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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

Open to Public Inspection

-	A Forth	e 2008 calendar year, or tax year beginning $JUN 1$, 2008 and e	nding M	AY 31, 2009	
E	Check if	Die use IRS		D Employer identif	cation number
1	Addr	ess label or ED A MED NATION DE DO EN CIEC A ED TE 2250			
j	Name	type D D		41-0	265371
	initial return	Number and street (of P O box if mail is not delivered to street address) R	oom/suite	E Telephone numbe	
į	Term ation	Instruc- 203 W WILDITAL TO BOIL 00,		507-	373-1162
Į	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,310,576.
l	Appli tion pend	ADDERT HEAT THE SOURT		H(a) Is this a group r	
	·	F Name and address of principal officer HARLE I FREDERICK		for affiliates?	Yes X No
-		SAME AS C ABOVE tempt status: X 501(c) (8)		H(b) Are all affiliates inc	list (see instructions)
		tempt status: X 501(c) (8) ◀ (Insert no) 4947(a)(1) or 527		H(c) Group exemption	•
_		forganization X Corporation Trust Association Other	I Year		M State of legal domicile MN
_	Part I	Summary	1 = 1,001 (71101111011011 == = = = = = = = = = = = =	otato or logar dollars
-	1	Briefly describe the organization's mission or most significant activities: SOCIA	L ACT	IVITIES FOR	CLUB
	ဦ	MEMBERS AND DONATIONS TO COMMUNITY AND OT	HER O	RGANIZATION	S.
	Activities & Governance	Check this box If the organization discontinued its operations or dispose	ed of more	than 25% of its asset	s
	8 3	Number of voting members of the governing body (Part VI, line 1a)		3	14
(ق 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
	န္မ 5	Total number of employees (Part V, line 2a)		5	34
3	ቜ 6	Total number of volunteers (estimate if necessary)		6	25
•	ភ្នំ 7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.
_	` ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
			<u> </u>	Prior Year	Current Year
	<u>9</u> 8	Contributions and grants (Part VIII, line 1h)			45,090.
	Pevenue 9 10	Program service revenue (Part VIII, line 2g)		71 620	53,375.
	စ္တဴ 10	Investment income (Part VIII, column (A), lines 3/4, and 7d)	ļ	71,629.	42,786.
	11	Other revenue (Part VIII, column (A), lines 5, 6d/8c, 9c, 70c; and 11e)	<u> </u>	220,933.	129,279.
_	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A) line 12)	292,562.	270,530.	
	13	Grants and similar amounts paid (Part IX, column/(A), lines 1-3)	1,000.	1,500.	
	14	Benefits paid to or for members (Part IX, column) (A) Line 4y	-	90,764.	109,924.
	15 16 a b	Salaries, other compensation, employee benefits (Part IX, column (A) lines (S))	-	30,704.	103/3210
	e 16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			· · · · · · · · · · · · · · · · · · ·
Ĺ	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	—	175,457.	201,485.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		267,221.	312,909.
		Revenue less expenses Subtract line 18 from line 12	<u> </u>	25,341.	-42,379.
10	S S	THE TOTAL COST ON DOTTION OF STREET AND THE TELESCOPE OF STREET		Beginning of Year	End of Year
ets	20	Total assets (Part X, line 16)		2,112,994.	2,062,675.
Ass	21	Total liabilities (Part X, line 26)		11,000.	3,060.
Net	20 21 22 22 22 22 22 22 22 22 22 22 22 22	Net assets or fund balances. Subtract line 21 from line 20		2,101,994.	2,059,615.
	Part II	Signature Block			
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and s and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements, a knowledge	nd to the best of my knowleds	ge and belief, it is true, correct,
)		2/ / 1	_	1 / 9 -	7 49
s H	ign	Marley Frederick			7-09
Н	ere	Signature of officer		Date	
j		HARLEY FREDERICK, PRESIDENT			
_		Type or print name and title	Che	ok if Prepare	er's identifying number
Pi	aid	Preparer's Call 1/2		(see ins	structions)
	reparer's	Firm's name of KARLA HAVEMEIER, LTD	C / Lemp	loyed	
	se Only	yours if self-employed), 107 S. BROADWAY		EIN P	
•		address, and ZIP+4 NEW ULM, MN 56073		Phone no > (507) 354-7699
2 _ M	lay tha !!	RS discuss this return with the preparer shown above? (see instructions)		THOUGHO P	X Yes No
17	LAV LIST I	no diapaga tha fotoin with the proparti allowing 400 to 1366 indirection			

