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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning June 1, 2009, and ending May 31, 2010	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOE 4299 Auxiliary Number and street (or P O box, if mail is not delivered to street address) Room/suite 1561 Marlboro Dr City or town, state or country, and ZIP + 4 Lake Havasu City Arizona 86403
D Employer identification number 860707181	
E Telephone number 928-855-1234	
F Group Exemption Number ► 0102	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► **www.4299.foe.com**

J Tax-exempt status (check only one) — ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ no

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	31876.25
	4 Investment income	4	329.20
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	111701.18
	b Less: direct expenses other than fundraising expenses	6b	39227.20
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	72473.98	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ►)	8	5903.74	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	110583.17	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	79779.63
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	8040.50
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2387.08
	16 Other expenses (describe ► state & grand aerie assessments/conventions)	16	24630.07
	17 Total expenses. Add lines 10 through 16	17	114837.28
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4254.11)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	61166.00
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	56911.89

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

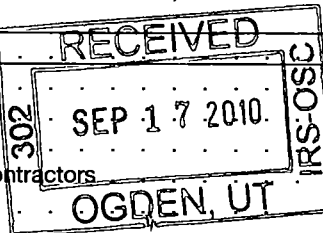
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	61166.00	22 68704.03
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	61166.00	25 68704.03
26 Total liabilities (describe ► outstanding checks (11792.14))		26 (11792.14)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 56911.89

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED SEP 30 2010



56

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28a

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29a

--	--

30a

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31a

32	
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instructions for Part IV)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ Arizona		
42a	The organization's books are in care of ▶ Penny Lee Telephone no. ▶ 928-855-1234 Located at ▶ 1561 Marlboro Dr Lake Havasu City Arizona ZIP + 4 ▶ 86403		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

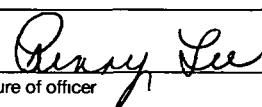
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **0**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		9-16-10 Date	
Paid Preparer's Use Only	Penny Lee Madam Secretary Lake Havasu Eagles Auxiliary #4299 Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN <input type="checkbox"/> Phone no <input type="checkbox"/>		
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			

Social Fund Tax Report

Fund	Income	Expenses	Disperse
Alzheimers	\$4,431.50	\$1,831.88	\$4,516.08
Dispersed to			
Sunhealth research Phoenix Az			\$1,258.04
Inter agency Lake Havasu city AZ			\$1,000.00
Alzeimers Dementia of Havasu AZ			\$2,258.04
Camp Courage	\$12,637.50	\$1,438.27	\$10,849.23
Dispersed to:			
Burns and Trauma Center			\$10,849.23
Cancer	\$3,918.00	\$794.69	\$3,122.35
Dispersed to			
Havasus Health trust-Cancer	Lake Havasu AZ		3122.35
Community Fund	\$8,530.38	\$2,636.09	\$4,052.28
dispersed to:			
Community Members			\$3,212.28
Loyal order of Elks Pearl harbor Memorial			\$100.00
Grand Aerie Home on the Range			\$150.00
Community Kids Christmas Party			\$590.00
Breast cancer	\$3,747.90	\$1,277.10	\$2,500.80
Dispersed to:			
Havasus community Health Trust-breast cancer			\$2,500.80
Dare	\$ 3,966.50	1045.55	\$ 3,898.45
Dispersed to:			
Lake Havasu Police Dept -DARE			\$ 2,898.45
Grant from Grand Aerie-DARE			\$ 1,000.00
Diabetes Research Center	\$4,667.00	\$641.88	\$4,260.12
Dispersed to:			
Diabetes Research Center University of Iowa			\$4,260.12
Domestic Violence	\$4,241.00	\$481.11	\$9,600.00
Dispersed to:			
Lk Havasu social Services Luncheon			\$200.00
Sally's House- Lake havasu city Interagency			\$3,000.00
Children's counseling Lake Havasu Interagency			\$2,500.00
Sally's House- Lake havasu city Interagency			\$3,900.00
Durante Reed	\$4,460.33	\$696.68	\$600.00
Dispersed to:			
Muscular Dystrophy of Havasu			\$157.63
Arizona State President's special project			\$300.00
Haiti fund	\$180.00		
Heart Foundation	\$3,746.50	\$552.97	\$3,181.84
Dispersed to:			
Havasus Health Foundation- Heart fund			\$1,181.84
Grand Aerie Max Baer Heart fund- Grove city OH			\$2,000.00
Crafts/Hospice	\$522.00		
Hospice	\$8,424.25	\$1,672.52	\$6,817.46
Dispersed to:			

