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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)

OMB No 1545-0047 2009

Department of the Treasury

Open to Public Inspection

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	For the	2009 calend	lar year,	or tax year	begi	nning <u>6/0</u>	1	, 200	9, and endi	ng 5/	31	,	, 2010
В	Check if a	pplicable	•	С							D Employ	er Identii	fication Number
	Addre	ess change	Please use IRS label	FRATERI	IAL	ORDER OF	EAGLES	AERIE	NO. 245	1	45-	02164	461
	\vdash	e change	or print or type.	PO BOX							E Telepho		
	\vdash	- I See IMANDAN ND 58554-0387											
	\vdash		specific Instruc-								701	-003	3043
	Term	iination	tions										1 000 000
	Amer	nded return									G Gross r		
	Appli	cation pending		and address of		al officer JOH	IN PAUL				a group retur		ıates? Yes X No
			SAME A	AS C ABO	OVE					1 ''	l affiliates incl ' attach a list		Yes No
1	Tax-e	xempt status	s X 501	(c) (10)∢	(insert no)	4947	(a)(1) or	527	" ""	attach a nat	(300 11130	doctionsy
J	Webs	ite: ► N/1	A				_ _			H(c) Group	exemption n	ımber 🟲	0102
ĸ	Form of	f organization	X Corpora	ation Tru	₃ [Association	Other ►		L Year of Forma				egal domicile ND
Pa		Summa			<u>~</u>	1.0000.00.0					1		94. 44
				nanization's	mice	sion or most s	ignificant ac	twities	DOMESTIC	י בסאים	ד זמואם:	ODCE	,_CLUB_FOR
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& Governance	_												
Je J					:								~
Ô						on discontinue			sposea or m	ore than a	25% OT ITS		7
৹ধ						erning body (P			no 1h)			3	' 7
6				•		rs of the gover	rillig body (i	rait VI, II	ine rb)			5	48
Activities		otal number	empio	bors (ostum	v, III	t pacassand						6	12
걸							H column (C	N line 11	2			7a	320,057.
2						e from Part VI			2			7 a 7 b	
-		et unterated,	pusines.	taxable in	come	from Form 99	90-1, line 34					/ D	-109,877.
			امرا								Prior Year		Current Year
ٔ به ا		ontributions										.55.	149.
Revenue		rogram servi									39,6		22,668.
eve	10 In	vestment in	come (Pa	art VIII, colu	ımn	(A), lines 3, 4,	and 7d).					16.	17.
Œ	11 0	ther revenue	(Part V	III, column	(A), I	ines 5, 6d, 8c,	9c, 10c, and	d 11e)			365,9	58.	392,391.
	12 T	otal revenue	add I	nes 8 throu	gh 1	l (must equal	Part VIII, co	lumn (A)	, line 12)		407,7	750.	415,225.
	13 G	rants and sii	mılar am	ounts paid	Part	IX, column (A), lines 1-3)				39,5	18.	24,943.
	14 B	enefits paid	to or for	members (⊃art	IX, column (A)), line 4)				2,150. 163,496.		2,000.
		•		•		ee benefits (Pa		ın (A) İın	es 5-10)				175,572.
Ses			-			column (A), lı		(,,	,				
Expenses				•			-			,		~ ~	
쫎	b To	otal fundrais	ıng expe	nses (Part	X, co	olumn (D), line	25) ト			-	 .		<u> </u>
	17 O	ther expense	es (Part	IX, column	(A), l	lines 11a-11d,	11f-24f)				184,8		277,567.
	18 T	otal expense	s Add Ii	nes 13-17 (must	equal Part IX	, column (A)), line 25))		389,9	84.	480,082.
	19 R	evenue less	expense	s Subtract	line	18 from line 1.	2				17,7	766.	-64,857.
* 8										Pogi			End of Year
Net Assots or Fund Balancos	20 T	otal assets (Darl V I	no 16)						Begi	nning of Y 683,8		638, 255.
Ba	20 T	otal liabilities	•	•							$\frac{200,2}{200}$		219,552.
E C	21 1		•	•									
				****	ract	line 21 from li	ne 20				483,5	60.	418,703.
Pa	<u>rt II</u>	Signatu	ire Blo	<u>ck</u>				_					
		Under penalties	of perjury.	I declare that I	have	examined this retur	n, įnclųding acco	ompanying s	chedules and sta	atements, an	d to the best o	of my kno	wledge and belief, it is
		true, correct, ai	na complete	e Degaration o	prepa	arer (other than only	cer) is based on	an informat	ion of which prep	arer nas any	knowledge	, , ,	
Sig	ın	10	nn	Poul						}	3/3/	'	
He		Signature of	of officer				•			D	ate		
		► JOHN	PAIII.							TREA	SURER		
			nt name an	d title					•	11(11)	DOI LL		
									Date		Check If	Pre	eparer's identifying number
Da	id										self-	(se	eé instructions)
	Preparer's signature ► JON GOODHART						•	employed P	Ц,,	/3			
	rer's	Signature				DB 50			L			Į N,	/A
Us		Firm's name (or		LUM_GOC									
	Only employed), > 204 E MAIN STREET												
		address, and ZIP + 4	MAN	DAN, ND	58	554					Phone no	(701	1) 663-9345
Ma	y the IR	S discuss th	ıs return	with the pro	epare	er shown above	e ² (see instr	ructions)					X Yes No
						n Act Natice o							Form 990 (2000)

	1990 (2009) FRATERNAL ORDER OF EAGLES AERIE NO. 2451	45-02	1046.	<u> </u>		Page 2
Pai	t III Statement of Program Service Accomplishments					
,	Briefly describe the organization's mission DOMESTIC FRATERNAL LODGE, CLUB FOR MEMBERS, SUPPORT LOCAL CHARITI	ES	- -			_ _ _
		- 			-	
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	the prior		V	তি	- Na
	If 'Yes,' describe these new services on Schedule O			Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services to the organization cease conducting or make significant changes in how it conducts, any program services to the organization cease conducting or make significant changes in how it conducts, any program services to the organization cease conducting or make significant changes in how it conducts, any program services to the organization cease conducting or make significant changes in how it conducts, any program services to the organization cease conducting or make significant changes in how it conducts, any program services to the organization cease conducting or make significant changes in how it conducts.	rices?		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expens I allocation	es Seci s to oth	tion 5 ers, t	i01(c) he tot	(3) al
4 a	(Code Including grants of \$) (Including gra	LE GAMI OR CLUS	NG. F TER,	MEA	LS (ON _
4 t	(Code (Expenses \$ including grants of \$) (I	Revenue 	\$)
		- -				
40	: (Code) (Expenses \$	Revenue	\$_)
					- -	
				·	 	
40	d Other program services (Describe in Schedule O.)				`	
4	(Expenses \$ including grants of \$) (Revenue \$ ■ Total program service expenses ►)	

45-0216461 Page 3 Form 990 (2009) **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 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. Х 6 Part L Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' 8 Х complete Schedule D, Part III 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 9 Х Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Y is Y is Y in the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Y is Y is Y is Y is Y is Y is Y in the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Y is Y is Y is Y is Y is Y is Y in the organization of Y in the organization of Y is Y in the organization of Y in th Х 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI W • 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 167 If 'Yes,' complete Schedule D, Part VIII • 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 3 • 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No Х 12 A year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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* Х 14b 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 Х 15 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 Х 16 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 17 X 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 Х 18 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 Х

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Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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19 20

-	ACMONIA MARKA			
•			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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
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
24	a 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, and 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		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		_,
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	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 comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	· 游·	(() (() ()	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, 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) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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 $\it l$	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		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	
BA		Form	990 ((2009)

12 a

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable 1 a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1c (gambling) winnings to prize winners? 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 2b X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3ь 4a 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) 4a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6h Organizations that may receive deductible contributions under section 170(c). Ţ a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).

BAA Form 990 (2009)

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

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

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.

Sec	tion A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body	1a '	<u>/</u>				
t	Enter the	number of voting members that are independent	1b	<u>/</u>				
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business r rector, trustee or key employee?	elationship with any other	2		X		
3	Did the o	rganization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3		Х		
4		rganization make any significant changes to its organizational documents		4		X		
		prior Form 990 was filed?						
5	Did the o	rganization become aware during the year of a material diversion of the organization	on's assets?	5		Х		
6	Does the	organization have members or stockholders? SEE SCHEDULE O		6	Х			
7 a	Does the governing	organization have members, stockholders, or other persons who may elect one or see SCHEDULE Ω	more members of the	7a	X			
ŀ	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH O							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
ā	The gove	rning body?		8a	X			
Ł	Each con	nmittee with authority to act on behalf of the governing body?		8b	X			
9	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	annot be reached at the	9		Х		
		Policies (This Section B requests information about policies not		1				
Reve	enue Code)						
					Yes	No		
10 a	Does the	organization have local chapters, branches, or affiliates?		10 a	$oxed{oxed}$	<u>X</u>		
ŀ	If 'Yes,' o and brand	oes the organization have written policies and procedures governing the activities the characteristic of the organization?	of such chapters, affiliates,	10 ь		X		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O								
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13								
ŧ	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests 15°	s that could give rise	12b				
(Does the Schedule	organization regularly and consistently monitor and enforce compliance with the p $\it O\ how\ this\ is\ done$	olicy? If 'Yes,' describe in	12c				
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 p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	l approval by independent ecision?					
á	The organ	nization's CEO, Executive Director, or top management official		15a	X			
ŀ	Other off	cers of key employees of the organization		15 b		X		
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions)						
16 a		rganization invest in, contribute assets to, or participate in a joint venture or simila ing the year?	r arrangement with a taxable	16a				
ŀ	in joint ve	ias the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguar in respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b				
Sec	tion C.	Disclosures						
17	List the s	tates with which a copy of this Form 990 is required to be filed - ND						
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	avaılab	le for	public		
	Own	website Another's website X Upon request						
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postalements available to the public SEE SCHEDULE O								
		name, physical address, and telephone number of the person who possesses the PAUL 1400 COLLINS AVENUE MANDAN ND 58554 701-663-36		janızat	ion			

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 organizations'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 employees'
- 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 no	ot compen	sate a	any (curre	ent d	officer	, dır	ector, or trustee		
(A)	(B)				c)	•		(D)	(E)	(F)
Name and Title	Average hours		Position (check all that				Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DAVID LEINGANG										
PRESIDENT	3	Х		Х				0.	0.	0.
RONALD HAAG										
CONDUCTOR	1	Х		Х				0.	0.	0.
RICHARD GAASLAND]									
CHAPLAIN	1	Х		Х				0.	0.	0.
KARI EISENMANN										
SECRETARY	5	Х		X				0.	0.	0.
JOHN PAUL			i							
TREASURER	3	X	_	X				7,170.	0.	0.
JIM WOLF								_		_
TRUSTEE	1	X		Х			<u> </u>	0.	0.	0.
LEO KRAFT		١		١						
PAST PRESIDENT	1	X	<u> </u>	X				0.	0.	0.
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	l	<u> </u>		Ц	<u> </u>	L	<u> </u>	<u> </u>		

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	oye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
· (A)	(B)			(6	(c)			(D)	(E)	(F)
Name and Title	Average hours per week			n (check all that apply) The control of the contro				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	nours per week	ividual	Institutional trustee	Officer	y employee	Highest compensa	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
		truste	nal trus		oyee	omper				organizations
		ă	stee			sated				
			-	_						
									•	
					-	_				
		_								
						,				
			:							
1 b Total							•	7,170.	0.	0.
 Total number of individuals (including but not limite from the organization ► 0 	d to tho	se li	stec	abo	ove)	wh	o re	ceived more than	\$100,000 in report	able compensation
			_						•	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable han \$15	e cor 50,00	npe)0?	nsat If 'Y	tion 'es'	and com	l oth iplet	er compensation e Schedule J for :	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	compens	atio I for	n fro	om a	any erso	unre	elate	d organization fo	services	5 X
Section B. Independent Contractors	,,ouuro c	,	-	μ	3,00				· ·	
1 Complete this table for your five highest compensa compensation from the organization	ted inde	pend	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of	
(A) Name and business address					(B Description o) of Services	(C) Compensation			
			_							
2 Total number of independent contractors (including	but not	lımı	ted	to th	hose	e list	led a	labove) who receiv	ed more than	
\$100,000 in compensation from the organization >	0									

Pai	t 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
22	1a Federated campaigns. 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
200	c Fundraising events				
R A	d Related organizations 1d				
S,G	e Government grants (contributions) 1e				
No.	f All other contributions gifts grants and				
	f All other contributions, gifts, grants, and similar amounts not included above. 1f 149.				
A O	g Noncash contribns included in lns 1a-1f \$				
8₹	h Total. Add lines 1a-1f	149.			
PROGRAM SERVICE REVENUE	Business Code				
S.	2a MEMBERSHIP DUES & ASSESSMENTS 900099	22,668.		22,668.	
E R	b			 .	
≥	c				
SE	d				
RAM	e				
200	f All other program service revenue	22.22			
	g Total. Add lines 2a-2f ▶	22,668.			
	3 Investment income (including dividends, interest and other similar amounts)	17.			17.
	4 Income from investment of tax-exempt bond proceeds	17.			
	5 Royalties				-
	(i) Real (ii) Personal	42	*	ž ,, *~	\$ 4 \$5
	6a Gross Rents		. %		1
	b Less rental expenses	47		5	
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory	1.	ž., -\$-	· ·	*
	b Less: cost or other basis			-45	
	and sales expenses	< ×, •	/ ×		
	c Gain or (loss)	····		***********	
	d Net gain or (loss)				
IUE	8a Gross income from fundraising events (not including \$				
OTHER REVENUE	of contributions reported on line 1c)				
2	See Part IV, line 18				
풀	b Less direct expenses b				
١	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a 588, 267.				
	b Less direct expenses b 493, 265.				
	c Net income or (loss) from gaming activities	95,002.			95,002.
	10a Gross sales of inventory, less returns and allowances a 415, 132.				l la la la la la la la la la la la la la
	b Less cost of goods sold b 117,743.	= _=			
	c Net income or (loss) from sales of inventory	297,389.		297,389.	
	Miscellaneous Revenue Business Code				
	11 a				
	b				
	d All other revenue				
	e Total. Add lines 11a-11d	_			
	12 Total revenue. See instructions	415,225.	0.	320,057.	95,019.
	12 I otal levelide. See instructions	313,223.	ı	J20,0J1.	1 22,012.

Rartix 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). (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 24,443 Grants and other assistance to individuals in 500 the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 2,000 Benefits paid to or for members Compensation of current officers, directors, 7,170 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0 154,383 Other salaries and wages Pension plan contributions (include section 8 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 14,019 11 Fees for services (non-employees) a Management **b** Legal 1,230 c Accounting **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 50 5,664 12 Advertising and promotion 2,817. Office expenses 13 Information technology 15 Royalties 75,773 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings 20 12,942 Interest 21 Payments to affiliates 8,141 22 Depreciation, depletion, and amortization 26,208 7,298. 23 Other expenses Itemize expenses not covered above (Expenses grouped together 24 and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a OPERATING SUPPLIES 101,933 **b** OTHER 14,347. c PROGRAM EXPENSES 7,161. d PERMITS, DUES, & FEES 5,215. e BANK FEES 3,653. f All other expenses 5,135. 480,082. 25 Total functional expenses Add lines 1 through 24f Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation BAA Form 990 (2009) Part X Balance Sheet

(A) Beginning of year (B) End of year 33,487 21,757. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 82,412 2 72,957. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 $23, \overline{221}$ 20,158 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10 a 1,204,768. Complete Part VI of Schedule D 10b 684,448 546,528 520,320 **b** Less accumulated depreciation. 10 c 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 14 Intangible assets 1,236. 15 15 Other assets See Part IV, line 11 683,821 638,255 16 Total assets Add lines 1 through 15 (must equal line 34) 16 19,479 8,962 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 LIABILITIES 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 180,782 23 210,590 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 200,261 26 Total liabilities. Add lines 17 through 25 26 219,552. Organizations that follow SFAS 117, check here and complete lines N E T 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets P Organizations that do not follow SFAS 117, check here X and complete FUND lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 BALANCES 483,560. 418,703. 32 Retained earnings, endowment, accumulated income, or other funds 32 483,560 418,703. 33 33 Total net assets or fund balances 638,255. 34 Total liabilities and net assets/fund balances. 683,821 34