33/1 Page /
AND
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Yes X No
Yes X No
182,654.
FOR
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45,090.
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Form 990 (2008)
Forn

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? Х 11 If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a 14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х 14b and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 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 Х located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х 16 located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 22 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 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 questions 24b-24d and complete Schedule K Х 24a If "No", go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a 25b prior year? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

Form 990 (2008)

Х

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	•	<i></i>	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			ĺ
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? 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			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
7 77.7			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		_X
	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		X
ь	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and 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		Χ
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	i l		
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Х	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	. 1		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		-	
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		-	
_	excess business holdings at any time during the year?	8		······································
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		f	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: N/A		Ì	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	. 1	ļ	
	Section 501(c)(12) organizations. Enter N/A Gross income from members or shareholders	. 1	ŀ	
			[
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12-		12a	Ì	
40	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

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
_		r-		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,				
	processes, or changes in Schedule O See instructions.				
1a	Enter the number of voting members of the governing body	14			
þ	Enter the number of voting members that are independent	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ	.,
	officer, director, trustee, or key employee?	F	2		<u>X</u>
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?	-	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	-	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	-	5	17	Х
6	Does the organization have members or stockholders?	-	6	_X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	ł	_	v	
	governing body?	\vdash	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	F	7b	Λ.	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following		_	v	
а	The governing body?	<u> </u>	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_	8ь	^	<u>X</u>
	Does the organization have local chapters, branches, or affiliates?	-	9a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	F	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			v	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	-	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		
Sec	tion B. Policies			<u></u>	
	Down to the state of the state	Γ.	2a	Yes X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	├'	20		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	١,	2ь		Х
	to conflicts?	'	20		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١,	2c	Х	
40	In Schedule O how this is done		13	-	X
13	Does the organization have a written whistleblower policy?		14		X
14	Does the organization have a written document retention and destruction policy?		14		
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:	١,		х	
	The organization's CEO, Executive Director, or top management official?		5a 5b	X	 ,
D	Other officers or key employees of the organization?	-	30		
16-	Describe the process in Schedule O. (see instructions)				
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		6a	İ	Х
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	- <u> </u> -	Va		
D					
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		6ь		
500	exempt status with respect to such arrangements?		ا باه		
	tion C. Disclosure				
17 10	List the states with which a copy of this Form 990 is required to be filed ►MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able fo	<u> </u>		
18	, and the second se	abie 10	'		
	public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request.				
40		w and	finar	rcial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest police	y, and	miai	icial	
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the orga	nizatio	n >		
20	RICHARD PUMPER - 507-373-1162	inzaliO			
	205 W WILLIAM, ALBERT LEA, MN 56007		_		_
332000			orm (3907	2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)	ny officer, director, truste (C)						(D)	(E)	(F)	
Name and Title	Average hours	Positio (check all tha						Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional frustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
HARLEY FREDERICK				V							
PRESIDENT	5.00			X				0.	0.	0.	
DOUG LIND							ĺ		_	_	
JR PAST PRESIDENT	5.00	ļ		X				0.	0.	0.	
BRIAN JOHANNSEN		1		X						•	
VICE PRESIDENT	5.00			^		<u> </u>	_	0.	0.	0.	
MARCOS GUERRA	1 00			X			İ			0	
CHAPLAIN	1.00	ļ	_	^				0.	0.	0.	
HOWARD GUAM	1 00			X				0.	0.	0.	
CONDUCTOR	1.00	-		^		\vdash					
RICK MADISON INSIDE GUARD	1.00	l		X				0.	0.	0.	
STAN LAHTI	1.00		-				-				
OUTSIDE GUARD	1.00			X				0.	0.	0.	
DICK PUMPER						-					
SECRETARY	5.00			X				0.	0.	0,	
RAY MADRIGAL											
TRUSTEE	5.00	X						400.	0.	0.	
LOWELL OLSON											
TRUSTEE	5.00	X				_		400.	0.	0.	
LYNDON JOHNSON											
TRUSTEE	5.00	X	_				<u> </u>	400.	0.	0.	
DOUG LIND										^	
TRUSTEE	5.00	X	_					400.	0.	0.	
STEVE LOWMAN								400		0	
TRUSTEE	5.00	X						400.	0.	0.	
GARY CUNNINGHAM	F 00	, .						200	0.	0.	
TREASURER	5.00	X						300.			
			_								
			L			L				F 000 (0008)	

