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### Form 990

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

_		J11 calendar year, or tax year beginning Jun 1 ,2011, and ending		, 2012
В	Check if app	licable C Name of organization FRATERNAL ORDER OF EAGLES #151		yer Identification Number
	Addres	change Doing Business As		0118800
	Name o	hange Number and street (or P O box if mail is not delivered to street addr) Room/suit	I -	none number
	Initial re		(30	7) 362-8367
	Termin	oted City, town or country State ZIP code + 4		
	Amend	ed return ROCK SPRINGS WY 82901	<b>G</b> Gross	receipts \$ 450,038.
	Applica		(a) Is this a group retu	□ ''' <u>'</u>
		SHIRLEY ROBERTSON 1804 ELK ST #161 ROCK SPRINGS WY 82901	(b) Are all affiliates inc If 'No,' attach a list	
<u> </u>	Tax-exem	pt status 501(c)(3) X 501(c) ( 1 0 ) ◀ (Insert no ) 4947(a)(1) or 527	ii No, allacii a iist	(see instructions)
J	Websit	e:► N/A	(c) Group exemption in	number ►
K	Form of o	rganization X Corporation Trust Association Other ► L Year of Formation	1960 M	State of legal domicile WY
Pa	rt II S	Summary	· · · ·	
	1 Brie	efly describe the organization's mission or most significant activities Fraternal organization's mission or most significant activities	NIZATION TO SER	VE MEMBERS AND THE COMMUNIT
ø			<del></del> -	<del></del>
Activities & Governance				
Ē				
ò		eck this box   if the organization discontinued its operations or disposed of more	than 25% of its n	net assets.
ಶ		nber of voting members of the governing body (Part VI, line 1a)		3 4
es		nber of independent voting members of the governing body (Part VI, line 1b)		
Ϊ		at number of individuals employed in calendar year 2011 (Part V, line 2a) al number of volunteers (estimate if necessary)		5 12 6 2
Act		al unrelated business revenue from Part VIII, column (C), line 12		7a 0
		unrelated business taxable income from Form 990-T, line 34		7b
	7		Prior Year	<del></del>
	8 Cor	ntributions and grants (Part VIII, line 1h)		306. 40,360
μe		gram service revenue (Part VIII, line 2g)		10,300
Revenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)	10,	203. 9,481
æ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,	
	<b>12</b> Tot	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	188,	
	<b>13</b> Gra	nts and similar amounts paid (Part IX, column (A), lines 1-3)		207. 20,403
	<b>14</b> Ber	nefits paid to or for members (Part IX, column (A), line 4)		169
	<b>15</b> Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	123,	
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), fine No. 17		
en		10)	V GOOGS	
ᄍ				
	17 Ou	er expenses (Part IX, column (A), lines 1 1 1 1 1 1 1 2 2012		799. 81,191
		al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	208,	
	<b>19</b> Rev	venue less expenses Subtract line 18 from line 12 OGDEN, UT	-20,	
18 OF	00 T.		Beginning of Curre	
Assets I Balan		al assets (Part X, line 16)	1,268,	
a d		al liabilities (Part X, line 26)		0.
ᆂ		assets or fund balances Subtract line 21 from line 20	1,268,	462. 1,272,121
		Signature Block		
Unde	r penalties d	of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the ation of preparer (other than officer) is based on all information of which preparer has any knowledge	e best of my knowledge	e and belief, it is true, correct, and
		With the	<del></del>	<del></del>
۲.		Signature of officer	10/02/1 Date	12
Siç				
He	re	Type or print name and little	PRESIDENT	<del></del>
		Print/Type preparer's name Preparer's signature Date	1	, PTIN
_			Check	□"
Pa			self employ	yed   P00144727
	parer	Firm's name <u>HEYBORNE_RADAKOVICH</u> & CO		
U\$	e Only	Firm's address 1575 Dewar Dr Ste 200	Firm's EIN	<u>▶ 83-0288275</u>
		Rock Springs WY 82901	Phone no	(307) 382-8510
		discuss this return with the preparer shown above? (see instructions)		X Yes No
BA	For Pa	perwork Reduction Act Notice, see the separate instructions.	0101 07/05/11	Form <b>990</b> (2011

### Action of Program Service Accomplishments    Check   Schedule Condemna response to any question in this Part III	Form <b>990</b> (2011)	FRATERNAL ORDER OF E	AGLES #151	83-0	118800	Page 2
1. Bretty describe the organization of SERVE MEMBERS AND THE COMMUNITY  2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E27  If Yes (Secribe these new services on Schedule O  10 Ves (If Yes) (Secribe these new services on Schedule O  11 Ves) (Secribe these changes on Schedule O  12 Ves (If Yes) (Secribe these changes on Schedule O  13 Did the organization crease conducting, or make significant changes in how it conducts, any program services, as measured by experience of Secribe the Se	Part III Stater	nent of Program Service	Accomplishments			<del></del>
PRATERNAL ORGANIZATION TO SERVE MEMBERS AND THE COMMUNITY  2 Did the expanization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27?  If Yes, idescribe these enew services on Schedule O  If Yes, idescribe these changes on Schedule O  If Yes, ideal of Yes In No. If Yes, ideal of Yes In No. If Yes, ideal of the three largest program services, as measured by expenses scheris, the total expenses, and revinue, if any, for each program service reported.  If Yes In No. If Yes, ideal is a service of the interest of the i	, Check ı	f Schedule O contains a respons	se to any question in this Part III			
2. Did the organization undertake any significant program services during the year which were not listed on the prior	1 Briefly describe	e the organization's mission				
2. Did the organization undertake any significant program services during the year which were not listed on the prior	FRATERNAL	ORGANIZATION TO SE	RVE MEMBERS AND THE COMMUNIT	Y		
Form 990 or 990-EZP   Ves   No   If Yes, describe these new services on Schedule O   Ves   Wes   No   If Yes, describe these new services on Schedule O   If Yes, describe these changes on Schedule O   If Yes, describe these changes on Schedule O   If Yes, describe these changes on Schedule O   Ves   Wes   No   If Yes, describe these changes on Schedule O   Ves   Wes   No   If Yes, describe these changes on Schedule O   Ves   Wes   W				·		
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If Yes, describe these new services on Schedule O  3 Did the organization create conducting, or make significant changes in how it conducts, any program services?			program services during the year which were	not listed on the prior	□ voc	√ No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			ula O		l les	V 140
At Other program services (Describe in Schedule O  4d Other program services (Describe in Schedule O  4d Other program services (Describe in Schedule O)  4d Total program services (Describe in Schedule O)	•				□ v	√ N.
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 50 (c)(3) and 50 (c)(4) organizations and section 49%(0)(1) tusts 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				program services/	∐ fes	X NO
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						
at (Code	Section 501(c)	rganization's program service ac (3) and 501(c)(4) organizations	complishments for each of its three largest p and section 4947(a)(1) trusts are required to	rogram services, as me report the amount of or	easured by exp ants and alloc	enses
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	BAA		TEEA0102 07/05/11		Fori	m <b>990</b> (2011)

	•		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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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	4		
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		Х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
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, VIII, IX, or X as applicable		Zies	1
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b		Х
•	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	110	:	Х
•	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	-	Х
1	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	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	12t	,	х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<del> </del>	X
14	a 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, and 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		х
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		х
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		х
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		х
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 t	<u> </u>	]

Form 990 (2011) FRATERNAL ORDER OF EAGLES #151
Partive Checklist of Required Schedules (continued)

	•		Yes	No
21 ·	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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	Х	
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
<b>24</b> a	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, and 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		х
t	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	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		
ŀ	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		
	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
	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)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
29	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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	(2011)

#### Form 990 (2011) FRATERNAL ORDER OF EAGLES #151 83-0118800 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check 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 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 1.70 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a b If 'Yes,' enter the name of the foreign country W. 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? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5с 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? 6a Х **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7Ь c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 7с 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? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? R Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь 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 11 a 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? 12a 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? 13a Note. See the instructions for additional information the organization must report on Schedule O ${f b}$ Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Х

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

Form 990 (2011) FRATERNAL ORDER OF EAGLES #151 83-0118800 Page 6 Partivia 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 **b** Enter the number of voting members included in line 1a, above, who are independent 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? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Х 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? 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10a Χ 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' 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х 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 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Х 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 15a 15b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 (307) 362-8367 211 B STREET ROCK SPRINGS WY

## 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

- 1 a 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 r	elated	org	anız	atıo	n com	pen	sated any current offi	cer, director, or truste	e	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an offi	box, cer	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other	
	(describe hours for related organiza- tions in Schedule O)	adivide el truster or director	urshlutional trustee	Offire:	Key emphyee	High est conn-e-isated employee	ะีผ,ก•า	(W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations	
(1) SEE LIST ATTACHED OFFICERS	0.00	Х						0.	0.	0.	
(2)											
(3)											
(4)											
(5)											
(6)										-	
										·	
(8)											
(9)											
(10)							·			,	
(11)											
(12)											
(13)											
(14)										· ·	
	L		l		L	ı		<u> </u>	·	<u> </u>	

Part VIII Section A. Officers, Directors, Trust	ees, k	ίеу	Em	plo	yee	es, a	and	Highest Com	pensated Empl	oyees (cont)
, (A) Name and litle	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week		(D) Reportable compensation from the organization (W-2/1099 MISC)  (W-2/1099-MISC)		(F) Estimated amount of other compensation					
	per week (describ e hours for related organi- zations in Sch O)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC)	(W 2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
<u>(18)</u>										
<u>(19)</u>										
(20)										
(21)										
(22)										-
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	<b>A</b>	•		<u> </u>			<b>&gt; &gt; &gt;</b>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ►	to tho	se lis	sted	abo	ve) v	who	rece	eived more than \$	100,000 of reportab	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in			кеу б	emp	loye	e, or	r hıg	hest compensated	i employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$15	e cor 50,00	nper 10? <i>I</i>	nsati If 'Yo	ion a es' c	and o	othe <i>lete</i>	r compensation fr Schedule J for	om	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' c.	ompens omplet	atioi e Sci	n fro hedu	m a ıle J	iny u <i>I for</i>	nrel: such	ated	l organization or ii rson	ndıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inde	penc	lent	con	tract	ors t	that	received more that	an \$100,000 of	
compensation from the organization Report compensation (A)  Name and business addres		for t	he c	aler	ndar	year	enc	Description	3)	(C) Compensation
ivalile and publicass address						<del></del>		Description	OI SCIVICES	Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization	but not	lımıl	ted t	o th	ose	liste	d ab	oove) who received	d more than	

Section 1				37		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
273	1 a	Federated campaigns		1 a		等的是不一个人	"" "" . E. C. 1 " 1 " E. E. 2 " 1 " E. E		· 100 11
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b	Membership dues		1 b	15,021.		N. PAGING	3444	
S,G	c	Fundraising events		1 c					
AR /	d	Related organizations		1 d					
S, S	е	Government grants (contribution	ns)	1 e					
S S	f	All other contributions, nifts, a	rants, and						
夏田		All other contributions, gifts, gi similar amounts not included a	bove	1f	25,339.				
ž Š	g	Noncash contributions included	lın ins 1a-1	f \$_		100 100 100 100 100 100 100 100 100 100			
	h	Total. Add lines 1a-1f	<del> </del>		<b>•</b>	40,360.		Valent Same	
PROGRAM SERVICE REVENUE	_			-	Business Code		***************************************		
E.	2 a								
E R	b								
Z.	C	. – – – – – – – – –							
1 SE	d								
P. A.	e	^							
80		All other program servic Total. Add lines 2a-2f	e revenue	; L	•				
-		<u> </u>				-	77 (97) (394) (4° - 1297) (18	1/2 2 2 1/11/27 28 24 1	1838577 1 1/28 21 7 2 3
	3	Investment income (incl other similar amounts)	uding divi	dends,	interest and	9,481.	9,481.	0.	0.
j	4	Income from investment	of tax-ex	empt b	oond proceeds				
i	5	Royalties							
			(ı) R	eal	(II) Personal			7 (1) (1)	<b>建</b> 公司、13.13
	6 a	Gross rents	1	,700.					
	Ŀ	Less rental expenses							
	C	: Rental income or (loss)	1	<u>,700.</u>	.		5 \$1.00 (C. 4)	AND PROPERTY.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	C	Net rental income or (lo	ss)			1,700.	1,700.	0.	0.
	7 a	Gross amount from sales of	(ı) Seci	unties	(ii) Other		The state of the s		
		assets other than inventory						P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ŧ	Less cost or other basis							
		and sales expenses							
		Gain or (loss)					1397.1397511	<u> </u>	
	(	Net gain or (loss)				1 1/4 de 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	V STE STREET, ABOUT		: 11 4 N2/A% (66% 1. 1. a.) 5 Kg
ы	8 8	Gross income from fund	Iraising e	vents					
ĒN		(not including \$ of contributions reported	t on line	1.0\			-435 1664		
OTHER REVEN		See Part IV, line 18	, on mic	10)	95,538.				
HER		Less direct expenses		ŀ	40,048.		1		
τo		Net income or (loss) fro	m fundra	- Isina ev		55,490.		0.	55,490.
		Gross income from gam See Part IV, line 19		ties	a	1244 C	4 - 3 8		nov.
	ı	Less direct expenses		ŀ	ь				011
		Net income or (loss) fro	m gamin	activi	ties	-			
		Gross sales of inventory				13 36	1. 4. 1. 1. 2	NAME OF THE PARTY	18 J. J. J. 18
		and allowances	,, 1033 101		a 302,014.				
	ı	Less cost of goods solo	j	ı	b 166,849.				Part ve Velen
	_	Net income or (loss) fro		of inver		135,165.	135,165.	0.	0.
		Miscellaneous Rever	nue		Business Code		3	A\$5.22.23(2)	
	11 :	3		<del>-</del> }		<del> </del>		-	
		o		}					<del> </del>
	'			}	<del>_</del>	945.	945.	0.	0.
		d All other revenue e Total. Add lines 11a-11	d	L		945.	945.	· · · · · · · · · · · · · · · · · · ·	1
		Total. Add lines 11a-11i				243,141.	147,291.	0.	55,490.
	14	iotal revenue. See inst	action is			1 443,141.	1 171/2/1.	<del>'</del>	

#### 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							
	not include amounts reported on lines 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	20,403.	20,403.		以記述對於例			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	169.	169.		Marie Carlos			
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	125,674.	125,674.		<u> </u>			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	12,045.	12,045.					
11	Fees for services (non-employees)							
ā	Management							
ŀ	<b>L</b> egal							
•	Accounting							
•	<b>1</b> Lobbying		_					
•	Professional fundraising services See Part IV, line 17	(	第二次 建聚苯酚基					
1	Investment management fees							
ç	Other							
12	Advertising and promotion	1,078.	1,078.					
13	Office expenses	4,152.	4,152.					
14	Information technology							
15	Royalties				,			
16	Occupancy	16,271.	16,271.					
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
	Conferences, conventions, and meetings	5,184.	5,184.					
20	Interest							
21	Payments to affiliates		12.1					
22	Depreciation, depletion, and amortization							
23	Insurance	5,555.	5,555.					
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)							
ä	· 							
1	)							
•	:							
(	j							
•	All other expenses	48,951.	48,951.					
25	Total functional expenses Add lines 1 through 24e	239,482.	239,482.					
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 ► ☐ if following							
	SOP 98-2 (ASC 958-720)			L	<u> </u>			

	•	·		(A) Beginning of year		( <b>B)</b> End of year			
	1	Cash - non-interest-bearing		61,306.	1	75,085.			
	2	Savings and temporary cash investments	avings and temporary cash investments						
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net			4				
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	, trustees, key employee: I of Schedule L	s,	5	N. 18140000			
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)	)),	6					
A S S E T S	7	Notes and loans receivable, net .			7	"			
Ē	8	Inventories for sale or use		11,614.	8	10,331.			
s	9	Prepaid expenses and deferred charges		-	9				
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 706,43	32					
	Ь	Less accumulated depreciation	10b	699,349.	10 c	706,432.			
	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)	1,268,462.	16	1,272,121.			
	17	Accounts payable and accrued expenses			17				
	18	Grants payable			18				
	19	Deferred revenue			19				
L	20	Tax-exempt bond liabilities			20				
A B	21	Escrow or custodial account liability Complete Part IV		Satisfication of the Control of the	21				
i L I T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified persof Schedule L	tees, key employees, sons Complete Part II	100	22				
E S	23	Secured mortgages and notes payable to unrelated th	rd parties		23	,			
S	24	Unsecured notes and loans payable to unrelated third	parties	_	24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	s to related third parties, plete Part X of Schedule I	D	25				
	26	Total liabilities. Add lines 17 through 25		0.	26	0.			
N E T		Organizations that follow SFAS 117, check here ►	and complete lines						
		27 through 29 and lines 33 and 34.							
ASSETS	27	Unrestricted net assets		·	27				
Ě	28	Temporarily restricted net assets			28				
	29	Permanently restricted net assets		19 Care	29	**************************************			
OR F U		Organizations that do not follow SFAS 117, check he lines 30 through 34.	re ► X and complete						
F UZD	30	Capital stock or trust principal, or current funds		434,680.	30	427,115.			
B	31	Paid-in or capital surplus, or land, building, or equipm	ent fund	699,349.	31	706,432.			
Ĺ	32	Retained earnings, endowment, accumulated income,	or other funds	134,433.	32	138,574.			
おくしくさいもの	33	Total net assets or fund balances		1,268,462.	33	1,272,121.			
\$	34	Total liabilities and net assets/fund balances		1,268,462.	34	1,272,121.			

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Form **990** (2011)

orm <b>990</b> (2011) FRATERNAL ORDER OF EAGLES #151 83-01188	00 Page <b>12</b>
PartXI Reconciliation of Net Assets	
Check if Schedule O contains a response to any question in this Part XI	$\Box$
1 Total revenue (must equal Part VIII, column (A), line 12)	243,141.
2 Total expenses (must equal Part IX, column (A), line 25)	239,482.
3 Revenue less expenses Subtract line 2 from line 1	3,659.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4	1,268,462.
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	1,272,121.
Părt XIII 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 X Cash Accrual Other	- 68.6262
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
b Were the organization's financial statements audited by an independent accountant?	2ь Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	
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	
Separate basis Consolidated basis 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
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b
BAA	Form <b>990</b> (2011)

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TEEA0112 07/06/11

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990.

OMB No 1545-0047

Open to Public Inspection 🧀

Employer identification number

Department of the Treasury Internal Revenue Service

Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions. Name of the organization

FRATERNAL ORDER OF EAGLES #151 83-0118800 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II, Conservation Easements. Complete if the organization answered 'Yes' to Form 990. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section  $170(h)(4)(B)(ii)^{2}$ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items **►** \$ (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 **►**\$ **b** Assets included in Form 990, Part X

•					
Schedule <b>D</b> (Form 990) 2011 FRATE	RNAL ORD	ER OF EAGLES	<del>1</del> 151	83-011	.8800 Page <b>2</b>
Part III Organizations Maintai	ning Colle	ctions of Art, His	torical Treasures, o	r Other Similar Ass	
3 Using the organization's acquisition, items (check all that apply)	n, accession	and other records, ch	eck any of the following	that are a significant use	e of its collection
a Public exhibition		<b>d</b> Loar	n or exchange programs		
<b>b</b> Scholarly research		e Othe			
c Preservation for future genera	tions				
4 Provide a description of the organ Part XIV	ızatıon's colle	ections and explain ho	w they further the organiz	zation's exempt purpose	ın
5 During the year, did the organizati assets to be sold to raise funds ra	ther than to t	e maintained as part	of the organization's coll	ection?	Yes No
Rart IV:   Escrow and Custodial   line 9, or reported an a	Arrangen amount on	ients. Complete if Form 990, Part X	the organization ar , line 21.	nswered 'Yes' to Fo	rm 990, Part IV,
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodiar	ı, or other ıntermediary	for contributions or other	er assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIV ar	nd complete the follow	ıng table		
					Amount
c Beginning balance				1 c	
<b>d</b> Additions during the year				1 d	<del>,</del>
e Distributions during the year				1 e	
f Ending balance		1		1f	
2a Did the organization include an an	nount on For	m 990, Part X, line 21	7	•	Yes No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIV				
Part V Endowment Funds. Co	mplete if t	he organization ai	nswered 'Yes' to For	rm 990, Part IV, lin	e 10.
	(a) Current				(e) Four years back
1 a Beginning of year balance					1.16.1000000000000000000000000000000000
<b>b</b> Contributions					
c Net investment earnings, gains, and losses				- "	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					7.0 <b>4 3 4 4 7 3 5 7</b>
<b>g</b> End of year balance					
2 Provide the estimated percentage	of the currer	it year end balance (lir	ne 1g, column (a)) held a	ns	
a Board designated or quasi-endowi	ment ►	8			
<b>b</b> Permanent endowment	<u> </u>	<del></del>			
c Temporarily restricted endowment	-	ક			
The percentages in lines 2a, 2b, a					
3a Are there endowment funds not in organization by	the possess	ion of the organization	that are held and admin	istered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related or	_	•			3b
4 Describe in Part XIV the intended					
Part VI Land, Buildings, and E	quipment				
Description of property		(a) Cost or other basi (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				CONTRACTOR OF THE PARTY OF	

Part VI: Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (b) Cost or other basis (other)

1 a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(c) Accumulated depreciation

(d) Book value

(d) Book value

706, 432.

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Schedule **D** (Form 990) 2011

Part VII Investments - Other Securities. See F	orm 990, Part X, I	ine 12.	
'(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	tion <sup>.</sup> ket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			<del></del>
<u>(A)</u>			
<u>(B)</u>			
(C)			
<u>(D)</u>			
<u>(E)                     </u>			
<u>(F)</u>			
(G)			
<u>(H)</u>			
_(I <u>)</u>			
Total (Column (b) must equal Form 990 Part X, column (B) line 12)		台灣中洋學學學學學學學學學學學學學學	
Part VIII Investments - Program Related. See		line 13.	· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		第4月-81日 <b>海灣歌館</b> 公園的日本科學	
Part IX Other Assets. See Form 990, Part X, I			·
	scription		(b) Book value
(1)			
(2)			
(3)	<u>.</u>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)			•
Rart X Other Liabilities. See Form 990, Part	-	The second secon	-w.,
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			5)-11 TSF
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>	<u>「ロップログリングをおりまでいる。」</u>	文 多数的专员的行行方式

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

	edule D (Form 990) 2011 FRATERNAL ORDER OF EAGLES #151		83-0118800	Page <b>4</b>
	Reconciliation of Change in Net Assets from Form 990 to Audited Finance	iai Statements	т	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			<del></del>
6 7	Investment expenses		-	
8	Prior period adjustments Other (Pererba in Part XIV.)			
9	Other (Describe in Part XIV) Total adjustments (net) Add lines 4 through 8		-	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and Q	-	
	**XIII Reconciliation of Revenue per Audited Financial Statemen		Return	<del></del>
	Total revenue, gains, and other support per audited financial statements	to Tital Hovelide per	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		626	<del></del>
	a Net unrealized gains on investments	2 a		
	Donated services and use of facilities	2b		
(	Recoveries of prior year grants	2c		
•	d Other (Describe in Part XIV )	2 d		
•	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
á	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ŀ	Other (Describe in Part XIV)	4b		
•	Add lines <b>4a</b> and <b>4b</b>		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	ति×XIII। Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses	per Return	
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1		
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	C Other losses	2c		
	d Other (Describe in Part XIV)	2d		
,	e Add lines 2a through 2d Subtract line 2e from line 1		2e	
Λ	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3 3	<del>,</del>
7	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
•	c Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rtXIV Supplemental Information			
Part	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line additional information	es 2d and 4b Also comple	ete this part to provide	
<b></b> -		. <b></b>		
·		· <b></b>		<b></b>
		·		
		<del></del>		
BAA	TEEA3304 05/25/11		Schedule <b>D</b> (Forr	n 990) 2011

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

201

OMB No. 1545-0047

**%** Open to Public Employer identification number X Yes 83-0118800 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. FRATERNAL ORDER OF EAGLES #151
Partial General Information on Grants and Assistance

Partilla Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	for any recipient additional space	that received m	iore than \$5,000. C	theck this box if no	one recipient rec	served more than	\$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Nove > #5,000							
<u> </u>							
(4)							
( <u>5</u>							
(6)							
©							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	) and government org	anizations listed in table	the line 1 table	-		<b>A</b> A	

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(f) Description of non cash assistance							to provide the information required in Part I, line 2, and any other additional information.								İ		
(e) Method of valuation (book, FMV, appraisal, other)							rt I, line 2, and any ot			 	                         	i	1				                     
(d) Amount of non cash assistance							ition required in Par		, , , , , , ,	 	                 		 	 	 		'
(c) Amount of cash grant							provide the informa		1	 	! ! ! ! ! ! !	 	i   	                     	                 	 	                     
(b) Number of recipients								1 1 1 1 1 1		! ! ! ! !	! ! ! ! !	† 	 	1 1 1 1 1 1 1		,               	 
(a) Type of grant or assistance	2	n	4	5	9	7	Part:[V] Supplemental Information. Complete this part				! ! ! ! ! ! ! ! ! ! ! ! !	       		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	                     	                             	.

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Schedule I (Form 990) (2011)

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public a

Employer identification number

FRATERNAL ORDER OF EAGLES #151	83-0118800
Pt_VI, Line 6TAXPAYER_IS_A_MEMBER-BASED_ORGANIZATION	
Pt VI, Line 8a MINUTES ARE MAINTAINED OF BOARD MEETINGS	S
Pt VI, Line 8b NO COMMITTEES ACT ON BEHALF OF THE GOVER	RNING COMMITTEE
Pt VI, Line 11a THE 990 IS REVIEWED AT THE REGULAR BOARD	O_MEETING_BEFORE FILING

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
JANITORIAL/LAUNDRY	22,857.	22,857.		
SUPPLIES	3,649.	3,649.		
TELEPHONE	2,898.	2,898.		
PRINTING COSTS	197.	197.		
REPAIRS/MAINTENANCE	3,946.	3,946.		
OTHER	6,740.	6,740.		
PER CAP TAX-GRAND AERIE/STATE	8,664.	8,664.		

July 19, 2012

Aerie 151 ROCK SPRINGS, WY

Current Officers - Term Ending 05/31/2013

JR PAST WORTHY PRESIDENT

**BILL S. WILKERSON** 429 ELIAS AVE APT 1

**ROCK SPRINGS, WY 82901-5277** 

GAID#: 4193423 Home 307-389-1618

(307) 362-8367 Club

Email.

**WORTHY PRESIDENT** 

SHIRLEY R ROBERTSON 1804 ELK ST LOT 161

ROCK SPRINGS, WY 82901-4074

GAID# 1909746

Home. 307-350-4689 Club. (307) 362-8367

Email.

**WORTHY VICE-PRESIDENT** 

**EMIL A ZEBRE** 1373 ALPINE ST

ROCK SPRINGS, W\(\gamma\) 82901-7301

GAID#. 4363939

Home 307-256-9613 (307) 362-8367 Club

**Email** 

**WORTHY CHAPLAIN** 

LEVI T RICKERT 1031 7TH ST

**ROCK SPRINGS, WY 82901-5311** 

GAID#: 4393024

307-362-5040 Home.

(307) 362-8367 Club

Email

**WORTHY SECRETARY** 

**BRANDEN W CHEESE** 1005 ARAPAHOE ST

**ROCK SPRINGS. WY 82901-5433** 

GAID#. 4316706

307-371-6747 Home (307) 362-8367 Club.

Email.

**TREASURER** 

LARRY J CLARK 1407 FANCHER ST

ROCK SPRINGS, WY 82901-7481

GAID#. 1608331

307-362-1011 Home

(307) 362-8367 Club

Email.

WORTHY CONDUCTOR

GERALD J. URANKER 109 HILLVIEW DR UINIT A

ROCK SPRINGS, WY 82901-5567

GAID# 55895

Home: (307) 389-8760 (307) 362-8367

Club: Email

**INSIDE GUARD** 

JOHN P FARRELL 1340 ALPINE ST

**ROCK SPRINGS, WY 82901-7302** 

GAID# 4049019

(307) 362-8367

Club. Email

Home.

**AERIE AUDITOR** 

DONALD BARBERO

GAID# Home:

(307) 362-8367 Club.

Email

TRUSTEE

JAMES S RUGGERA 110 LESTER DR

ROCK SPRINGS, Wy 82901-3326

55813 GAID#

307-362-3846 Home. (307) 362-8367 Club

Email.

TRUSTEE

TRUSTEE

HAROLD R TOMJACK 1553 WALNUT ST

**ROCK SPRINGS, WY 82901-7337** 

GAID#: 4217457

307-362-7625 Home (307) 362-8367 Club.

Email

GAID#

STANLEY FROLIC JR

1111 LEE ST

ROCK SPRINGS, WY 82901-6446

55554

Club (307) 362-8367

Email:

Home