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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning JUNE 01, 2011, and ending MAY 31, 2012

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 FRATERNAL ORDER OF THE EAGLES AERIE		D Employer identification number
	Doing Business As		23-7593226
	Number and street (or P.O. box if mail is not delivered to street address)	Room/Suite	E Telephone number
	210 W THIRD STREET		(307) 682-5358
	City or town, state or country, and ZIP + 4		G Gross receipts \$
	Gillette WY 82716		694,171
	F Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list (see instructions)
I Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) <input checked="" type="checkbox"/> (insert no.)	4947(a)(1) or	527
J Website: ▶	N/A		
K Form of organization	Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input checked="" type="checkbox"/> Affili	L Year of formation	M State of legal domicile WY

Part I Summary

ACTIVITIES & GOVERNANCE	1 Briefly describe the organization's mission or most significant activities		
	A MEMBERSHIP ORGANIZATION THAT USES ITS EARNINGS TO PROMOTE CHARITIES WITHIN THE COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	15
REVENUE	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	159
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,295	12,112
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	201	159
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,391	193,357
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	214,887	205,628
	14 Benefits paid to or for members (Part IX, column (A), line 4)	21,592	33,062
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,500	250
EXPENSES	16a Professional fundraising fees (Part IX, column (A), line 11e)	115,432	100,835
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	91,241	105,937
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	229,765	240,084
	19 Revenue less expenses Subtract line 18 from line 12	-14,878	-34,456
ASSETS OR LIABILITIES	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	359,408	324,424
	22 Net assets or fund balances Subtract line 21 from line 20	1,631	1,103

Part II Signature Block

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.

Sign Here	Signature of officer	Date			
	<i>Roger Feuld</i> Roger Feuld Secretary/Trustee	9-21-12			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DELORA SUITER	<i>Delora Suiter</i>	9-17-12		P00085732
	Firm's name ▶ H&R Block	Firm's EIN ▶ 83-0260463			
	Firm's address ▶ 200 WEST LAKEWAY Gillette WY 82718	Phone no (307) 682-2206			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4b** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	N/A	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, & program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	N/A	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	X
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
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 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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? N/A	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	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	X
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	X
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	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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 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, 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	X
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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
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 N/A	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	X
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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
b	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 (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	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 holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from 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.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		X
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☐

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	8	
b Enter the number of voting members included in line 1a, above, who are independent.	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	N/A	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	N/A	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	N/A	
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).		
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **See attachment #1**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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.

- 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, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
DAVE PETA VICE PRESIDENT					X				0	0	0
JERRY WALTERS PRESIDENT					X				0	0	0
ROGER FEVOLD SECRETARY/TRUSTEE		X			X				0	0	0
JOHN L ROBINSON TRUSTEE		X							0	0	0
DAVE VETTER TRUSTEE		X							0	0	0
LYNN BITTERMAN TRUSTEE		X							0	0	0
RICHARD GAFFIELD CHAPLAIN					X				0	0	0
LES HENNINGS TREASURER					X				0	0	0
DAVE GALYEN INSIDE GUARD					X				0	0	0
JOHN K ROBINSON TRUSTEE		X							0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE			
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS AND SIMILAR AMOUNTS	1a	Federated campaigns	1a				
	b	Membership dues	1b	12,112			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f		\$			
	h	Total. Add lines 1a-1f		12,112			
PROGRAM SERVICE REVENUE	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		159		159
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real	425			
b		Less rental expenses	(ii) Personal				
c		Rental income or (loss)		425			
d		Net rental income or (loss)		425			
7a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	54,045			
b		Less direct expenses	b	32,704			
c		Net income or (loss) from fundraising events		21,341			
9a		Gross income from gaming activities See Part IV, line 19	a	424,276			
b		Less direct expenses	b	321,402			
c		Net income or (loss) from gaming activities		102,874			
10a		Gross sales of inventory, less returns and allowances	a	203,154			
b		Less cost of goods sold	b	134,437			
c		Net income or (loss) from sales of inventory		68,717			
11a	Miscellaneous Revenue		Business Code				
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			205,628		159	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	33,062	33,062		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.	250	250		
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.	87,902	87,902		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	3,496	3,496		
10 Payroll taxes.	9,437	9,437		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,450		4,450	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other				
12 Advertising and promotion.	6,348	2,389	3,959	
13 Office expenses.	3,177		3,177	
14 Information technology.				
15 Royalties.				
16 Occupancy.	18,250		18,250	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	8,491		8,491	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	19,425			
23 Insurance.	3,669		3,669	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS MAINTENANCE	12,290		12,290	
b SUPPLIES	8,030		8,030	
c CLEANING SERVICES	7,325		7,325	
d LAUNDRY AND JANITOR SUPPLIES	6,152		6,152	
e All other expenses	8,330	1,005	7,325	
25 Total functional expenses. Add lines 1 through 24e.	240,084	137,541	83,118	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest-bearing	59,252	1	47,911
	2 Savings and temporary cash investments	52,705	2	52,863
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	60	4	800
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	24,599	8	10,975
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 566,420		
	b Less accumulated depreciation	10b 354,545	10c	211,875
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	359,408	16	324,424	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	1,631	17	1,103
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,631	26	1,103
F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	357,777	32	323,321
	33 Total net assets or fund balances	357,777	33	323,321
	34 Total liabilities and net assets/fund balances	359,408	34	324,424