832007 12-18-08

Form 990 (2008)

rai	Section A. Officers, Directors, Irt	istees, Key Ei	npi	oyee	es, a	na i	High	iest	Compensated Employ	ees (continuea)				
	` (A)	(B)			(6	C)			(D)	(E)			(F)	
	Name and title	Average		Position (check all that apply)					Reportable	Reportable		Estimated		
	·	hours	(C	hecl	k all	that	app	oly)	compensation	compensati		ar	nount	
		per week	돯		ľ			l	from the	from relate organization		com	other pensa	
		Week	l ig	9 2		i	Eg.		organization	(W-2/1099-MI			rom th	
			18	tuste		gg.	bens	ĺ	(W-2/1099-MISC)	•	,	org	janizat	ion
			trait tr	bona		old.	5 2					l	d relat	
			indiwdual trustee or director	institutional trustoe	Officer	(ey ear	Highest compensated employee	e e				org	anızatı	ions
			_	<u> </u>	<u> </u>	-		<u> </u>						
				-			-							
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	<u> </u>													
							لـــا							
1b	Total						>		2,300.		0.			0.
2	Total number of individuals (including those	ın 1a) who red	eive	ed m	ore	thar	า \$1	00,0	000 in reportable		_			^
	compensation from the organization									-			Yes	0 No
											F		162	140
3	Did the organization list any former officer,		stee	, key	em/	ploy	/ee,	or h	lighest compensated en	nployee on	Ì			v
	line 1a? If "Yes," complete Schedule J for so					.				h		3		Х
4	For any individual listed on line 1a, is the su									ne organization	ŀ		f	Х
_	and related organizations greater than \$150									and randared to		4		- 21
5	Did any person listed on line 1a receive or a				IOIII	any	Unit	eiai	ed organization for servi	ces rendered to	1	5	f	Х
Sec	the organization? If "Yes," complete Schedution B. Independent Contractors	ne a for such p	Jers	UII										
1	Complete this table for your five highest cor	mpensated ind	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100.000 of con	npensa	ation f	rom	
-	the organization. NONE										•			
	(A)							Ī	(B)			(C	;)	
	Name and business	address							Description of s	ervices	C	ompei	nsation	n
								-						
								\dashv						
								- 1						
								_						
	·							\dashv						
	Total number of independent contractors (in	oludina thaca	10 1	۱ ۱			-	nor	a than \$100 000 in com	pensation				
2	from the organization	Ciuaing those	01 1) WI	io re	CEIV	eu i	HOIT	e trian wroo,ooo in comp	Jensanon				
	nom the organization												990 (2	ישרום

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
2	Grants and other assistance to governments,				
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,500.	1,500.		
5	Compensation of current officers, directors,				
•	trustees, and key employees	2,300.		2,300.	
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	99,153.	99,153.		
8	Pension plan contributions (include section 401(k)	,	,		
-	and section 403(b) employer contributions)	1,254.	1,254.		
9	Other employee benefits	•			
0	Payroll taxes	7,217.	7,217.		
1	Fees for services (non-employees):		· · · · · · · · · · · · · · · · · · ·		
а	Management				
b	Legal				
c	Accounting	980.	980.		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion	6,311.	6,311.		
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	15,282.	15,282.		
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,158.		3,158.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	17,729.			
3	Insurance				
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below) DONATIONS	63,688.	63,688.		
a	ENTERTAINMENT	35,170.	35,170.		
b	INSURANCE/LICENSES	14,153.	14,153.		
c d	PER CAPITA	13,832.	13,832.		
	MISCELLANEOUS	8,290.	8,290.		
e f	All other expenses	22,892.	22,892.		
_	Total functional expenses Add lines 1 through 24f	312,909.	289,722.	5,458.	0
5 6	Joint Costs. Check here Inf following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Form 990 (2008)

