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### Part III

## **Statement of Program Service Accomplishments**

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

**1 Briefly describe the organization's mission:**

SUNSHINE AERIE 2421 IS A SOCIAL CLUB SERVING OVER 400 MEMBERS. THE CLUB DONATES TO VARIOUS LOCAL, NATIONAL CHARITIES AND RAISES FUNDS FOR ITS SCHOLARSHIP FUND. CLUB PUBLISHES A MONTHLY MEMBER NEWSLETTER

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule Q.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule Q.

ii. Yes, describe these changes on Schedule C

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 \$ 186,594 including grants of \$                           ) (Revenue \$ 240,468 )  
See attachment #2

See attachment #2

(Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c (Code ) ( Expenses \$ including grants of \$ ) ( Revenue \$ )**

**4d Other program services (Describe in Schedule O.)**

) (Revenue \$ )

4e Total program service expenses ► 186,594

**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 . . . . .	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .	4	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 . . . . .	5	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 . . . . .	6	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 . . . . .	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	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 . . . . .	11a	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 . . . . .	11b	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 . . . . .	11c	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 . . . . .	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	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 . . . . .	11f	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 . . . . .	12a	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 . . . . .	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	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 \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	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? .....	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	N/A
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	N/A
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	N/A
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 Compliance**Check if Schedule O contains a response to any question in this Part V 

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . **1a** 0

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . **1b** 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 13

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)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . **N/A**

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)? . . . . .

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? . . . . .

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . **N/A**

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? . . . . .

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . **N/A**

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? . . . . .

b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . **N/A**

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .

d If "Yes," indicate the number of Forms 8282 filed during the year **7d**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .

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? . . . . .

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? . . . . .

b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

10 **Section 501(c)(7) organizations.** Enter.

a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . **10a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . **10b**

11 **Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders . . . . . **11a**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . **11b**

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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . **12b**

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.

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 . . . . . **13b**

c Enter the amount of reserves on hand . . . . . **13c**

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . **N/A**

**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**

1a Enter the number of voting members of the governing body at the end of the tax year. .... **1a** **13**

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.

1b Enter the number of voting members included in line 1a, above, who are independent ....

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? ....

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? ....

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ....

5 Did the organization become aware during the year of a significant diversion of the organization's assets? ....

6 Did the organization have members or stockholders? ....

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? ....

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ....

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ....

b Each committee with authority to act on behalf of the governing body? ....

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. ....

	Yes	No
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

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

10a Did the organization have local chapters, branches, or affiliates? ....

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? ....

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 ....

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? ....

14 Did the organization have a written document retention and destruction policy? ....

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 ....

b Other officers or key employees of the organization ....

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? ....

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**

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b		
12c		
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

**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 #3**

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check 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 organiza- tions 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
		I N D U R I S E V T C D I O A L	T R S I T U T E C O T R U A R	D I S T U T I O N A L	O F I C I C E R	K E Y P E Y E	E M P L O Y E	H C E I O M G M P L H P L E E O S T A T E D	C E O M P L E E O S T A T E D	F O R M E R		
Creighton Thurman										0	0	0
PAST WORTHY PRESIDENT	2.00				X					0	0	0
Bradley Campbell										0	0	0
WORTHY PRESIDENT	2.00				X					0	0	0
Shannon Feland										0	0	0
WORTHY VICE PRESIDENT	2.00				X					0	0	0
Adam Twedt										0	0	0
WORTHY CHAPLAIN	2.00				X					0	0	0
Cliff Deverell										0	0	0
SECRETARY	2.00				X					0	0	0
TOM DOOLEY, SR										0	0	0
TREASURER	2.00				X					0	0	0
Travis Kindt										0	0	0
CONDUCTOR	2.00				X					0	0	0
DAVE NYGAARD										0	0	0
INSIDE GUARD	2.00				X					0	0	0
STEVE AMERINE										0	0	0
AUDITOR	2.00				X					0	0	0
Kenneth Anderson										0	0	0
TRUSTEE	2.00				X					0	0	0
PAUL HAGENBUCH										0	0	0
TRUSTEE	2.00				X					0	0	0
KENT OSBORNE										0	0	0
TRUSTEE	2.00				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 organiza- tions 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											
		I T D I R U S I C V T C D E A O L R	I T R U S I T E N I O N A L I O N A L	O F F I C I T R U S I T E N I O N A L	K E M Y P L O Y E E S T A T E D	H C E I O M G P H P L E E O N Y E S T A T E D	C E M P L O O N Y E S T A T E D				F O R M E R										
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 ►																					
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....																					
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 .....																					
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 .....																					
<b>Section B. Independent Contractors</b> <table border="1" style="float: right; margin-right: 10px;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: right;">3</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: right;">4</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: right;">5</td> <td></td> <td style="text-align: center;">X</td> </tr> </table>											Yes	No	3		X	4		X	5		X
	Yes	No																			
3		X																			
4		X																			
5		X																			
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 VII Statement of Revenue**