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	205,628
2	Total expenses (must equal Part IX, column (A), line 25)	2	240,084
3	Revenue less expenses Subtract line 2 from line 1	3	-34,456
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	357,777
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	323,321

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	N/A	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N/A	

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF THE EAGLES AERIE #2711

Employer identification number

23-7593226

Part I

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

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

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

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

☐ Yes

☒ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1 Gross revenue		419,328		419,328
2 Cash prizes		307,144		307,144
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses		14,257		14,257
6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(321,401)
8 Net gaming income summary. Combine line 1, column d, and line 7				97,927

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| 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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

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? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v) and Part III lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF THE EAGLES AERIE #2711

Employer identification number

23-7593226

DOCUMENTS ARE AVAILABLE UPON REQUEST

990 BOOKS ARE IN CARE OF

Attachment 1: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2011 or tax period beginning	06-01	, and ending	05-31-2012
Name of Organization FRATERNAL ORDER OF THE EAGLES AERIE #2711				Employer Identification Number 23-7593226

Part VI - Line 20

Individual Name NANCY SCROGGINS
or
Business Name

Street Address 13970 E HWY 51

U S Address

Zip code 82727 City Rozet State WY
or
Foreign Address

City

Province or State

Country

Postal code

Phone Number (307) 680-2802

Fax Number

Attachment 2: Form 990 Page 10, Line 24 - Other Expenses

Inspection

For calendar year 2011 or tax period beginning

05-31-2012

Name of Organization

Employer Identification Number

FRATERNAL ORDER OF THE EAGLES AERIE #2711

23-7593226

Total:

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2011

Attachment
Sequence No 179

Name(s) shown on return

FRATERNAL ORDER OF THE EAGLES FOR FORM 990

Business or activity to which this form relates

Identifying number

23-7593226

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	18,208
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property	See Statement					1,217
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	19,425
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

**7-YEAR ASSETS PLACED IN SERVICE DURING 2011
USING GENERAL DEPRECIATION SYSTEM**

FRATERNAL ORDER OF THE EAGLES AERIE #2711
23-7593226

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
CABLE MOUSE MONITOR	04-22-2012	229	7	HY	200 DB	33
DOOR BELL BUZZER	07-14-2011	2,357	7	HY	200 DB	337
ICE MACHINE	12-29-2011	3,651	7	HY	200 DB	522
LED SIGN	07-19-2011	1,021	7	HY	200 DB	146
SECURITY SYSTEM	04-14-2012	1,250	7	HY	200 DB	179
Total						1,217