Pa	rt X	Balance Sheet						
		·			(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			139,231.		137,863.	
	2	Savings and temporary cash investments			1,483,427.	2	1,469,176.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, d	rector	s, trustees, key				
		employees, or other related parties. Complete F	art II c	of Schedule L		5		
	6	Receivables from other disqualified persons (as		1				
		4958(f)(1)) and persons described in section 49						
		Part II of Schedule L				6		
Ø	7	Notes and loans receivable, net		Г		7		
Assets	8	Inventories for sale or use		15,882.	8	13,587.		
Ä	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost basis	10a	1,371,395.				
	1	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	10b	930,406.	454,308.	10c	440,989.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line	11			12		
	13	Investments - program-related See Part IV, line			-	13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			20,146.	15	1,060.	
	16	Total assets. Add lines 1 through 15 (must equ	2,112,994.	16	2,062,675.			
	17	Accounts payable and accrued expenses	11,000.	17	3,060.			
	18	Grants payable		18	<u> </u>			
	19	Deferred revenue				19		
, 0	20	Tax-exempt bond liabilities		· · ·	20			
	21	Escrow account liability Complete Part IV of Sc	. D		21			
Liabilities	22	Payables to current and former officers, director	t'			***************************************		
Ē		highest compensated employees, and disqualifi						
Ξ.		of Schedule L		22				
	23	Secured mortgages and notes payable to unrela		23				
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25		Ĭ	11,000.	26	3,060.	
		Organizations that follow SFAS 117, check he	ere 🕨	and complete				
S		lines 27 through 29, and lines 33 and 34.						
ဥ	27	Unrestricted net assets				27		
<u>a</u>	28	Temporarily restricted net assets				28		
Ä	29	Permanently restricted net assets				29		
Š		Organizations that do not follow SFAS 117, c	heck b	ere X and				
Net Assets or Fund Balances		complete lines 30 through 34.						
ţ	30	Capital stock or trust principal, or current funds		į.	0.	30	0.	
SSe	31	Paid-in or capital surplus, or land, building, or ed	ulome	nt fund	0.	31	0.	
Ž	32	Retained earnings, endowment, accumulated in			2,101,994.	32	2,059,615.	
ž	33	Total net assets or fund balances	,		2,101,994.	33	2,059,615.	
	34	Total liabilities and net assets/fund balances			2,112,994.	34	2,062,675.	
Pa	t XI				<u> </u>			
	_						Yes No	
1	Acco	ounting method used to prepare the Form 990 $$ [C	ash X Accrual	Other			
2a	Were	the organization's financial statements compiled	or rev	lewed by an independent ac	ccountant?		2a X	
b	Were	the organization's financial statements audited t	y an ir	ndependent accountant?			2b X	
С	If "Ye	es" to lines 2a or 2b, does the organization have a	comn	nittee that assumes respons	sibility for oversight of the	audit,		
	revie	w, or compilation of its financial statements and s	electio	on of an independent accou	ntant?		2c	
За	As a							
	Act a	3a X						
<u>b</u>	If "Ye	es," did the organization undergo the required au	dit or a	udits?			3b Form 990 (2008)	
83201								

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES AERIE 2258

Employer identification number 41-0265371

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
t	organization answered "Yes" to Form 990, Part IV, line		
	, , , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
U	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p		torically important land area
	Protection of natural habitat	Preservation of certifie	
	Preservation of open space		or motorio directore
2	Complete lines 2a-2d if the organization held a qualified cons	envetion contribution in the form of a cons	servation easement on the last day
2		ervation contribution in the form of a cons	civation casement on the last day
	of the tax year.		Held at the End of the Year
_	Total number of conservation easements		2a
a 5	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic stru	icture included in (a)	2c
	Number of conservation easements included in (c) acquired a		2d
d 2	Number of conservation easements modified, transferred, rel		
3	year	eased, extinguished, or terminated by the	organization during the taxable
4	Number of states where property subject to conservation eas	coment is located	
4 5	Does the organization have a written policy regarding the per		d
3	enforcement of the conservation easements it holds?	nodic momorning, inspection, violations, air	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, ar	nd enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abov		h)(4)(R)(i)
U	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 1750	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion s interioral statements that ecconses t	The organization of accounting to
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form		
		- · · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		_
	the footnote to its financial statements that describes these if	·	
ь	If the organization elected, as permitted under SFAS 116, to		e sheet works of art, historical treasures.
•	or other similar assets held for public exhibition, education, or		
	these items.	, resource in the first service of passing services,	, p, o vice on a vice of the same grant and a same grant a
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial	
~	the following amounts required to be reported under SFAS 1:		ga, p. 01100
а	Revenues included in Form 990, Part VIII, line 1	to rotating to trioso terris.	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
D	rasets illoluded iii i oiili 330, rait A		
	For Drivery Ast and Denominary Reduction Act Notice See	the Instructions for Form 990	Schedule D (Form 990) 2008

832051 12-23-08

 Part Vi Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

 Description of investment
 (a) Cost or other basis (investment)
 (b) Cost or other basis (other)
 (c) Depreciation
 (d) Book value

 1a Land
 10,000.
 10,000.
 10,000.
 384,994.
 384,994.
 384,994.
 496,117.
 553,335.
 664,458.
 384,994.
 45,995.
 45,995.
 45,995.
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 440,989.
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Schedule D (Form 990) 2008

832054 12-23-0

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008 Open To Public Inspection

Name of the organization FRATER	NAL ORDER OF EAGLES	S AE	RIE	2258	41-0265	371
Part I Fundraising Activitie	s. Complete if the organization answ	ered "	es" t	o Form 990, Part IV,	line 17	· · · · · · · · · · · · · · · · · · ·
b If "Yes," list the ten highest paid in	e Solicita f Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p	tion of tion of fundra I (inclu profess uant to	non-g gover alsing ding o lonal fo agre	novernment grants rnment grants events fficers, directors, trus fundraising services? ements under which	stees or Yes the fundralser is to	
(i) Name 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
CANCER CAMPAIGN	RAISING FUNDS FOR CANCER VICTIMS	Yes	No X	45,090.	0.	45,090.
					- -	
					·	
· · · · · · · · · · · · · · · · · · ·		,				45.000
Total 3 List all states in which the organizati MN	on is registered or licensed to solicit	unds (or has	45,090. been notified it is ex	empt from registrati	45,090. on or licensing.
UA For Privacy Act and Panenyork P	aduation Act Nation son the Instru	ctions	for E	orm 990 S	chedule G (Form 9	90 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 FRATERNAL ORDER OF EAGLES AERIE 2258 41-0265371 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a List events with						
		•	(a) Event #1 PWP PROJECTS	(b) Event #2	(c) Other Events NONE	(Add co		
			(event type)	(event type)	(total number)	-	ol (c))	
anc			(6.00.0.0)	(6.5		 		
Revenue	1	Gross receipts	5,524.		_	 	5,5	524.
	2	Less. Charitable contributions						
	3_	Gross revenue (line 1 minus line 2)	5,524.		<u>-</u>	<u> </u>	5,5	524.
	4	Cash prizes						
uses	5	Non-cash prizes						
Direct Expenses	6	Rent/facility costs						
Direc	7	Other direct expenses	641.					541.
	8	Direct expense summary Add lines 4 through	n 7 ın column (d)		•	(541.)
	9	Net income summary. Combine lines 3 and 8	ın column (d)		•		4,8	383.
Рa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a	r			1		/4
Kevenue			(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total col. (a) th		
<u></u>	1	Gross revenue	63,531.	756,903.		8	20,4	34.
ses	2	Cash prizes	54,759.	598,597.		6	53,3	<u>856.</u>
Direct Expenses	3	Non-cash prizes				-		
Direct	4	Rent/facility costs						
	5	Other direct expenses	746.	167,094.		1	67,8	340.
	6	Volunteer labor	Yes %	Yes %	Yes % No			
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	(8	21,1	96.)
	8	Net gaming income summary Combine lines	1 and 7 in column (d)				<7	62.
				NT			Yes	No
		er the state(s) in which the organization operat					x	}
		ne organization licensed to operate gaming ac No," Explain:	tivities in each of these s	tates?		98	1	
Ü				· · · · · · · · · · · · · · · · · · ·				
I0a	 Wei	re any of the organization's gaming licenses re	voked, suspended or ter	rminated during the tax y	ear?	10	a	X
		es, Explain:	•					
11	Doe	es the organization operate gaming activities w	vith nonmembers?			11		x
12	ls ti	ne organization a grantor, beneficiary or truste		of a partnership or other	entity formed to			х
	adn	ninister charitable gaming?			Schedule G (For			

Schedule G (Form 990 or 990 EZ) 2008 FRATERNAL ORDER OF EAGLES AERIE 2258 41-0265	<u> 537</u>		age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a 100.00 % 13b .00 %			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ► RODNEY EISENMENGER & DICK PUMPER			
Address ► 205 W WILLIAM - ALBERT LEA, MN 56007			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		х
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:			
Name ▶			
Address ▶			
16 Gaming manager information:			
Name ► RODNEY EISENMENGER	1		
Gaming manager compensation ▶ \$ 7,200.			
Description of services provided ► MANAGES ALL GAMING ACTIVITIES			
		Ì	
Director/officer X Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Ì	
retain the state gaming license?	17a	X	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 23,578.	1		

832083 12-18-08

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization FRATERNAL ORDER OF EAGLES AERIE 2258 41-0265371 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT PAY DUES. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: THE DECISIONS OF THE BOARD ARE VOTED ON BY THE MEMBERS. FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS POTENTIAL CONFLICTS OF INTEREST ANNUALLY BY INFORMAL QUESTIONING. FORM 990, PART VI, SECTION B, LINE 15: A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPENSATION ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST.

4562

epartment of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. Attach to your tax return.

990

OMB No. 1545-0172

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 PAGE 10 41-0265371 FRATERNAL ORDER OF EAGLES AERIE 2258 Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 7 Listed property. Enter the amount from line 29 R 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 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 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 15,241 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (f) Method (d) Depreciation deduction (a) Classification of property penod in service 19a 3-year property b 5-year property 17,418. 2,488. 200DB 7 YRS. HY 7-year property C d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property 9 27.5 yrs. MM S/L h Residential rental property S/L 27.5 yrs. MM MM S/L 39 yrs. Nonresidential real property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. 12-year S/L 40 yrs MM 40-year C Part IV | Summary (See instructions) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 17,729. Enter here and on the appropriate lines of your return Partnerships and S corporations · see instr 22 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form 4562 (2008)

P	Listed Proper regreation, or a			ertaın ot	her vehi	cles, ce	iliular te	elepl	hones	s, certain	comput	ers, and	d propert	y used f	or entert	ainmen	
	Note: For any	vehicle for w	hich you are u					or c	dedud	cting leas	e expen	se, com	plete on	l y 24a, 2	4b, colui	mns (a)	
Se	through (c) of Section A - Depreciation a							r lım	uts fo	r passend	ner auto	mobiles.	.)				
_						$\overline{}$	Yes		No	24b If "Y				tten?	Yes [No	
(list vehicles first) placed in investme			(d) Cost or		Ba	(e) Basis for deprec (business/invesi use only)		ciation Recovery		(g)		(h) Depreciation deduction		(i) Elected section 179 cost			
	Special depreciation allo	1	L	-	v placed	In serv			the ta	ax vear ar	d				1	031	
	used more than 50% in		•	p. 0p.0.0	, p.o.c.					,		25					
26	Property used more tha			ess use	•										•		
				%			_										
_				%											<u> </u>		
_				%							<u>. </u>		<u> </u>		<u> </u>		
<u>27</u>	Property used 50% or le	ess in a quali	ified business	use.					 1		ı					··········	
_		ļ		%		-					S/L·				-		
_			i	%							S/L·		-		1		
_				%							S/L·				1		
	Add amounts in column						ı, page	1				28	<u> </u>	29	 		
<u>29</u>	Add amounts in column	(I), line 26. E			<u>∕, page</u> B - Info≀				E Vob	ioloc					1		
lf y	mplete this section for ve ou provided vehicles to y ose vehicles	hicles used our employe	by a sole prop	rietor, p	artner, c	or other	"more	thar	า 5%	owner,"	or relate an exce	d perso ption to	n. complet	ing this :	section f	or	
_					a)		(b)	Т		(c)		(d)	Τ.,	(e)	(1	 D	
30	Total business/investment i	miles driven di	uring the	Vehicle			Vehicle			ehicle	l '	hicle	1	hicle	Veh		
	year (do not include comm		g	Valleto Valleto		7.11.0.0											
31	Total commuting miles of		the year				-										
32	Total other personal (no	ncommuting) miles														
	driven						_										
33	Total miles driven during	the year.						1									
	Add lines 30 through 32			<u></u>			,	\perp				,			<u> </u>	(
34	Was the vehicle available	e for person	al use	Yes	No	Yes	No	1	Yes	No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?						+	_		<u> </u>		_		<u> </u>	ļ		
35	Was the vehicle used pr		more													l	
	than 5% owner or relate	•			-		+	+	-	 			 	 			
36	Is another vehicle availa	ble for perso	nal													1	
	use ⁹	Section C	- Questions f	or Emp	lovers V	Vho Pro	vide V	ebic	les f	or Use b	v Their	Employ	ees	<u> </u>	<u> </u>		
	swer these questions to c ners or related persons.		•	•	•									re not m	nore than	5%	
37	Do you maintain a writte employees?	n policy stat	ement that pr	ohibits a	all persor	nal use	of vehi	cles	, ınclı	uding cor	nmuting	, by you	ır		Yes	No	
38	Do you maintain a writte											our					
	employees? See the inst	tructions for	vehicles used	by corp	orate of	ficers, c	directoi	rs, o	r 1%	or more	owners				<u> </u>		
39	Do you treat all use of ve	ehicles by en	nployees as p	ersonal	use?										<u> </u>		
40	Do you provide more that		•			ınforma	tion fro	m y	our e	mployees	about				1		
	the use of the vehicles,							_							-		
41	Do you meet the require										hl					 	
n	Note: If your answer to 3	<u>37, 38, 39, 40</u>	0, or 41 is "Ye.	s," d <u>o n</u> e	ot compi	ete Sec	ction B	tor t	ne co	overed ve	nicies					<u> </u>	
P	art VI Amortization			(b)	Γ	(c)			1	(d)	— T	(e)			(f)		
	Description of costs Date an			amortization Amortizable begins amount				Code section				Amortization period or percentag		Amort		rtization nis year	
42	Amortization of costs the	at begins du	ing your 2008	iax yea	л. _					<u>-</u>	$ \top$						
_					_		-									_	
43	Amortization of costs that	at began bef	ore vour 2008	tax ves	ı				L				43				
	Total. Add amounts in c	_				report							44				
	252 11-08-08						-	_						F	orm 456 2	2 (2008)	

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. 												
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).												
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only												
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reques to file income tax returns.	st an exte	nsion of time										
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extended below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 elect (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite o you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electron www.irs.gov/efile and click on e-file for Charities & Nonprofits.	ronically r consolic	if (1) you want the additional lated Form 990-T. Instead,										
Type or Name of Exempt Organization	Emp	Employer identification number										
FRATERNAL ORDER OF EAGLES AERIE 2258	_ _ 4	11-0265371										
File by the due date for filing your 205 W WILLIAM PO BOX 607	the Number, street, and room or suite no. If a P.O. box, see instructions.											
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBERT LEA, MN 56007	City, town or post office, state, and ZIP code. For a foreign address, see instructions.											
Check type of return to be filed (file a separate application for each return):												
X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870												
RICHARD PUMPER The books are in the care of 205 W WILLIAM - ALBERT LEA, MN 56007												
Telephone No. ► 507-373-1162 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of		or the whole group, check this pers the extension will cover.										
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time		The extension										
If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period												
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any												
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$										
tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$										
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).												
See Instructions.	3c	\$ N/A										
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	rm 8879-	EO for payment instructions.										

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.