Hospice in lake Havasu City AZ			\$ 6,817.46	
Iron Man	\$33,606.00	\$19,925.80		\$23,500.00
Local Scholarships Lake Havasu City			\$ 22,000.00	
Lake Havasu High School tour group			\$ 1,000.00	
Kidney Fund	\$4,375.25	\$999.10		
Our Troops	\$3,966.50	\$1,045.55		\$2,998.44
Dispersed to:				
Blue Star Mothers of Veterans Lake Havasu			\$ 100.00	
Grand Aerie - Our Troops- Grove City OH			\$ 2,898.44	
PSMP Scholarships	\$290.45			\$302.58
Dispersed to:				
Arizona State Auxiliary- Scholarship fund			\$ 302.58	
Parade of Lights	\$ 2,749.33	\$ 2,401.16		\$ 2,002.39
Dispersed to:				
Community Lake Havasu city			\$ 2,002.39	

PART I

ASSETS

CASH BALANCES:

Benefit Fund.....\$ 40257.44
 General Fund.....\$ 1600.26
 Social Fund.....\$ 15054.19
 B.M. Fund.....\$ _____
 Other.....\$ _____
 TOTAL CASH BALANCES.....\$ 56911.89

INVESTMENTS:

(a) Benefit Fund.....\$ _____
 (b) General Fund.....\$ _____
 (c) Social Fund.....\$ _____
 (d) B.M. Fund.....\$ _____
 (e) Other.....\$ _____
 TOTAL INVESTMENTS.....\$ _____

TOTAL (Lines 2 & 4).....\$ 56911.89

GAINS (+) OR LOSS (-)

SINCE LAST REPORT.....\$ (3773.13)

(a) Value of Real Estate.....\$ _____

(b) Insurance Value Real Estate \$ _____

(a) Furniture & Fixtures.....\$ _____

(b) Value of Insurance on

Furniture & Fixtures.....\$ _____

(a) Liability Insurance?.....Yes No

(b) Liquor Liability Insurance? Yes No

(c) Employees/Officers Bonded? Yes No

(d) Auxiliary Bonded w/Aerie? Yes No

. Petty Cash.....\$ _____

. Buffet Merchandise.....\$ _____

. Office Supplies.....\$ 135.00

TOTAL ASSETS

(Lines 5, 7a, 8a, 10, 11 & 12) ...\$ 57046.89

LIABILITIES:

a) Indebtedness on Real Estate \$ _____

b) Indebtedness on Furniture...\$ _____

c) Other Indebtedness.....\$ _____

. TOTAL LIABILITIES.....\$ _____

NET ASSETS

(Line 13 less Line 15).....\$ 57046.89

DUES Collected year to date:

\$ 28391.25

EARMARKED MONEY IN BENEFIT

FUND FOR EMPLOYEE TAXES.....\$ 0

PART II

ANALYSIS OF BUFFET SALES

1. Total Sales (Year to Date)....\$ _____
 LESS

2. Cost of goods sold.....\$ _____

3. GROSS PROFIT.....\$ _____

4. Percentage of Total Sales.....% _____

5. Total Direct Expenses.....\$ _____

(Items 3, 4, 5, 6, 7 Trustees Weekly)

6. NET PROFIT.....\$ _____

7. Percentage of Total Sales.....% _____

ANALYSIS OF SOCIAL ROOM OPERATIONS

8. Other Social Room Receipts....\$ _____

(Do not include Sales, Item 1)

9. Social Room Expenses.....\$ _____

10. Total Social Room Receipts....\$ _____

(Deduct item 9 from item 8)

TOTAL GROSS RECEIPTS FROM ALL SOURCES

(Year to Date)....\$ _____

Please provide the following information:

Fundraising Activities:

Total Raised year to date \$ _____

Total Distributed year to date

Local:\$ _____

State:\$ _____

Grand Aerie:\$ _____

Date of last 990 Filed with IRS _____

Is the Grand Aerie named as Additional Insured?

Yes _____ No _____

Any paid employees? Yes _____ No ✓

All Federal/State/Local taxes paid? Yes _____ No _____

Please provide explanation for any NO answers:

Auditor Signature [Signature]

Madam President's Signature [Signature]

Return original OR send IRS 990 as report