242	309	67
remodeling	12-01-83	S/L	40	54,000	0	1,350	1,350	0
RICCAR VACUUM	10-27-03	150DBHY	7	393	0	48	35	-13
RICCAR VACUUM	11-17-00	150DBHY	7	350	0	0	0	0
RICCAR VACUUM	01-01-97	150DBHY	5	410	0	0	0	0
SAFE	11-12-02	150DBHY	7	385	0	24	17	-7
SAFE	11-22-05	150DBHY	7	689	0	84	62	-22

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

## 2009 AMT Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711  
23-7593226

08-12-2010

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Form 990</b>								
SAFE	02-23-10	150DBHY	7	1,075	0	115	154	39
SALAD PLATES	11-30-09	150DBHY	7	233	0	25	33	8
SHELVES	10-09-08	150DBHY	7	209	0	40	51	11
SMOKE EATERS	03-16-02	150DBHY	7	3,585	0	0	0	0
SPRINKLER SYSTEM	06-29-04	150DBHY	15	2,583	0	161	161	0
STEAM TABLE	03-10-09	150DBHY	7	3,432	0	657	840	183
STORAGE SHED	10-15-03	150DBHY	15	674	0	40	40	0
STOVE	12-18-01	150DBHY	7	4,660	0	0	0	0
TABLES	07-09-98	150DBHY	10	1,700	0	0	0	0
TELEVISION CABINET	02-09-04	150DBHY	7	1,200	0	147	107	-40
TIME CLOCK	08-11-00	150DBHY	7	399	0	0	0	0
TIME CLOCK	04-03-98	150DBHY	5	216	0	0	0	0
VENDING MACHINE	01-26-09	150DBHY	7	7,152	0	1,368	1,752	384
VENDING MACHINE	11-28-08	150DBHY	7	7,056	0	1,350	1,728	378
70 Assets		Totals.		474,805	0	20,012	21,103	1,091
70 Assets		Grand Totals		474,805	0	20,012	21,103	1,091

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

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

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

FRATERNAL ORDER OF THE EAGLES

Business or activity to which this form relates

FOR FORM 990

Identifying number

23-7593226

**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
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 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	19,736
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	See Statement					1,317
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	
i Nonresidential real property	08-2009	2,484	39 yrs.	MM	S/L	50

**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	21,103
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	