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830118800 10/12/2010 11 50 AM

Department of the Treasury

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 Opento Public

A	For the 200	CalAndar v	ear, or tax year begin	nning 06/01/09 , and		/31/1		irements	Seminspection % 3 2/
	heck if applicat		C Name of organization	ining 00/01/05 , and	rending 037	31/1		D Emplo	oyer identification number
	Address change	use IRS	- Name of organization	FRATERNAL ORDER OF	EAGLES #1	51			yer identification flumber
	•	label or print or	Doing Business As					83-	-0118800
	Name change	type.		P O box if mail is not delivered to street addre	ss)		Room/suite	1	none number
<u></u>	nıtıal retum	See	211 B STR		 ,		110011200110		7-362-8367
1	Fermination	Specific Instruc-		or country, and ZIP + 4				G Gross rece	
	Amended return		ROCK SPRI	• .	2901			u dias iece	:pts# 0707200
\Box	Application pend	F Nam	e and address of princi				 	H(a) is this	a group return for
′ لــا	application pend	,,,,g	•	•				affiliati	
								H(b) Are all	l affiliates
									attach a list (see instructions)
1	Tax-exempt s	status X	501(c) (10)	◀ (insert no.) 4947(a)(1) or	527			1	,
J	Website: 🕨							H(c) Group	exemption number
K	Type of organization	ation X Co	rporation Trust	Association Other ▶	_	L	ear of formation		M State of legal domicile WY
P	artil 💥	Summa	ry				-		
	1 Briefl	y describe t	the organization's m	ission or most significant activitie	es				
ę,	FF	RATERNA	L ORG TO SER	VE MEMBERS, COMMUNIT	r Y		. ,	•	•
anc						•	•	••	••
ern						·		•	
Š	2 Chec	k this box	If the organization	ition discontinued its operations of	or disposed of mo	ore than 25	5% of its net as	sets.	•
Activities & Governance	3 Numl	ber of voting	g members of the g	overning body (Part VI, line 1a)				3	4
ies	4 Numl	ber of indep	endent voting mem	bers of the governing body (Part	VI, line 1b)			4	4
:ivit			employees (Part V,	•				5	13
Act	6 Total	number of	volunteers (estimat	e if necessary)				6	15
				nue from Part VIII, column (C), lir	ne 12 .			7a	
	b Net u	inrelated bu	isiness taxable inco	me from Form 990-T, line 34			· · · · · ·	7b	<u> </u>
0	O Cont		od onemka (Double)	a db)			Prior Ye		Current Year
201 Ile			d grants (Part VIII, I	•		ŀ	3	2,873	43,626
0 3 2010 Revenue	-		revenue (Part VIII,	n (A), lines 3, 4, and 7d)		ŀ	1	3,638	10,998
G.				i, lines 5, 6d, 8c, 9c, 10c, and 11e		-		8,704	169,400
				11 (must equal Part VIII, column	•			5,215	224,024
N0V				art IX, column (A), lines 1–3)	(A), IIIIC 12)			8,623	22,902
				rt IX, column (A), line 4)				0,015	
NNED enses				oyee benefits (Part IX, column (A)	lines 5–10)		14	4,727	136,785
NNE Inses				X, column (A), line 11e)	,,	ļ		-,,-,	
				column (D), line 25) ▶	•	ļ			WINDS HER THAT
SCAN Expe		_), lines 11a–11d, 11f–24f)	•	ľ		1,529	60,735
ဟ		=		ust equal Part IX, column (A), line	e 25)	Ì		4,879	220,422
	19 Reve		penses. Subtract lii		,	Ī		9,664	3,602
Net Assets or Fund Balances							Beginning of Cu	rrent Year	End of Year
sset: alan	20 Total	-	rt X, line 16)	•		[1,28	5,446	1,289,048
et A	21 Total	-	Part X, line 26)						
23	22 Net a			ct line 21 from line 20			1,28	5,446	1,289,048
<u>≱</u> R	âñtilei		re Block						
		Under penal and belief, if	Ities of perjury, I declar t is true, correct, and co	e that I have examined this return, inclination of the property of the propert	uding accompanying	g schedules	and statements,	and to the be	st of my knowledge
C:~			m //		man omoon, to base	3		l a	10-12-10
Sig Hei		**************************************	Mulle	er over	,			IK/	7-0-1-
пеі	re	Signatu	ire of officer	Cotter	5		tom	Date	
		Type or	r print name and title	Coller	J <u>e</u>	cre	ver y		
_			paint name and title		1	D	'		Preparer's identifying number
Pai	d	Preparer's	1	Lauth CPA	1	Date	Check self-	_	(see instructions)
	parer's	signature	June /	<u></u>	<u> </u>	10/1			P00144727
	Only	Firm's name	1 E	borne, Radaković		any,	PC	EIN D	83-0288275
23.	,	if self-emplo	• •	75 Dewar Dr Ste 2				Phone	207 200 0740
	- H- 150 :	address, and			32901			no	307-382-8510
				rer shown above? (see instruction					Yes No
F or DAA	Privacy AC	тапо Раре	rwork Heauction A	ct Notice, see the separate inst	ructions.				Form 990 (2009)