2011 Federal Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711
23-7593226

09-17-2012

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990										
2 SALAD BARS	09-03-00	200DBHY	7	100	0	0	0	100	100	0
2 VIDEO GAME MACHINE	08-31-04	200DBHY	7	6,400	0	0	0	6,400	6,400	0
2 WATER HEATERS	09-29-04	200DBHY	7	1,028	0	0	0	1,028	983	45
20GAL WATER HEATER	08-07-07	200DBMQ	7	632	0	0	0	632	490	59
3 AIR CLEANERS	03-16-08	200DBMQ	7	4,772	0	0	0	4,772	4,382	390
32" TV AND SURGE PRO	08-12-09	200DBHY	7	609	0	0	0	609	236	107
AIR CONDITIONING	05-31-01	150DBHY	15	5,621	0	0	0	5,621	4,128	332
BAR REMODEL	05-08-02	150DBHY	15	4,329	0	0	0	4,329	2,922	256
BAR STOOLS	05-19-08	200DBMQ	7	619	0	0	0	619	568	51
BAR STOOLS	06-22-02	200DBHY	7	664	0	0	0	664	664	0
bathroom repair	10-25-10	200DBHY	7	4,367	0	0	0	4,367	624	1,069
BEER COOLER	08-14-00	200DBHY	7	1,555	0	0	0	1,555	1,555	0
BIG SCREEN TV	11-15-03	200DBHY	7	1,575	0	0	0	1,575	1,575	0
building	12-01-83	S/LMM	40	250,000	0	0	0	250,000	170,000	6,250
BUILDING IMPROVEMENT	03-12-04	S/LMM	39	5,422	0	0	0	5,422	1,002	139
BUILDING IMPROVEMENT	08-18-09	S/LMM	39	2,484	0	0	0	2,484	114	64
BUILDING REPAIR	06-12-02	150DBHY	15	3,045	0	0	0	3,045	1,876	180
CABLE MOUSE MONITOR	04-22-12	200DBHY	7	229	0	0	0	229	0	33
card reader bck door	11-28-10	200DBHY	7	880	0	0	0	880	126	216
CARPETING	10-12-00	150DBHY	15	14,140	0	0	0	14,140	10,383	834
carving	03-14-11	200DBHY	7	1,600	0	0	0	1,600	229	392
CASH REGISTER	03-24-06	200DBHY	7	600	0	0	0	600	521	54
CHAIRS	01-06-99	200DBHY	7	1,700	0	0	0	1,700	1,700	0
CHAIRS	08-25-04	200DBHY	7	380	0	0	0	380	380	0
COIN MACHINE	01-26-09	200DBHY	7	450	0	0	0	450	253	56
COMPUTER	05-12-08	200DBMQ	5	961	0	0	0	961	961	0
COMPUTER EQUIPMENT	07-16-07	200DBMQ	5	795	0	0	0	795	744	51
COOLER	04-26-02	200DBHY	7	11,206	0	0	0	11,206	11,206	0
COPIER	02-21-00	200DBHY	5	1,400	0	0	0	1,400	1,400	0
DEEP FRYER	03-12-04	200DBHY	7	541	0	0	0	541	541	0
DINNERWARE & REFRIGE	10-21-09	200DBHY	7	3,299	0	0	0	3,299	1,279	577
DOOR BELL BUZZER	07-14-11	200DBHY	7	2,357	0	0	0	2,357	0	337
EQUIPMENT	11-01-99	200DBHY	7	12,387	0	0	0	12,387	12,387	0
EQUIPMENT	08-01-93	200DBHY	5	10,000	0	0	0	10,000	10,000	0
FLOOR REFINISHING	08-30-00	150DBHY	15	2,250	0	0	0	2,250	1,653	133
FREE SPIN MACHINE	08-04-04	200DBHY	7	3,200	0	0	0	3,200	3,200	0
FREEZER	09-10-08	200DBHY	7	3,635	0	0	0	3,635	2,045	454
FREEZER	11-30-01	200DBHY	7	570	0	0	0	570	570	0
ICE MACHINE	12-29-11	200DBHY	7	3,651	0	0	0	3,651	0	522

