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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning June 1, 2008, and ending May 31, 2009**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organizationFraternal Order of Eagles 270 Aerie

Number and street (or P O box, if mail is not delivered to street address) Room/suite

515 N Park Ave

City or town, state or country, and ZIP + 4

Fond du Lac WI 54935-1942**D** Employer identification number39 0290575**E** Telephone number(920) 921-2705**F** Group Exemption Number0102• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ http://eagles270.fonddulac.com/**J** Organization type (check only one) — ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 394940.00**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	8691.00	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	0.00	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	40185.00	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	5077.00	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0.00		
b	Less: cost or other basis and sales expenses	5b	0.00		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0.00		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ <u>8691.00</u> of contributions reported on line 1)	6a	13219.00		
b	Less: direct expenses other than fundraising expenses	6b	13219.00		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.00		
7a	Gross sales of inventory, less returns and allowances	7a	327768.00		
b	Less: cost of goods sold	7b	134726.00		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	193042.00		
8	Other revenue (describe ▶ <u>INSURANCE, CONVENTION EXPENSE, PER CAPITA</u>)	8	0.00		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	246995.00		
10	Grants and similar amounts paid (attach schedule)	10	6019.00		
11	Benefits paid to or for members	11	4608.00		
12	Salaries, other compensation, and employee benefits	12	147253.00		
13	Professional fees and other payments to independent contractors	13	0.00		
14	Occupancy, rent, utilities, and maintenance	14	47586.00		
15	Printing, publications, postage, and shipping	15	12250.00		
16	Other expenses (describe ▶ <u>TRAVEL, 5% SALES TAX</u>)	16	61627.00		
17	Total expenses. Add lines 10 through 16	17	279343.00		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32348.00		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	780294.00		
20	Other changes in net assets or fund balances (attach explanation)	20	159619.00		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	972261.00		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	297009.00	22 279805.00
23	Land and buildings	1179900.00	23 1346000.00
24	Other assets (describe ▶ <u>Inventory</u>)	10034.00	24 15120.00
25	Total assets	1486943.00	25 1640925.00
26	Total liabilities (describe ▶ <u>indebtedness on real estate</u>)	706649.00	26 668664.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	780294.00	27 972261.00

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106491

Form **990-EZ** (2008)

SCANNED JAN 25 2010

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JAN 19 2010
FOND DU LAC, WI

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? <u>Non-Profit Charitable Organization</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28 <u>Death & Sick Claims:</u> 11/13/08 - P. Claude Meixensperger - \$1608.00; 03/12/09 - Harold F. LaShay - \$1500.00; 03/12/09 - Myron J. Faris - \$1500.00. (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4608.00
29 <u>Scholarships:</u> 07/09/08 - Katlynn T. Balson - \$500.00; 07/09/08 - Jamie L. Burns - \$500.00; 07/09/08 - Andrew R. Holzman - \$500.00. (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1500.00
30 <u>Charities:</u> 42 National, State, and Local Charities (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6019.00
31 Other program services (attach schedule) (Grants \$ 0.00) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0.00
32 Total program service expenses (add lines 28a through 31a)	32	12127.00

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Joseph F. Develice, W6974 River View Ct., Fond du Lac, WI 54937	President 2 hours	5.00	0.00	0.00
Kenneth J. Kachelski, N5768 Hwy. 45 Fond du Lac, WI 54935	Vice-President 1 hour	5.00	0.00	0.00
Elmer W. Peck, 183 Amory St. Fond du Lac, WI 54935	Treasurer 6 hours	300.00	0.00	0.00
Tony J. Braun, 254 18th St. Fond du Lac, WI 54935	Trustee 6 hours	150.00	0.00	0.00
David J. Galle, 8610 S. Maryland Pky Apt. 3109, Las Vegas, NV 89123	Trustee 6 hours	75.00	0.00	0.00
Jason W. Latva, 2187 Trailside Ln DePere, WI 54115	Trustee 6 hours	300.00	0.00	0.00
Gordon F. Jorgenson, 447 Bischoff St. Fond du Lac, WI 54935	Trustee 6 hours	300.00	0.00	0.00
Daniel M. Scheer, 282 Cottage Ave Fond du Lac, WI 54935	Trustee 6 hours	300.00	0.00	0.00
David J. Collins, W7138 Gemini Way Fond du Lac, WI 54937	Auditor 1 hour	50.00	0.00	0.00
Gregory J. Jagdfeld, 137 Rose St. North Fond du Lac, WI 54937	Finance Co-Chair 1 hour	25.00	0.00	0.00
Terry M. Keip, 377 Cedar St. Fond du Lac, WI 54935	Finance Co-Chair 1 hour	25.00	0.00	0.00
James R. Gokey, 975 Whippoorwill Ln. Fond du Lac, WI 54935	President 2 hours	15.00	0.00	0.00
James R. Gokey, 975 Whippoorwill Ln. Fond du Lac, WI 54935	Finance Co-Chair 1 hour	8.00	0.00	0.00
Anthony J. Chapin, 623 S. Main St. Fond du Lac, WI 54935	Vice-President 1 hour	15.00	0.00	0.00
Richard A. Pickart, 307 Lawrence Ave. Fond du Lac, WI 54935	Trustee 6 hours	225.00	0.00	0.00
Joseph F. Develice, W6974 River View Ct., Fond du Lac, WI 54937	Trustee 6 hours	225.00	0.00	0.00
Tony J. Braun, 254 18th St. Fond du Lac, WI 54935	Auditor 1 hour	150.00	0.00	0.00
Franklin J. Wilhelms, 132 Chestnut St. Fond du Lac, WI 54935	Finance Co-Chair 1 hour	67.00	0.00	0.00

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.00		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d	Enter amount of tax on line 40c reimbursed by the organization 40d		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e		X
41	List the states with which a copy of this return is filed. 41 None		
42a	The books are in care of 42a Gordon F. Jorgenson Telephone no. 42a (920) 921-2705 Located at 42a 515 N. Park Ave., Fond du Lac, Wisconsin ZIP + 4 42a 54935-1942		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
	If "Yes," enter the name of the foreign country: 42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
	If "Yes," enter the name of the foreign country: 42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☒ **No**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Gordon F. Jorgenson Date: 1-13-10

Type or print name and title: Gordon F. Jorgenson, Aerie Secretary

Paid Preparer's Use Only Preparer's signature: _____ Date: _____ Check if self-employed ☐ Preparer's Identifying Number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: () _____

May the IRS discuss this return with the preparer shown above? See instructions ☐ **Yes** ☒ **No**

Form **990-EZ** (2008)

FORM 990 - 2008
Fraternal Order of Eagles 270 - 39-0290575
PART I - # 10

Charities given to 42 national, state, and local charitable organizations
totaling \$ 6,019.00

FORM 990--- 2008
Fraternal Order of Eagles 270 - 39-0290575
PART I - # 20

Unrealized gains on cash investments \$ 159619.00

FORM 990 - 2008
Fraternal Order of Eagles 270 - 39-0290575
PART IV

James N. Kelley, 531 E 10th St Fond du Lac, WI 54935	Finance Co-Chair 1 hour	67.00	0.00	0.00
Kenneth D. Rost, 448 Wettstein Ave Fond du Lac, WI 54935	Finance Co-Chair 1 hour	8.00	0.00	0.00