BAA

Form 990 (2009)

Form 990 (2009)	FRATFRNAI.	ORDER	OF	EAGLES	AFRIE	NΩ	2451
FORM 99U (2009)	LKAIEKWAL	OKDEK	Or	EUGPES	VELTE	NO.	2431

45-0216461

Page 12

		,~
Part XI Financial Statements and Reporting		
•	Yes	No
1 Accounting method used to prepare the Form 990 C	crual Other	
If the organization changed its method of accounting from in Schedule O	r checked 'Other,' explain	
2a Were the organization's financial statements compiled or	independent accountant? . 2a	Х
b Were the organization's financial statements audited by a	accountant? 2b	X
c If 'Yes' to line 2a or 2b, does the organization have a comreview, or compilation of its financial statements and sele		
If the organization changed either its oversight process or in Schedule O	ess during the tax year, explain	مور در
d If 'Yes' to line 2a or 2b, check a box below to indicate who consolidated basis, separate basis, or both	cial statements for the year were issued on a	
Separate basis Consolidated basis	ted and separate basis	
3a As a result of a federal award, was the organization requil Audit Act and OMB Circular A-133?	an audit or audits as set forth in the Single 3a	х
b If 'Yes,' did the organization undergo the required audit or or audits, explain why in Schedule O and describe any ste		

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047

2009

Open to Public Inspection
Employer Identification number

FRATERNAL ORDER OF EAGLES AERIE NO. 2451

LIV	TERVAL ORDER OF EAGLES AERIE	NO. 2431	45-0216461
Par	t I Organizations Maintaining Donor	Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes' to	o 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 dor funds are the organization's property, subject		onor advised Yes No
	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or for fift?	any other Yes No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , r	· —	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	
			Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easer		2b
	Number of conservation easements on a certif	• •	2c
	Number of conservation easements included in	• • •	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the tax
4	Number of states where property subject to co	enservation easement is located >	_
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitoring, inspection, hat it holds?	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring the year •		
7	Amount of expenses incurred in monitoring, in during the year ►	ispecting, and enforcing conservation easemen	nts \$
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the requirements of se	ection Yes No
	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	_	
Pai	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
ŀ	o If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items		ance of public service, provide the following
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	
i	a Revenues included in Form 990, Part VIII, line	: 1	- \$
١	b Assets included in Form 990, Part X		- \$

	ge 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	<u>'</u>
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 d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
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	0
Part IV Escrow and Custodial Arrangements Complete if 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	—- о
b If 'Yes,' explain the arrangement in Part XIV and complete the following table	
Amount	
c Beginning balance	
d Additions during the year 1d	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?	0
b If 'Yes,' explain the arrangement in Part XIV	
Part V Endowment Funds Complete if 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	<u>k</u>
Ta beginning of year balance	900
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 Yes N	
organization by (i) unrelated organizations Yes N	lo
(i) related organizations 3a(ii)	—
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b	—
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 (b) Cost or other (c) Accumulated (d) Book Value	
(investment) basis (other) Depreciation	
1a Land 72,200. 72,20 b Buildings 974,321. 533,846. 440,47	
c Leasehold improvements 9,764. 8,413. 1,35 d Equipment 148,483. 142,189. 6,29	
e Other	-1.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 520, 32	
	.0

(a) Description of security or category (b) Book value (cs) Method of valuation (cost or end-of-year market value) Financial derivatives Closely-held equity interests Other Total. (Column (b) most equal form 389 Part X, col. (6) line 12) Part VIII Investments—Program Related (See Form 990, Part X, Inie 13) (a) Description of investment type (b) Book value (cs) Method of valuation (cs) over end-of-year market value (cs) Method of valuation (cs) over end-of-year market value (cs) Method of valuation (cs) over end-of-year market value (ds) Description of investment type (b) Book value (cs) Method of valuation (cs) over end-of-year market value (ds) Description of investment type (ds) Description of investment type (ds) Description (ds) Description (ds) Description (ds) Description (ds) Description (ds) Description of Liability (ds) Descr	Schedule-D (Form 990) 2009 FRATERNAL ORDER OF			45-0216461	Page 3
Financial derivatives Cotosely-hold equity interests Other Total. (Column (a) must equal from 990 Part X, cot. (b) line 12.) Part VIII Investments — Program Related (See Form 990, Part X, Inne 13)			ne 12. N/A		
Total. (Column (a) must equal form 990 Part X, col. (B) leve 12.) * Fart VIII Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-of-years marked value	(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuation end-of-year market value	
Total. (Column (a) must equal Form 990 Part X. col. (b) line 12) Total. (Column (b) must equal Form 990 Part X. col. (b) line 12) Total. (Column (c) must equal Form 990 Part X. col. (b) line 13) Total. (Column (a) must equal Form 990 Part X. col. (b) line 13) Total. (Column (b) must equal Form 990 Part X. col. (b) line 13) Total. (Column (c) must equal Form 990 Part X. col. (d) line 15) Total. (Column (b) must equal Form 990 Part X. col. (d) line 15) Federal Income Taxes	Financial derivatives				
Total. (Column (b) must equal Farm 990 Part X, col. (B) line 12.) * Part VIII Investments - Program Related (See Form 990, Part X, Ine 13)	Closely-held equity interests				
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value	Other				
Part VIII Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Book				 	
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value					
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value					
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value	~				
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value					
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value				·	
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value					
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value					
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value					
(a) Description of investment type (b) Book value Cost or end-of-year market value Total (Column (b) must equal form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes				A *** *	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities (See Form 990, Part X, line 25) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Federal Income Taxes					
Total (Column (b) must equal form 990, Part X, Col. (B) line 13). Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, or (B) line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes	(a) Description of investment type	(b) Book value	(c)	Method of valuation	
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Federal Income Taxes	Part X Other Liabilities (See Form 990, Part	X, line 25)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	(a) Description of Liability	(b) Amount		- " " "	
					*~
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				<u> </u>
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liai for uncertain tax positions under FIN 48	2. FIN 48 Footnote In Part XIV, provide the text of the foot	tnote to the organization	n's financial statement	s that reports the organization	n's liability

Schedule D (Form 990) 2009 FRATERNAL ORDER OF EAGLES AERIE NO. 245	51 45-0216	461 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Finance	ial Statements N	/A
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year. Subtract line 2 from line 1	L	
4 Net unrealized gains (losses) on investments .	L	
5 Donated services and use of facilities		
6 Investment expenses .	_	
7 Prior period adjustments		
8 Other (Describe in Part XIV)	Г	
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Г	
Part XII Reconciliation of Revenue per Audited Financial Statements Wit		N/A
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		-
a Net unrealized gains on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants.		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4a 4b		
c Add lines 4a and 4b	10	
	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements W		N / λ
· · · · · · · · · · · · · · · · · · ·		I N/A
1 Total expenses and losses per audited financial statements. 2 Amounts regulated on line 1 but not on Form 200. Port IX. line 25	1	·
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	*	
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d		· .
3 Subtract line 2e from line 1	3	· ·
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b information	nes 1a and 4, Part IV, lines 1t Also complete this part to pro	o and 2b, Part V, vide any additional

2003 (Lotus 220) 5002	L CAI EVNAL	OKDEK OF	EVGPES VE	ERIE NO. 2	.431	43-0210401	Page 5
Part XIV Supplementa	al Information (continued)					
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

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 Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization						Employer identifica	ation number
FRATERNAL ORDER OF EAGLES	AERIE NO	. 2451				45-021646	1
Part I Fundraising Activities. Comp	lete if the organ	nization ar	nswered 'Y	es' to Form 990, Part	V, line	17.	
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities Check	all that	apply	
Mail solicitations				Solicitation of non	-governn	ment grants	
Internet and email solicitations	5			Solicitation of gove	ernment	grants	
Phone solicitations				Special fundraising	events		
In-person solicitations				<u> </u>			
2a Did the organization have written of	or oral agreeme	ent with an	y individu	al (including officers, d	lirectors,	trustees or key	, L. E.
employees listed in Form 990, Par	•		•	•			Yes X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en ne organization	tities (fund	iraisers) p	ursuant to agreements	under v	vhich the fundra	iser is to be
	<i>-</i>	(m) Did	fundencor	<i>6</i> .	(v) Ar	mount paid to retained by)	(vi) Amount paid to
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control	(iv) Gross receipts from activity		aiser listed in	(or retained by)
		of contr	ibutions?			col (ı)	organization
		Yes	No				
					İ		
					1		
					1		
	1						
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		ŀ					
		İ	1				
					<u> </u>		
					-		
Total			•				0.
3 List all states in which the organiz or licensing	ation is registe	red or lice	nsed to so	olicit funds or has been	notified	it is exempt fro	om registration
or moonising							
				-			

		G (Form 990 or 990-EZ) 2009 FRATERI Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, lii gross receipts grea	ne 18, or ater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through
R			(event type)	(event type)	(total number)	col (c))
**********	1	Gross receipts				
Ē	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				-
D I R	6	Rent/facility costs				
D-RECT	7	Food and beverages				
E X P	8	Entertainment				
MANZMAXM	9	Other direct expenses				
S	10 11	Direct expense summary Add lines 4- t Net income summary Combine lines 3,			>	
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	oorted more than
RE>E>E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
£	1	Gross revenue	74,032.	396,996.	117,239.	588,267.
EXPER	2	Cash prizes	42,793.	314,422.	88,333.	445,548.
C S	3	Non-cash prizes		<u> </u>		
T E	4	Rent/facility costs				-1 - AMERICA
	5	Other direct expenses	6,885.	29,929.	10,903.	47,717.
			Yes0 %	Yes 0 %	Yes 0 %	
	6	Volunteer labor	X No			
	_		X No	1 [2-2]		402 265
	7	Direct expense summary Add lines 2 thr	rough 5 in column (d)		•	493,265.
	_		rough 5 in column (d)		•	493,265. 95,002. YES NO

b If 'Yes,' explain

10 a

11

12

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Does the organization operate gaming activities with nonmembers?

Schedule G (Form 990 or 990-EZ) 2009 FRATERNAL ORDER OF EAGLES AERIE NO. 2451 45-021646	1	Р	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in		ل را دهنت	4
a The organization's facility		-874	100
b An outside facility 13b %			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	4.		
Name MARY BERGER			
Address 1400 COLLINS AVE, MANDAN, ND 58554		3.4	
	- 22	2 1 1	
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 a		X
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	7.	. 3	-
of gaming revenue retained by the third party \$, i	
c If 'Yes,' enter name and address of the third party			
Name •			
			İ
Address •			-
16 Gaming manager information			1
Name ► MARY BERGER			· ·
Gaming manager compensation ► \$ 6,190.	İ		.
		^	
Description of services provided MAINTAIN GAMING RECORDS, SCHEDULE STAFF			, 1
		, 492	·
Director/officer X Employee Independent contractor		. * *	25, .
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the			
state gaming license?	17a	Х	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		ž	, [×]
organization's own exempt activities during the tax year ►\$ 35,523. SEE SUPPLEMENTAL	- 1	3 6	. %
BAA TEEA3703L 02/05/10 Schedule G (Form 990	or 99	0-EZ)	2009

2009

SCHEDULE G - SUPPLEMENTAL INFORMATION

PAGE 4

CLIENT 40

FRATERNAL ORDER OF EAGLES AERIE NO. 2451

45-0216461

3/03/11

08 57AM

PART III, LINE 17B DISTRIBUTIONS REQUIRED UNDER STATE LAW

NORTH DAKOTA

TOTAL \$ 35,523. \$ 35,523.

SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-5047

2009

Open to Public Inspection

ջ □ (h) Purpose of grant or assistance ASSIST SENIOR CENTER WITH Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 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 MEALS 45-0216461 MEALS PROVIDED (g) Description of non-cash assistance TO SENIORS 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) ACTUAL COST OF FOOD 20,818. (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States o. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance 2451 FRATERNAL ORDER OF EAGLES AERIE NO. (b) EIN Enter total number of other organizations 1 1 1 1 1 1 (a) Name and address of organization or government MANDAN GOLDEN AGE CLUB MANDAN, ND 58554 Department of the Treasury Internal Revenue Service Name of the organization i 111111 1 1 1 1 1 11111 1

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

Page 2 Schedule I (Form 990) 2009 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 45-0216461 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 500. FRATERNAL ORDER OF EAGLES AERIE NO. 2451 (c) Amount of cash grant (a) Type of grant or assistance Schedule I (Form 990) 2009 MEDICAL SUPPORT Partill ı 1 BAA

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

45-0216461 FRATERNAL ORDER OF EAGLES AERIE NO. 2451 FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE INDIVIDUALS ARE APPROVED FOR MEMBERSHIP. FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THE BOARD DETERMINES ACTIONS THAT WILL BE VOTED BY THE MEMBERS ELECT THE BOARD. MEMBERS. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS THE BOARD DETERMINES THE MOTIONS TO BE VOTED BY THE MEMBERSHIP. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS THE FORM WILL BE AVAILABLE TO THE BOARD FOR REVIEW AFTER FILING. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE COPIES AVAILABLE UPON REQUEST FROM THE OFFICE OR BOARD.

5/31/10	2	7 600	EDER,	AL B	00	(DEP	RECIA	TION	SCH	2009 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE	E 1
CLIENT 40			FRATE	RNAL	ORDE	R OF E/	FRATERNAL ORDER OF EAGLES AERIE NO. 2451	ERIE N	J. 2451					45-0216461	5461
3/03/11 NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	LIFE RA	ರ	08:57AM IRRENT
II 990/990-PI														ļ	
AMORTIZATION															
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TOTAL AMORTIZATION			700		0	0	0	0	0	700	700				0
BUILDINGS															
1 BUILDING	7/01/88	•	974,321	!		į				974,321	509,488	S/L	40	24,	24,358
TOTAL BUILDINGS			974,321		0	0	0	0	0	974,321	509,488			24,	24,358
IMPROVEMENTS ————————————————————————————————————															
56 UPPER KITCHEN WIRING	1/25/89		2,550							2,550	2,550	S/L	15		0
58 LANDSCAPING	96/80/2		714							714	919	NS.			48
59 PAVEMENT	96/10/98	,	6,500	ı		İ				6,500	4,766	1/S	15		433
TOTAL !MPROVEMENTS			9,764		0	0	0	0	0	9,764	7,932				481
LAND															
57 LAND	7/01/88	'	72,200	J						72,200			66		0
TOTAL LAND			72,200		0	0	0	0	0	72,200	0				0
MACHINERY AND EQUIPMENT															<u></u>
2 DISHWASHER & TABLE	10/01/88		6,500							6,500	6,500	S/L	10		0
3 MAIN BAR	10/01/88		11,900							11,900	11,900	S/L	01		0

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Part Part	December December	г 40		!	FRATE	RNAL	ORDI	ER OF E	AGLES A	ERIE N	0. 2451					45-0216461
DESCRIPTION ADDILIED REAGE FT. BONIES ALTOM SECURE NO. REAGE FT. BONIES ALTOM ALTOM <t< th=""><th> INCLUDE WAY REPAIR ACQUIRED SOLID BASIN ALLOW SEASE DEPT. MEMBER DEPT</th><th></th><th></th><th>DATE</th><th>COST/</th><th></th><th>CUR 179</th><th>SPECIAL DEPR</th><th>PRIOR 179/ BONUS/</th><th>PRIOR DEC BAL</th><th></th><th>DEPR</th><th></th><th></th><th></th><th>08:57AM CURRENT</th></t<>	INCLUDE WAY REPAIR ACQUIRED SOLID BASIN ALLOW SEASE DEPT. MEMBER DEPT			DATE	COST/		CUR 179	SPECIAL DEPR	PRIOR 179/ BONUS/	PRIOR DEC BAL		DEPR				08:57AM CURRENT
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FREEZER 8X8 10/01/88 5,500 5,500 5,500 5,500 5,500 5,500 5,70 <t< td=""><td>FREEZER 8X8 10/01/88 5,500 5,500 5,500 5,70 10 8 TABLES (60) 10/01/88 3,000 3,000 3,000 3,000 5/1 10 OVEN, GRILL & CASTER 10/01/88 260 550 5/2 10 TABLE 10/01/88 260 260 260 5/2 10 GRILL W. STAND 10/01/88 3,026 3,026 5/2 10 BLVD BROWN UPHOL 225 10/01/8 5/2 5/2 10 BARSTOOLS (12) 10/01/8 5/2 5/2 10 6 'TABLES (1) 10/01/8 2/9 5/2 10</td><td></td><td>10/01/88</td><td></td><td>200</td><td></td><td></td><td></td><td></td><td></td><td></td><td>200</td><td>200</td><td>S/L</td><td>01</td><td>0</td></t<>	FREEZER 8X8 10/01/88 5,500 5,500 5,500 5,70 10 8 TABLES (60) 10/01/88 3,000 3,000 3,000 3,000 5/1 10 OVEN, GRILL & CASTER 10/01/88 260 550 5/2 10 TABLE 10/01/88 260 260 260 5/2 10 GRILL W. STAND 10/01/88 3,026 3,026 5/2 10 BLVD BROWN UPHOL 225 10/01/8 5/2 5/2 10 BARSTOOLS (12) 10/01/8 5/2 5/2 10 6 'TABLES (1) 10/01/8 2/9 5/2 10		10/01/88		200							200	200	S/L	01	0
8. TABLES (60) 10/01/88 3,000 3,000 5/L OVEN, GRILL & CASTER 10/01/88 550 550 57 TABLE 10/01/88 260 260 260 260 GRILL W/ STAND 10/01/88 425 425 5/L BLYD BROWN UPHOL 225 10/01/88 3,026 3,026 5/L BARSTOOLS (12) 10/01/88 528 5/R 5/L 6 TABLES (1) 10/01/88 209 209 5/L	8' TABLES (60) 10/01/88 3,000 3,000 3,000 5/L 10 OVEN, GRILL & CASTER 10/01/88 260 550 5% 5% 10 TABLE 10/01/88 425 260 260 5% 10 GRILL W/ STAND 10/01/88 3,026 8/L 10 BLVD BROWN UPHOL 225 10/01/88 3,026 8/L 10 BARSTOOLS (12) 10/01/88 528 5/L 10 6' TABLES (1) 10/01/88 209 5/L 10		10/01/88		5,500							5,500	2,500	S/L	01	0
OVEN, GRILL & CASTER 10/01/88 550 550 570 S/L TABLE 10/01/88 260 260 260 260 8/L GRILL W/ STAND 10/01/88 425 425 425 8/L BLVD BROWN UPHOL 225 10/01/88 3,026 3,026 8/L 8/L BARSTOOLS (12) 10/01/88 528 528 5/L 8/L 6' TABLES (1) 10/01/88 209 209 8/L	OVEN, GRILL & CASTER 10/01/88 550 550 570 570 10 TABLE 10/01/88 260 260 260 27 10 GRILL W. STAND 10/01/88 425 425 425 87 10 BLVD BROWN UPHOL 225 10/01/88 3,026 3,026 87 10 BARSTOOLS (12) 10/01/88 528 528 57 10 6' TABLES (1) 10/01/88 209 209 209 87 10		10/01/88		3,000							3,000	3,000	S/L	01	0
TABLE 10/01/88 260 260 260 260 27 GRILL W. STAND 10/01/88 425 425 7 BLYD BROWN UPHOL 225 10/01/88 3,026 3,026 3/1 BARSTOOLS (12) 10/01/88 528 528 57 6 TABLES (1) 10/01/88 209 209 57	TABLE 10/01/88 260 260 260 S/L 10 GRILL W/ STAND 10/01/88 425 425 5/L 10 BLVD BROWN UPHOL 225 10/01/88 3,026 3,026 5/L 10 BARSTOOLS (12) 10/01/88 528 5/R 10 10 6' TABLES (1) 10/01/88 209 S/L 10 10		10/01/88		550							220	220	S/L	10	0
GRILL W/ STAND 10/01/88 425 425 425 8/1 BLVD BROWN UPHOL 225 10/01/88 3,026 3,026 5/1 BARSTOOLS (12) 10/01/88 528 528 5/2 6 TABLES (1) 10/01/88 209 209 S/L	GRILL W/ STAND 10/01/88 425 425 5/1 10 BLVD BROWN UPHOL 225 10/01/88 3,026 3,026 5/1 10 BARSTOOLS (12) 10/01/88 528 5/2 10 6' TABLES (1) 10/01/88 209 209 5/1 10		10/01/88		260							760	260	S/L	10	0
BLYD BROWN UPHOL 225 10/01/88 3,026 3,026 3,026 3/02	BLVD BROWN UPHOL 225 10/01/88 3,026 3,026 S/L 10 BARSTOOLS (12) 10/01/88 528 578 10 6' TABLES (1) 10/01/88 209 S/L 10		10/01/88		425							425	452	S/L	10	0
BARSTOOLS (12) 10/01/88 528 528 528 528 57 6' TABLES (1) 10/01/88 209 209 209 S/L	BARSTOOLS (12) 10/01/88 528 528 S/L 10 6' TABLES (1) 10/01/88 209 S/L 10		10/01/88		3,026							3,026	3,026	S/L	10	0
6' TABLES (1) 10/01/88 209 209 S/L	6' TABLES (1) 10/01/88 209 S/L 10		10/01/88		528							258	278	S/L	10	0
			10/01/88		209							500	509	S/L	10	0

5/31/10	2	1 600°	EDER/	\L B	00K	DEP	2009 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PAGE	iE 3
CLIENT 40			FRATE	RNAL	ORDE	R OF E	FRATERNAL ORDER OF EAGLES AERIE NO. 2451	ERIE NO). 2451					45-0216461	6461
3/03/11	DATE	DATE	COST/	BUS	CUR 179	SPECIAL	PRIOR 179/ BONUS/	PRIOR DEC BAL	SALVAG /BASIS	DEPR.	PRIOR			ਤ'	08:57AM
	ACOUIRED.	SOLD	8	i	!	ALLOW	HAHO AS	HAH THE	- KEDIICI -	BASIS -	. NEPR	METHOD.	नाहरू नगा	!	2
31 WHEAL CHAIR (300)	10/01/88		3,100							177	177	3/F S/L	2 2		0
	10/01/88		1,770							1,770	1,770	S/L	9.		0
	10/01/88		1,398							1,398	1,398	S/L	01		0
35 DIMMER SWITCH	1/25/89		122							122	122	S/L	0		0
36 COOLER LIGHTS	1/25/89		155							155	155	S/L	10		0
37 EXHAUST FANS	1/25/89		372							372	372	S/L	2		0
38 GRILL	1/25/89		61							61	19	S/L	10		0
39 TELEPHONE SYSTEM	2/17/89		1,235							1,235	1,235	S/L	10		0
40 TELEPHONE	2/17/89		1,109							1,109	1,109	S/L	10		0
41 TRIPLE COMPARTMENT S	2/03/89		1,799							1,799	1,799	S/L	10		0
42 MOBILE CART	2/03/89		274							274	274	S/L	10		0
43 PLATE DISPENSER	2/03/89		1,315							1,315	1,315	S/L	01		0
44 SPEED RAIL (3)	2/03/89		147							147	147	S/L	10		0
45 STAINLESS WORKBOARD	2/03/89		798							798	798	1/S	01		0
46 MAIN BAR WORKBOARD	2/03/89		6,110							6,110	6,110	S/L	10		0
47 GLASS CHILLER	2/03/89		962							962	965	S/L	10		0
48 WALK-IN COOLER	2/03/89		12,930							12,930	12,930	S/L	9		0
49 LABOR	2/03/89		1,000							1,000	1,000	S/L	01		0
50 8314 NOB HIEL	16/10/01		115							115	115	S/L	01		0
51 ELECTRIC ROASTER	16/91/6		228							228	228	J/S	01		0
52 REFRIGERATOR	11/13/91		995							995	995	S/L	10		0
53 ROASTER OVEN	12/07/91		75							75	75	J/S	10		0
54 TABLE SINK	12/15/91		089							089	089	S/L	10		0
55 BINGO BOARD	8/12/97		300							300	300	S/L	7		0
61 ICE MACHINE	1/07/03		1,955							1,955	1,272	S/L	01		196
62 VIDEO CAMERA	3/27/03		1,295							1,295	1,203	S/L	7		35

PAGE 4	45-0216461	08:57 AM CURRENT DEPR.	0	54.	497	52	379	1,369	26,208	0	26,208	
P4	45-(ł										
		LIEE .BA	ري در د	-	2 2	9	0					
		METHOD LIFE_RATE	S/L	מ אר	s/L S/L	S/L	S/L					
			750	2 4 5	4.5	181	379	820	 	700	240	
		PRIOR DEPR.			2.	•		140,820	658,240		658,240	
EDULE		DEPR BASIS	750	000,	100	515	3,787	148,483	1,204,768	700	1,204,768	
SCHE	. 2451	SALVAG /BASIS REDIICT						0		0		
TION	ERIE NC	PRIOR DEC. BAL DEPR.						0		0	0	
AL BOOK DEPRECIATION SCHEDULE	ERNAL ORDER OF EAGLES AERIE NO. 2451	PRIOR 179/ BONUS/ SP. DEPR						0	0	0	0	
(DEP	ER OF E	SPECIAL DEPR ALLOW						0	0	0	0	
300	ORD!	CUR 179 BONUS						0		0	0	
AL E	RNAL	BUS PCT.					•				IJ	
2009 FEDER	FRATE	COST/ BASIS	750	000'-	100	515	3,787	148,483	1,204,768	700	1,204,768	
1 600		DATE										
		DATE ACQUIRED	11/26/03	6/01/04	11/13/04	1/18/06	5/20/08					
		DESCRIPTION	UTER	EAGLE STATUE	DESK WATER HEATER	IUM	ELECTRIC RANGE	TOTAL MACHINERY AND EQUIPME	TOTAL DEPRECIATION	GRAND TOTAL AMORTIZATION	GRAND TOTAL DEPRECIATION	
5/31/10	CLIENT 40	3/03/11 NO.			65 DESK 66 WATFF		68 ELECT	TOTAL	TOTAL	GRANE	GRANE	