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	be the organiza		Service Accor	iipiisnment	<u>s</u> _			
			n E MEMBERS	. COMMIT	NITY			
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•		•	•	•	••	••		
	_ _	<u> </u>			··-		·	
Did the organ	nization underta	ke any signifi	cant program se	vices during the	e year which w	ere not listed on		
	m 990 or 990-E2							Yes X No
	cribe these new							
	nization cease c	onducting, or	r make significan	changes in ho	w it conducts,	any program		Yes X No
services?	cribe these char	naes on Sche	Idule O					tes A No
				e organization's	three largest	program services by	/ expenses	
				=	-	to report the amour	•	
			and revenue, if a		•		3	
la (Code:) (Expense		220,422	0.0		22,903) (Revenue \$	
		•	R ORGANIZ					
•				3 AND TO	PROVII	E FOR PROC	JECTS	
TO SERVE	E OUR CO	MMUNIT	Y		•			
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b (Code) (Expense	es \$	•	including gra	ents of \$) (Revenue \$	
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c (Code) (Expens			ıncludıng gra	ents of \$) (Revenue \$	
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1d Other progra	am services (De	escribe in Sch	hedule O \					
4d Other progra (Expenses		escribe in Sch	hedule O)		· ·			·

	First Charliet of Paguired Schodules		P	age J
<u>EXP.</u> 2	intilVi Checklist of Required Schedules	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		.63	
	complète Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	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		L
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			l
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		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	10		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	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.		147.2°	1
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	200		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			24/3
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	153		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		, ,	000
•	Did the organization report an amount for other assets related 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			1.75
	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 separate or consolidated finalicial 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	逐至		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12	Part S	X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	70	€8 9%	147
127	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	13	BALET AL.	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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	15		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	16		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	17	L	\mathbf{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	18	L	\mathbf{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	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

₹ 17.6	Trive Checkist of Required Schedules (Communical)			
	Pullbarran de la constant de la cons		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24		x
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	
23	-			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
240	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	04-		x
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	-	
þ	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	051		
00	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		'	x
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	Ì		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			~
20	If "Yes," complete Schedule L, Part III	27	: 30	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	200-		X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	-	
	Schedule L, Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200	-	-21
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	,	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
00	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	 30		
٠.	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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	<u> </u>	<u>x</u>
			000	

Ге	Statements negarding Other Ins Fillings and Tax Compliance			·	1		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		ı	í	<i>i</i> ,	Yes	No
-	U.S. Information Returns Enter -0- if not applicable	1a		İ	1.3	77	ļ: `
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				- 75. - 25.	, .
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		le	*			
	gaming (gambling) winnings to prize winners?	, , , , , , , , , , , , , , , , , , , ,			1c	ے۔ فیدے	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			•	(5).	الرويون ا	·}
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		 	\$47.7	. 34
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	$\overline{}$			2b	X	نه . تسدد
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			l	;	235 A	7/18
	instructions)				ģ.,	, 1 / L	137
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			Š.		1.700
	this return?	•			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ity				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	anciał					
	account)?				4a		х
b	If "Yes," enter the name of the foreign country				1.34	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	14 g
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				3.5	
	and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding					
_	Prohibited Tax Shelter Transaction?				5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e					
L	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not toy deductible?	ons or					
7	gifts were not tax deductible?				6b	.25%s	34K 2N
′ а	Organizations that may receive deductible contributions under section 170(c).						7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	goods				No.	1977.7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			ŀ	7a		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			•	7b		
Ŭ	required to file Form 8282?	ıs			,,		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	ŀ	7c	12. T. C.	5 24 5
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		L al				77
	benefit contract?	0.00.10	••		7e	and Laborator .	لكناست
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	•	ľ	7f		
g	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 1098-0						
	required?				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						5.43
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					1	
	organization, have excess business holdings at any time during the year?				8		L
9	Sponsoring organizations maintaining donor advised funds.				₩.,	أعالنا	
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			.	9b	, ,	<u> </u>
0	Section 501(c)(7) organizations. Enter:		ı		``` <u>`</u>		3
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				375 th	·
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			湖 。	الله الله الله الله الله الله الله الله	
1_	Section 501(c)(12) organizations. Enter	1	ı			¥ * * *	· ·
a	Gross income from members or shareholders	11a				ر الرائد الرائد	ر م
р	Gross income from other sources (Do not net amounts due or paid to other sources against	, ,		ļ		* :	
22	amounts due or received from them) Section 4947(a)(1) non-exempt charitable truste. Is the organization filing Form 990 in liquid Form	11b			<u> </u>	خد شد.	
2a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			}	12a	<u></u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L		3º, 1	****	<u>'</u>