**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	4,733	4,733		
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				
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	74,122	74,122		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,671	5,671		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	159	159		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,399	4,399		
13 Office expenses	2,364	2,364		
14 Information technology				
15 Royalties				
16 Occupancy	25,678	25,678		
17 Travel	83	83		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,769	3,769		
20 Interest	5,570	5,570		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,963	5,963		
23 Insurance	3,606	3,606		
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 Entertainment Expense	18,337	18,337		
b Supplies	14,079	14,079		
c Repairs	4,345	4,345		
d Dues	3,760	3,760		
e All other expenses	9,956	9,956		
25 Total functional expenses. Add lines 1 through 24e	186,594	186,594		
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 .....	38,651	1	66,680
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	
	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 .....	10,481	8	15,286
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b		10c
	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 .....	290,130	14	290,130
	15 Other assets. See Part IV, line 11 .....		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34) .....	339,262	16	372,096
L I A B I L I T E S	17 Accounts payable and accrued expenses .....		17	
	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 .....	84,739	23	76,007
	24 Unsecured notes and loans payable to unrelated third parties .....	10,241	24	2,400
	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 .....	94,980	26	78,407
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	244,282	27	293,689
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
N F E T T A S B S S A T A S C O E R S	Organizations that do not follow SFAS 117, check here ► <input 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 .....		32	
	33 Total net assets or fund balances .....	244,282	33	293,689
	34 Total liabilities and net assets/fund balances .....	339,262	34	372,096

**Part XI Reconciliation of Net Assets**Check 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	240,468
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	186,594
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	53,874
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	244,282
5 Other changes in net assets or fund balances (explain in Schedule O) .....	5	4,461
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	293,689

**Part XII Financial Statements and Reporting**Check 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? .....	2a	X
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
2c 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? .....	N/A	
2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
2d 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? .....	3a	X
3b 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	3b

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**FRATERNAL ORDER OF EAGLES 2421 AERIE**

Employer Identification number  
**46-0211149**

**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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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 Raffle (event type)	(b) Event #2 Poultry Part (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
		1 Gross receipts . . . . .	29,700	4,461	150
R E V E N U E	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	29,700	4,461	150	34,311
D I R E C T E X P E N S E S S	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	18,422	2,258		20,680
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► ( 20,680 )
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				► 13,631

**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 . . . . .	54,184	31,843	86,027
D I R E C T E X P E N S E S S	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .		42,383	1,411	43,794
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				► ( 43,794 )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				► 42,233

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

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 .....

b An outside facility .....

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	100.00	%
13b		%

Name ► See Attachment #6

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 EAGLES 2421 AERIE**

Employer Identification number  
**46-0211149**

Part V Q 1c The organization does comply with all withholding rules

Part VI Sec A Q 7 The organization has members who elect the governing board. These same members approve decisions of the organization.