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2011 Federal Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711
23-7593226

09-17-2012

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990										
ICE MACHINE	03-04-98	200DBHY	7	1,807	0	0	0	1,807	1,807	0
KITCHEN WIRE SHELF	11-18-09	200DBHY	7	489	0	0	0	489	190	86
LAND	12-01-83	Land	0	75,000	75,000	0	0	0	0	0
LAND IMPROVEMENTS	05-31-09	150DBHY	15	10,294	0	0	0	10,294	2,373	793
LED SIGN	07-19-11	200DBHY	7	1,021	0	0	0	1,021	0	146
MICROPHONE	03-29-04	200DBHY	7	105	0	0	0	105	105	0
MOTION DETECTOR	07-26-00	200DBHY	7	130	0	0	0	130	130	0
NACHO CHEESE MACHINE	06-07-05	200DBHY	7	384	0	0	0	384	332	34
NEW BLINDS	06-13-00	200DBHY	7	833	0	0	0	833	833	0
NEW FURNACE	01-06-99	150DBHY	15	5,846	0	0	0	5,846	4,982	345
new roof	09-29-10	S/LMM	39	262	0	0	0	262	5	7
OFFICE COMPUTER	10-11-06	200DBHY	5	437	0	0	0	437	411	25
OFFICE DESK	12-10-07	200DBMQ	7	484	0	0	0	484	338	49
PAPER SHREDDER	04-29-98	200DBHY	5	110	0	0	0	110	110	0
PHOTO COPIER	10-27-04	200DBHY	5	665	0	0	0	665	665	0
PLASMA TVS	10-01-09	200DBHY	7	3,513	0	0	0	3,513	1,362	614
POPCORN MACHINE	12-15-97	200DBHY	7	628	0	0	0	628	628	0
RAIN GUTTER	01-26-09	150DBHY	15	1,047	0	0	0	1,047	241	81
REFRIGERATOR	11-28-08	200DBHY	7	1,263	0	0	0	1,263	711	158
remodeling	12-01-83	S/L	40	54,000	0	0	0	54,000	36,450	1,350
RICCAR VACUUM	11-17-00	200DBHY	7	350	0	0	0	350	350	0
RICCAR VACUUM	10-27-03	200DBHY	7	393	0	0	0	393	393	0
RICCAR VACUUM	01-01-97	200DBHY	5	410	0	0	0	410	410	0
SAFE	11-12-02	200DBHY	7	385	0	0	0	385	385	0
SAFE	02-23-10	200DBHY	7	1,075	0	0	0	1,075	417	188
SAFE	11-22-05	200DBHY	7	689	0	0	0	689	597	62
SALAD PLATES	11-30-09	200DBHY	7	233	0	0	0	233	90	41
SECURITY SYSTEM	04-14-12	200DBHY	7	1,250	0	0	0	1,250	0	179
SHELVES	10-09-08	200DBHY	7	209	0	0	0	209	118	26
SMOKE EATERS	03-16-02	200DBHY	7	3,585	0	0	0	3,585	3,585	0
snow blower	11-28-10	200DBHY	7	578	0	0	0	578	83	142
SPRINKLER SYSTEM	06-29-04	150DBHY	15	2,583	0	0	0	2,583	1,286	152
STEAM TABLE	03-10-09	200DBHY	7	3,432	0	0	0	3,432	1,930	429
STORAGE SHED	10-15-03	150DBHY	15	674	0	0	0	674	376	40
STOVE	12-18-01	200DBHY	7	4,660	0	0	0	4,660	4,660	0
TABLES	07-09-98	200DBHY	7	1,700	0	0	0	1,700	1,700	0
TELEVISION CABINET	02-09-04	200DBHY	7	1,200	0	0	0	1,200	1,200	0
TIME CLOCK	08-11-00	200DBHY	7	399	0	0	0	399	399	0
TIME CLOCK	04-03-98	200DBHY	5	216	0	0	0	216	216	0
tv	01-06-11	200DBHY	7	420	0	0	0	420	60	103
VENDING MACHINE	11-28-08	200DBHY	7	7,056	0	0	0	7,056	3,970	881
VENDING MACHINE	01-26-09	200DBHY	7	7,152	0	0	0	7,152	4,025	893

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2011 Federal Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711
23-7593226

09-17-2012

Description	Date	Method Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
81 Assets		Totals	566,420	75,000	0	0	491,420	335,120	19,425
81 Assets		Grand Totals	566,420	75,000	0	0	491,420	335,120	19,425

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2011 AMT Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711
23-7593226

09-17-2012

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990								
2 SALAD BARS	09-03-00	150DBHY	7	100	0	0	0	0
2 VIDEO GAME MACHINE	08-31-04	150DBHY	7	6,400	1,568	392	0	-392
2 WATER HEATERS	09-29-04	150DBHY	7	1,028	252	63	45	-18
20GAL WATER HEATER	08-07-07	150DBMQ	7	632	176	78	59	-19
3 AIR CLEANERS	03-16-08	150DBMQ	7	4,772	1,233	580	390	-190
32" TV AND SURGE PRO	08-12-09	150DBHY	7	609	182	92	107	15
AIR CONDITIONING	05-31-01	150DBHY	15	5,621	664	332	332	0
BAR REMODEL	05-08-02	150DBHY	15	4,329	511	256	256	0
BAR STOOLS	05-19-08	150DBMQ	7	619	160	75	51	-24
BAR STOOLS	06-22-02	150DBHY	7	664	41	0	0	0
bathroom repair	10-25-10	150DBHY	7	4,367	468	835	1,069	234
BEER COOLER	08-14-00	150DBHY	7	1,555	0	0	0	0
BIG SCREEN TV	11-15-03	150DBHY	7	1,575	290	0	0	0
building	12-01-83	S/LMM	40	250,000	12,500	6,250	6,250	0
BUILDING IMPROVEMENT	03-12-04	S/LMM	39	5,422	278	139	139	0
BUILDING IMPROVEMENT	08-18-09	S/LMM	39	2,484	114	64	64	0
BUILDING REPAIR	06-12-02	150DBHY	15	3,045	360	180	180	0
CABLE MOUSE MONITOR	04-22-12	150DBHY	7	229	0	25	33	8
card reader bck door	11-28-10	150DBHY	7	880	94	168	216	48
CARPETING	10-12-00	150DBHY	15	14,140	1,670	834	834	0
carving	03-14-11	150DBHY	7	1,600	171	306	392	86
CASH REGISTER	03-24-06	150DBHY	7	600	148	74	54	-20
CHAIRS	01-06-99	150DBHY	7	1,700	0	0	0	0
CHAIRS	08-25-04	150DBHY	7	380	94	23	0	-23
COIN MACHINE	01-26-09	150DBHY	7	450	154	55	56	1
COMPUTER	05-12-08	150DBMQ	5	961	325	161	0	-161
COMPUTER EQUIPMENT	07-16-07	150DBMQ	5	795	280	132	51	-81
COOLER	04-26-02	150DBHY	7	11,206	0	0	0	0
COPIER	02-21-00	150DBHY	5	1,400	0	0	0	0
DEEP FRYER	03-12-04	150DBHY	7	541	99	0	0	0
DINNERWARE & REFRIGE	10-21-09	150DBHY	7	3,299	984	496	577	81
DOOR BELL BUZZER	07-14-11	150DBHY	7	2,357	0	252	337	85
EQUIPMENT	11-01-99	150DBHY	7	12,387	0	0	0	0
EQUIPMENT	08-01-93	150DBHY	5	10,000	0	0	0	0
FLOOR REFINISHING	08-30-00	150DBHY	15	2,250	266	133	133	0
FREE SPIN MACHINE	08-04-04	150DBHY	7	3,200	784	196	0	-196
FREEZER	09-10-08	150DBHY	7	3,635	1,241	445	454	9
FREEZER	11-30-01	150DBHY	7	570	0	0	0	0
ICE MACHINE	12-29-11	150DBHY	7	3,651	0	391	522	131
ICE MACHINE	03-04-98	150DBHY	10	1,807	0	0	0	0
KITCHEN WIRE SHELF	11-18-09	150DBHY	7	489	146	73	86	13
LAND	12-01-83	Land	0	0	0	0	0	0
LAND IMPROVEMENTS	05-31-09	150DBHY	15	10,294	1,858	793	793	0
LED SIGN	07-19-11	150DBHY	7	1,021	0	109	146	37
MICROPHONE	03-29-04	150DBHY	7	105	19	0	0	0
MOTION DETECTOR	07-26-00	150DBHY	7	130	0	0	0	0
NACHO CHEESE MACHINE	06-07-05	150DBHY	7	384	94	47	34	-13
NEW BLINDS	06-13-00	150DBHY	7	833	0	0	0	0
NEW FURNACE	01-06-99	150DBHY	15	5,846	690	345	345	0
new roof	09-29-10	S/LMM	39	262	5	7	7	0
OFFICE COMPUTER	10-11-06	150DBHY	5	437	146	36	25	-11

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2011 AMT Depreciation Schedule

FRATERNAL ORDER OF THE EAGLES AERIE #2711
23-7593226

09-17-2012

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990								
OFFICE DESK	12-10-07	150DBMQ	7	484	141	59	49	-10
PAPER SHREDDER	04-29-98	150DBHY	5	110	0	0	0	0
PHOTO COPIER	10-27-04	150DBHY	5	665	55	0	0	0
PLASMA TVS	10-01-09	150DBHY	7	3,513	1,048	528	614	86
POPCORN MACHINE	12-15-97	150DBHY	10	628	0	0	0	0
RAIN GUTTER	01-26-09	150DBHY	15	1,047	189	81	81	0
REFRIGERATOR	11-28-08	150DBHY	7	1,263	432	155	158	3
remodeling	12-01-83	S/L	40	54,000	2,700	1,350	1,350	0
RICCAR VACUUM	11-17-00	150DBHY	7	350	0	0	0	0
RICCAR VACUUM	10-27-03	150DBHY	7	393	72	0	0	0
RICCAR VACUUM	01-01-97	150DBHY	5	410	0	0	0	0
SAFE	11-12-02	150DBHY	7	385	24	0	0	0
SAFE	02-23-10	150DBHY	7	1,075	321	162	188	26
SAFE	11-22-05	150DBHY	7	689	168	84	62	-22
SALAD PLATES	11-30-09	150DBHY	7	233	70	35	41	6
SECURITY SYSTEM	04-14-12	150DBHY	7	1,250	0	134	179	45
SHELVES	10-09-08	150DBHY	7	209	71	26	26	0
SMOKE EATERS	03-16-02	150DBHY	7	3,585	0	0	0	0
snow blower	11-28-10	150DBHY	7	578	62	111	142	31
SPRINKLER SYSTEM	06-29-04	150DBHY	15	2,583	313	152	152	0
STEAM TABLE	03-10-09	150DBHY	7	3,432	1,173	420	429	9
STORAGE SHED	10-15-03	150DBHY	15	674	80	40	40	0
STOVE	12-18-01	150DBHY	7	4,660	0	0	0	0
TABLES	07-09-98	150DBHY	10	1,700	0	0	0	0
TELEVISION CABINET	02-09-04	150DBHY	7	1,200	221	0	0	0
TIME CLOCK	08-11-00	150DBHY	7	399	0	0	0	0
TIME CLOCK	04-03-98	150DBHY	5	216	0	0	0	0
tv	01-06-11	150DBHY	7	420	45	80	103	23
VENDING MACHINE	11-28-08	150DBHY	7	7,056	2,411	864	881	17
VENDING MACHINE	01-26-09	150DBHY	7	7,152	2,443	876	893	17
81 Assets		Totals		491,420	40,104	19,594	19,425	-169
81 Assets		Grand Totals		491,420	40,104	19,594	19,425	-169

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction