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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>B</b> Check if applicable                        | <b>C</b> Name of organization   |            |                           |        | <b>D</b> Employer identification number   |
| <input type="checkbox"/> Address change             | FOE 4299 Auxiliary  |            |                           |        | 860707181   |
| <input type="checkbox"/> Name change                | Number and street (or P O box, if mail is not delivered to street address)  | Room/suite | <b>E</b> Telephone number |        |   |
| <input type="checkbox"/> Initial return             | 1561 Marlboro Dr  |            | 928-855-1234              |        |   |
| <input type="checkbox"/> Terminated                 | City or town, state or country, and ZIP + 4   |            |                           |        | <b>F</b> Group Exemption Number ►   |
| <input type="checkbox"/> Amended return             | Lake Havasu City Arizona 86403  |            |                           |        | 0102  |
| <input type="checkbox"/> Application pending        | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). |            |                           |        | <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► |

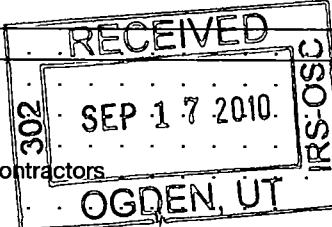
I Website: ► www.4299.foe.com

J Tax-exempt status (check only one) —  501(c) ( 8 ) ▲ (insert no.)  4947(a)(1) or  527K 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 . . . . .  | 2 Program service revenue including government fees and contracts . . . . . | 3 Membership dues and assessments . . . . . | 4 Investment income . . . . . | 1 |
|---|---|---|---|-------------------------------|---|
|   |   |   |   |                               | 2 |
|   | 5a Gross amount from sale of assets other than inventory . . . . .  | 5a  | 31876.25                                    |                               |   |
|   | 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) . . . . .   |   |   |                               |   |
|   | 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) . . . . .  |   |   |                               |   |
|   | 8 Other revenue (describe ► ) . . . . .   |   |   |                               |   |
|   | <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► ) . . . . .   |   |   |                               |   |
| Expenses  | 10 Grants and similar amounts paid (attach schedule) . . . . .  |   |   |                               |   |
|   | 11 Benefits paid to or for members . . . . .  |   |   |                               |   |
| 12 Salaries, other compensation, and employee benefits . . . . .                                |   |   |   |                               |   |
| 13 Professional fees and other payments to independent contractors . . . . .                    |   |   |   |                               |   |
| 14 Occupancy, rent, utilities, and maintenance . . . . .  |   |   |   |                               |   |
| 15 Printing, publications, postage, and shipping . . . . .                                      |   |   |   |                               |   |
| 16 Other expenses (describe ► state & grand aerie assessments/conventions) . . . . .            |   |   |   |                               |   |
| <b>17 Total expenses.</b> Add lines 10 through 16 ► ) . . . . .                                 |   |   |   |                               |   |
| Net Assets  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  |   |   |                               |   |
|   | 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) . . . . . |   |   |                               |   |
| 20 Other changes in net assets or fund balances (attach explanation) . . . . .                  |   |   |   |                               |   |
| <b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ► ) . . . . . |   |   |   |                               |   |

**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.

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

10 10



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

|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .  | 33         | ✓         |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .  | 34         | ✓         |
| 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? . . . . .   | 35a        | ✓         |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .  | 35b        |           |
| 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 . . . . .   | 36         |           |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a  |            |           |
| b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .  | 37b        |           |
| 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? . . . . .   | 38a        | ✓         |
| 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 . . . . . | 40b        |           |
| 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. . . . .  | 40e        | ✓         |
| 41 List the states with which a copy of this return is filed. ► <b>Arizona</b>   |            |           |
| 42a The organization's books are in care of ► <b>Penny Lee</b> Telephone no. ► <b>928-855-1234</b><br>Located at ► <b>1561 Marlboro Dr Lake Havasu City Arizona</b> ZIP + 4 ► <b>86403</b>   |            |           |
| 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)? . . . . .   | 42b        | ✓         |
| If "Yes," enter the name of the foreign country: ► _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .  |            |           |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .<br>If "Yes," enter the name of the foreign country: ► _____   | 42c        | ✓         |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> ► <input type="checkbox"/>  |            |           |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | 44         | ✓         |
| 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 . . . . .   | 45         | ✓         |

## 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.

|     |   |     |    |
|-----|---|-----|----|
| 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 . . . . .  | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .  | 47  | ✓  |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | 48  | ✓  |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | ✓  |
| b   | If "Yes," was the related organization a section 527 organization? . . . . .  | 49b |    |
| 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   |  |                  |   |  |
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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   |                     |                  |
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d Total number of other independent contractors each receiving over \$100,000 . . . ► \_\_\_\_\_ 0

Sign

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

Signature of officer

Date

**Penny Lee Madam Secretary Lake Havasu Eagles Auxiliary #4299**

**Type or print name and title**

---

**Paid  
Preparer's  
Use Only**

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|                      |      |   |  |
|----------------------|------|---|--|
| Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions) |
| Furn's name for      |      |   |  |

Firm's name (or yours if self-employed), EIN

Phone no ►

May the IRS discuss this return with the preparer shown above? See instructions

**Social Fund Tax Report**

| Fund   | Income         | Expenses   | Disperse    |
|--|----------------|------------|-------------|
| Alzheimers                                     | \$4,431.50     | \$1,831.88 | \$4,516.08  |
| <b>Dispersed to:</b>                           |                |            |             |
| 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 |
| <b>Dispersed to:</b>                           |                |            |             |
| Burns and Trauma Center                        |                |            | \$10,849.23 |
| Cancer   | \$3,918.00     | \$794.69   | \$3,122.35  |
| <b>Dispersed to:</b>                           |                |            |             |
| Havasu Health trust-Cancer                     | Lake Havasu AZ |            | 3122.35     |
| Community Fund                                 | \$8,530.38     | \$2,636.09 | \$4,052.28  |
| <b>dispersed to:</b>                           |                |            |             |
| 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  |
| <b>Dispersed to:</b>                           |                |            |             |
| Havasu community Health Trust-breast cancer    |                |            | \$2,500.80  |
| Dare   | \$ 3,966.50    | 1045.55    | \$ 3,898.45 |
| <b>Dispersed to:</b>                           |                |            |             |
| 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  |
| <b>Dispersed to:</b>                           |                |            |             |
| Diabetes Research Center University of Iowa    |                |            | \$4,260.12  |
| Domestic Violence                              | \$4,241.00     | \$481.11   | \$9,600.00  |
| <b>Dispersed to:</b>                           |                |            |             |
| 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    |
| <b>Dispersed to:</b>                           |                |            |             |
| 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  |
| <b>Dispersed to:</b>                           |                |            |             |
| Havasu 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  |
| <b>Dispersed to:</b>                           |                |            |             |

|   |             |             |              |             |
|---|-------------|-------------|--------------|-------------|
| 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  |             |

LIARY 4299 MADAM SECRETARY  
MARLBORO DR.  
HAVASU CITY, AZ 86403

AUXILIARY 4299  
AUDITOR'S REPORT  
May 31, 2010

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.....\$ 3173 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.....\$   
return original OR send IRS 990 as report

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)

11. 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

Madam President's Signature