Part VI Sec B Q 11 The return is made available to all members and the governing body

Part VI Sec C Q 19 All documents and financials are available upon request

Part XI Line 5 Adjustment to total net assets

Depreciation and Amortization  
(Including Information on Listed Property)

2011

Attachment  
Sequence No. 179

Name(s) shown on return

FRATERNAL ORDER OF EAGLES 2421

Business or activity to which this form relates

FOR FORM 990

Identifying number

46-0211149

## 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
<b>6 (a) Description of property</b>	<b>(b) Cost (busn. use only)</b>	<b>(c) Elected cost</b>
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 <b>smaller</b> 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	5,924
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 . . . . . ► <input type="checkbox"/>		

## 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		270	07	HY	200 DB	39
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	5,963
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)

## 990 PRIMARY EXEMPT PURPOSE

### Attachment 1: Form 990 Page 1, Part I

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 EAGLES 2421 AERIE				Employer Identification Number 46-0211149
Primary Purpose				
SUNSHINE AERIE 2421 IS A SOCIAL CLUB SERVING OVER 400 MEMBERS. THE CLUB DONATES TO VARIOUS LOCAL, NATIONAL CHARITIES AND RAISES FUNDS FOR ITS SCHOLARSHIP FUND. CLUB PUBLISHES A MONTHLY MEMBER NEWSLETTER				

## 990 PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990 Page 2, Part III

Open to Public Inspection	For calendar year 2011, or tax period beginning	06-01-2011, and ending	05-31-2012.
Name of Organization <b>FRATERNAL ORDER OF EAGLES 2421 AERIE</b>		Employer Identification Number <b>46-0211149</b>	

### Part III - Statement of Program Service Accomplishments

Code:	Expenses <b>186,594</b>	including Grants of:	Revenue: <b>240,468</b>
Exempt Purpose Achievements			

None

# 990 BOOKS ARE IN CARE OF

## Attachment 3: 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 <b>FRATERNAL ORDER OF EAGLES 2421 AERIE</b>				Employer Identification Number <b>46-0211149</b>

### Part VI - Line 20

Individual Name ..... Cliff Deverell

or

Business Name:

Street Address ..... 114 W MAIN ST

U.S Address:

Zip code 57069

City Vermillion

State SD

or

Foreign Address

City ..... .

Province or State .....

Country .....

Postal code .....

Phone Number ..... (605) 624-9934

Fax Number ..... .

**990 PART VIII – OTHER REVENUE**

Attachment 4: Form 990 Page 9, Line 11 - Miscellaneous Revenue

Open to Public Inspection	For calendar year 2011, or tax period beginning <u>06-01-2011</u> , and ending <u>05-31-2012</u> .				
Name of Organization <b>FRATERNAL ORDER OF EAGLES 2421 AERIE</b>			Employer Identification Number <b>46-0211149</b>		
Miscellaneous Revenue	Business Code	(a) Total Revenue	(b) Related or Exempt Function Revenue	(c) Unrelated Business Revenue	(d) Revenue Excluded From Tax Under IRC 512, 513, or 514
Womens Auxiliary	27	210	210		
Misc Income	27	113	113		
Check Recovery	27	70	70		
Vending Income	27	4	4		
Ticket Sales	27				
Reimbursements	27				
Advertising	27				
<b>Totals:</b>		<b>397</b>	<b>397</b>		

**990 PAGE 10, OTHER EXPENSES**

**Attachment 5: Form 990 Page 10, Line 24 - Other Expenses**

Open to Public Inspection	For calendar year 2011 or tax period beginning	06-01-2011, and ending	05-31-2012.
Name of Organization <b>FRATERNAL ORDER OF EAGLES 2421 AERIE</b>		Employer Identification Number <b>46-0211149</b>	
Other Expenses	(A) Total	(B) Program Services	(C) Management and General
Rental of Equipment	3,480	3,480	
Licenses	2,295	2,295	
CC Charges	1,702	1,702	
Other Equipment	833	833	
Returned Checks	691	691	
Bank Charges	420	420	
Printing Costs Newsletter	411	411	
Reconciliation	76	76	
Misc Expense	48	48	
Safe Deposit Box			
<b>Total:</b>	<b>9,956</b>	<b>9,956</b>	