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
1a	Enter the number of voting members of the governing body	1a	4	建筑 经存货
b	Enter the number of voting members that are independent	1b	4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			经建立证证
	any other officer, director, trustee, or key employee?			2 X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3 X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4 X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5 X
6	Does the organization have members or stockholders?			6 X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?			7a X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•	•	7b X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			341
	the year by the following:			
а	The governing body?			8a X
b	Each committee with authority to act on behalf of the governing body?			8b X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9 X
Sec	tion B. Policies (This Section B requests information about policies not required by the I	ntern	al	
Rev	enue Code.)			
				Yes No
10a	Does the organization have local chapters, branches, or affiliates?			10a X
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?		-	10b
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?			11 X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			·维度 计 表基础
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?			12b
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done			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 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?)		
а	The organization's CEO, Executive Director, or top management official			15a X
b	Other officers or key employees of the organization			15b X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			BR FALLED
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?			16a X
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?			16b
<u>Sec</u>	tion 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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	terest		
	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	f the		
	organization ► CONNIE VIGNEAUX 211 B ST			
R	OCK SPRINGS WY 829	01		307-362-8367

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

	(A) Name and Title		(B) Average hours per	Pos	ition ((C checl	C) k all :	that a	pply)	(D)	(E) Reportable compensation	(F) Estimated amount of
			week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
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Pa	Section A. Officers	, Directors, Trus	stees	s, Ke	y En	nplo	yees	s, an	nd Highest Compensated	Employees (continued))			
	(A) Name and Title	(B) Average hours per	Posi	tion (checl	k all t				(E) Reportable	(F) Estimated			
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
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			<u> </u> 			_								
			<u> </u>											
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1b	Total	<u></u>	<u>L.</u> .			<u> </u>	<u> </u>	<u> </u>						
2	Total number of individuals (in reportable compensation from	_			thos	e lis	ted a	abov	ve) who received more than	1 \$100,000 in				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual. Did any person listed on line services rendered to the organization B. Independent Contract	" complete Sche le 1a, is the sum organizations gre 1a receive or acc nization? If "Yes	dule of re ater	J for port than	r suc able \$15 pens	h ind com 0,00	dividi npen 10? If n froi	ual satio "Ye m ar	on and other compensation es," complete Schedule J for ny unrelated organization for	from or such	Yes No 3 X 4 X 5			
1	Complete this table for your fi compensation from the organ	ive highest comp	ensa	ated	ınde	pend	dent	cont	tractors that received more	than \$100,000 of	-			
		(A) d business address							Descri	(B) ption of services	(C) Compensation			
										-				
								-						
								\dagger						
2	Total number of independent more than \$100,000 in compe	•		-			ed to	thc	ose listed above) who rece	ved	0			

Form'990 (2009) FRATERNAL ORDER OF EAGLES #151 83-0118800 Page 9 Part VIII Statement of Revenue (B) Related or exempt (D)
Revenue
excluded from tax
under sections
512, 513, or 514 Unrelated Total revenue business function revenue revenue 1a Federated campaigns 1a 16,392 b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 27,234 1f g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f 43,626 Program Service Revenue Busn. Code 2a b f All other program service revenue Total. Add lines 2a-2f 1925年,**最初**的首都 Investment income (including dividends, interest, and other similar amounts) 10,998 10,998 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6a Gross Rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than inventor b Less cost or other basis & sales exps 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 Other b Less. direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 15 17% b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 280,694 returns and allowances 154,156 b Less. cost of goods sold c Net income or (loss) from sales of inventory 126,538 126,538 Miscellaneous Revenue Busn. Code 100 11a 40,812 40,812 SPECIAL EVENTS & ACTIVITIES 1,350 b 1,350 700 700 REFUNDS/OTHER d All other revenue 42,862 Total, Add lines 11a-11d

224,024

180,398

0

Total Revenue. See instructions

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).

	All other organizations must				
	not include amounts reported on lines 6b, , 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			1 4 7 . 11	1,70,1
	organizations in the U.S. See Part IV, line 21			The state of the s	
2	Grants and other assistance to individuals in			W. B.A. CARRY	· (1) · (4) · (4) · (4)
	the U.S. See Part IV, line 22	22,902	22,902	[1] 孫門羅子	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Grants and other assistance to governments,			1: 12: 2016	· · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the			LE AND SEA	
	U S See Part IV, lines 15 and 16				学的 经未经证额
4	Benefits paid to or for members	-	-	3. 12 - R. 18 3- 30	13
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)				
7	Other salaries and wages	123,262	123,262		
8	Pension plan contributions (include section 401(k)		123/202	-	
-	and section 403(b) employer contributions)				
9	Other employee benefits		<u> </u>	 -	
10	Payroll taxes	13,523	13,523	·	
11	Fees for services (non-employees):	13,343	13,525		
a	Management				
a b	· · · · · ·				
	Legal				-
c C	Accounting				
d	•, 3		m to grow the growth or gro	THE THE CHAIN TO MAKE TO THE TO	
e 4	Professional fundraising services See Part IV, line 17		The state of the s	THE COME AND THE	
f	Investment management fees				
g	Other	0 4 4 =			
12	Advertising and promotion	2,145	2,145		
13	Office expenses	5,055	5,055		
14	Information technology				
15	Royalties				
16	Occupancy	14,520	14,520		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,895	5,895		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,248	5,248		
		1. The state of th		" " " " " " " " " " " " " " " " " " " "	李广东 接 一种
24	Other expenses Itemize expenses not				African State
	covered above (Expenses grouped together		18 July 18 18	以各數學研釋的	1、1967年 1968年 1968年
	and labeled miscellaneous may not exceed		1 - 4 - 5		[14] [15]
	5% of total expenses shown on line 25 below.)		t 3		
а	LICENSES, TAXES	10,299	10,299		
b	LAUNDRY & CLEANING	5,701	5,701		
С	REPAIRS TO EQUIP, FACILIT	4,470	4,470	<u></u>	*
d	SUPPLIES	4,284	4,284		
е	TELEPHONE	2,334	2,384		
f	All other expenses	784	784		
25	Total functional expenses. Add lines 1 through 24f	220,422	220,422		
26			7 1 2 2		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				
$\neg \land \land$					Earm 000 (2000)

Pa	rt X	S Balance Sheet			·		
		,			(A) Beginning of year		(B) End of year
i	1	Cash—non-interest bearing			86,553	1	72,363
	2	Savings and temporary cash investments			497,507	2	508,505
1	3	Pledges and grants receivable, net	•			3	
- 1	4	Accounts receivable, net		ı		4	
1	5	Receivables from current and former officers, directors,	trustee	s, key	157 13 Jan 1897 1895		一点人的一个人
		employees, and highest compensated employees. Comp	plete Pa	art II of		113 / 2	
İ		Schedule L				5	
- 1	6	Receivables from other disqualified persons (as defined	under	section	The state of the s	7	
1		4958(f)(1)) and persons described in section 4958(c)(3)((B) Cor	nplete		\$ 17 \$ 25.5	
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			6,168	8	11,553
4	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or] [•	· 18 18 18 18 18 18 18 18 18 18 18 18 18	1 10	MAR MALERIAN
- 1		other basis Complete Part VI of Schedule D	10a	696,627			
- 1	b	Less: accumulated depreciation	10b		695,218	10c	696,627
- 1	11	Investments—publicly traded securities				11	<u> </u>
- 1	12	Investments—other securities. See Part IV, line 11	•			12	
- 1	13	Investments—program-related See Part IV, line 11	•			13	
ļ.	14	Intangible assets				14	
- [15	Other assets. See Part IV, line 11		•		15	
	16_	Total assets. Add lines 1 through 15 (must equal line 34	4)		1,285,446	16	1,289,048
	17	Accounts payable and accrued expenses				17	
}	18	Grants payable				18	
-	19	Deferred revenue				19	
ļ.	20	Tax-exempt bond liabilities				20	
Sal	21	Escrow or custodial account liability. Complete Part IV o	of Sched	dule D		21	
≣	22	Payables to current and former officers, directors, truste	es, key			THE STATE OF THE PARTY OF THE P	IN BEAL WELL
Liabilities		employees, highest compensated employees, and disqu	ualified				
ובׄו		persons. Complete Part II of Schedule L		_		22	
	23	Secured mortgages and notes payable to unrelated third	d partie:	5	L	23	
[:	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities Complete Part X of Schedule D			L	25	
_	26	Total liabilities. Add lines 17 through 25		· 		26	<u> </u>
Sa		Organizations that follow SFAS 117, check here ▶	and				
Balances		complete lines 27 through 29, and lines 33 and 34.				143/	
ᇣ	27	Unrestricted net assets				27	<u> </u>
00	28	Temporarily restricted net assets		•		28	
Fund	29	Permanently restricted net assets		- 1		29	
교		Organizations that do not follow SFAS 117, check her					
5		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds			464,897		464,115
Se	31	Paid-in or capital surplus, or land, building, or equipmen			695,218		696,627
As	32	Retained earnings, endowment, accumulated income, o	r other	funds	125,331		128,306
ĕ	33	Total net assets or fund balances			1,285,446		1,289,048
Z	34	Total liabilities and net assets/fund balances			1,285,446	34	1,289,048

orm	1.990 (2009) FRATERNAL ORDER OF EAGLES #151 83-0118800		Pa	ge 12
<u>Pa</u>	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	$A_{i, i'j}$		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		•	
	Schedule O	3:44		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	ر نائل	,' ,	7.7
	Schedule O	, 2, 34.7		1. 18
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1. 2. 4.	,	
	issued on a consolidated basis, separate basis, or both	, is	40	
	Separate basis Consolidated basis Both consolidated and separate basis		4	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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	3b		

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Open to Public OMB No 1545-0047 Inspection 2009

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990.

ջ ⊠ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer identification number** non-cash assistance (g) Description of 83-0118800 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (c) IRC (d) Amount of cash grant (e) Amount of non-cash section assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed FRATERNAL ORDER OF EAGLES #151 General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Part Part II

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

Schedule I (Form 990) 2009

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Schedule I (Form 990) 2009 FRATERNAL ORDER OF EAGLES #151

83-0118800

(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 22,902 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance CASH AWARDS

SCHEDULE 0

(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.



Name of the organization

FRATERNAL ORDER OF EAGLES #151

Employer identification number 83-0118800

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

, .	Special Events Schedule					
Form 990	For calendar year 2009, or	-	06/01/09		05/31/10	2009
lame				, .		Identification Number
FRATERNAL OF	RDER OF EAGLES	#151			83-01	18800
Gross receipts	(A) 140,546	(B) O	(C)	0	thers O	Total 140,546
Less contributions	0	0		0	0	
Gross revenue	140,546	0		0	0	140,546
Less direct expenses Net income (loss)	99,734 40,812	0		0	<u>0</u> -	99,734 40,812
` '/				<u> </u>		
				 -	-	
Description: (A) (B) (C)	SPECIAL EVEN	TS & ACTIV	ITIES			
(B)	SPECIAL EVEN	TS & ACTIV	ITIES			
(B)	SPECIAL EVEN	TS & ACTIV	ITIES			
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(B)	SPECIAL EVEN	VTS & ACTIV	ITIES			
(B)	SPECIAL EVEN	VTS & ACTIV	ITIES			

830118800 FRATERNAL ORDER OF EAGLES #151 83-0118800 FYE: 5/31/2010

Form 990, Part IX, Line 24f - All Other Expenses

	Aanagement & Fund General Raising	S	\$ 0
	Manag Ge	ψ	\$
	Program Service	784	784
	П "	Ş	φ.
	Total Expenses	784	784
	<u>மி</u>	ψ	₩
	Description	FUNERAL BENEFITS	Total



F.O.E. 151

211 B STREET **ROCK SPRINGS, WYOMING 82901** PHONE: 362-8367

Past Worthy President: Wayne Silvers

Worthy President:

218 Morning Glory Way

Rock Springs, WY 82901

Joe Robertson

P.O. Box 181

Rock Springs, WY 82901

Vice President: Bill Wilkerson

429 Elias Ave No 1

Rock Springs, WY 82901

Shirley Robertson

1804 Elk #161

Rock Springs, WY 82901

Secretary: Mike Cotter

601 B. Street

Rock Springs, WY 82901

Treasurer:

Chaplain:

Troy Halstead

1556 9th Street No 14

Rock Springs, WY 82901

Conductor:

Gerald Uranker

109 Hillview A

Rock Springs, WY 82901

Inside Guard:

Bobby McCaskill

716 Pennsylvania

Rock Springs, WY 82901

Trustee:

Stanley Frolic Jr.

1111 Lee Street

Rock Springs, WY 82901

Trustee:

Robert Cox

1119 Clark

Rock Springs, WY 82901

Trustee:

Dewayne Lininger

1804 Elk St No 33

Rock Springs, WY 82901