## 990 GAMING/SPECIAL EVENTS BOOKS AND RECORDS

### Attachment 6: Sch G Page 3, Part III, Line 14

Open to Public Inspection	For calendar year 2011 or tax period beginning	06-01-2011, and ending	05-31-2012
Name of Organization <b>FRATERNAL ORDER OF EAGLES 2421 AERIE</b>	Employer Identification Number <b>46-0211149</b>		

#### Part III - Line 14

Individual Name ..... Cliff Deverell

or

Business Name:

Street Address ..... 114 W Main St

U.S Address:

Zip code 57069 City Vermillion State SD  
or

Foreign Address

City ..... .

Province or State ..... .

Country ..... .

Postal code ..... .

## 2011 DETAIL STATEMENTS

FRATERNAL ORDER OF EAGLES 2421  
46-0211149

Page 1

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STATEMENT #1 - Not including contributions (990-EO PG 9 Line 8a)

Poultry Party.....	4,461
Gun Raffle.....	29,850
 TOTAL CARRIED TO 990-EO PG 9 Line 8a.....	34,311

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# 2011 Federal Depreciation Schedule

FRATERNAL ORDER OF EAGLES 2421 AERIE

46-0211149

10-05-2012

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
3 cash registers	06-11-11	200DBHY	7	270	0	0	0	270	0	39
Cash Registers	12-01-08	200DBHY	7	600	0	0	0	600	338	75
CD Player	09-01-03	200DBHY	7	196	0	0	0	196	196	0
Chafing Dish	11-09-05	200DBHY	7	288	0	0	0	288	250	26
Folding chairs	12-01-08	200DBHY	7	700	0	0	0	700	393	87
Hot Dog Steamer	07-07-03	200DBHY	7	451	0	0	0	451	449	0
HVAC	02-22-10	S/LMM	39	36,344	0	0	0	36,344	1,204	932
Ice Machine	05-26-10	200DBMQ	7	3,498	0	0	0	3,498	1,089	688
Remodeling	06-01-03	S/LMM	39	129,909	0	0	0	129,909	25,124	3,331
Salad Bar	10-24-05	200DBHY	7	657	0	0	0	657	570	59
Speakers	10-01-10	200DBHY	7	1,700	0	0	0	1,700	243	416
Televisions	11-05-05	200DBHY	7	414	0	0	0	414	358	37
Vizio TV	12-01-10	200DBHY	7	1,113	0	0	0	1,113	159	273
13 Assets	Totals:			176.140	0	0	0	176.140	30,373	5.963
13 Assets	Grand Totals:			176.140	0	0	0	176.140	30,373	5.963

\* 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 EAGLES 2421 AERIE  
46-0211149

10-05-2012

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Form 990</b>								
3 cash registers	06-11-11	150DBHY	7	270	0	29	39	10
Cash Registers	12-01-08	150DBHY	7	600	269	74	75	1
CD Player	09-01-03	150DBHY	7	196	84	0	0	0
Chafing Dish	11-09-05	150DBHY	7	288	148	35	26	-9
Folding chairs	12-01-08	150DBHY	7	700	314	86	87	1
Hot Dog Steamer	07-07-03	150DBHY	7	451	193	0	0	0
HVAC	02-22-10	S/LMM	39	36,344	1,204	932	932	0
Ice Machine	05-26-10	150DBMQ	7	3,498	823	573	688	115
Remodeling	06-01-03	S/LMM	39	129,909	13,324	3,331	3,331	0
Salad Bar	10-24-05	150DBHY	7	657	339	80	59	-21
Speakers	10-01-10	150DBHY	7	1,700	182	325	416	91
Televisions	11-05-05	150DBHY	7	414	215	51	37	-14
Vizio TV	12-01-10	150DBHY	7	1,113	119	213	273	60
13 Assets	Totals:			176,140	17,214	5,729	5,963	234
13 Assets	Grand Totals:			176,140	17,214	5,729	5,963	234

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction