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### Form 990-EZ

#### **Short Form** 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)

2008

OMB No 1545-1150

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations 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 Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Jun 1 2008, and ending May 31 2009 For the 2008 calendar year, or tax year beginning D Employer identification number Check if applicable Name of organization Please Address change FRATERNAL ORDER OF EAGLES IOWA STATE AERIE 42-6099655 label o Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number print or Initial return type. (515) 321-1215 3305 GLENSTONE DR, UNIT 167 Termination Specific Instruc-City or town, state or country, and ZIP + 4 Amended return Group Exemption tions. 50111 Application pending GRIMES IA Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method |X | Cash Accrual Other (specify) Check ► if the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF) X 501(c) ( 4947(a)(1) or 527 Organization type (check only one) -8 ) ◀ (insert no ) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than Check ► \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return 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 325,570. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) |Part I 313,264. Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 11,987. 3 3 Membership dues and assessments 4 319. 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses 5с c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is fromgaming, check here a Gross revenue (not including\$ of contributions 6a reported on line 1) 6b b Less direct expenses other than fundraising expenses 60 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less and allowances 7 a 7 b **b** Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtrack)

Other revenue (describe ne 7b from line 7a) 70 8 8 Other revenue (describe 2, 3, 4, 5c, 6c, 7c, and 8 9 325,570. Total revenue (add lines 1 10 289,009. Grants and similar amounts paid (attach schedule) Benefits paid to or for members 11 14,250. 12 Salaries, other compensation, and employee benefits 12 13 162. Professional fees and other payments to independent contractors 13 2,033. Occupancy, rent, utilities, and maintenance 14 14 16,813. 15 Printing, publications, postage, and shipping 15 16 39,287. Other expenses (describe ► See Other Expenses Statement Total expenses (add lines 10 through 16) 17 361,554. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -35,984.18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 289,312. figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 21 253,328. Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year Cash, savings, and investments 288,785. **22** 252,901. 0. 23 0. Land and buildings 24 527. 427. 24 Other assets (describe ► FIXED ASSETS AT NET BOOK VALUE) 289,312. 25 253,328. 25 Total assets 26 0. 0. 26 Total liabilities (describe ▶

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

Form 990-EZ (2008)

253,328.

289,312.

27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form	990-EZ (2008) FRATERNAL	ORDER	OF EAGLES IOWA S	TATE AERIE		-60	99655	Page 2
Part			rvice Accomplishment	<del></del>		}	Expenses	
Descr	s the organization's primary exempt purp ribe what was achieved in carryi ribe the services provided, the n am title	ose? <u>to a</u> ing out th umber of	MAKE LIFE MORE DESIRABLE BY I DE Organization's exempt purp Dersons benefited, or other	essening its ills and be poses. In a clear and correlevant information for	Y PROMOTING PEACE ONCISE manner, each	and 4947	uired for 501(c) (4) organization (a)(1) trusts, op thers)	s and
28	(Grants \$			rants chack hara		28 a		
29	(Grants y			rants, check here		<u> 20 a</u>		
30	(Grants \$	) If th	is amount includes foreign g	rants, check here	<u> </u>	29 a		
	(Grants \$	) If th		rants, check here	· <b>-</b>	30 a		
	Other program services (attach (Grants \$	schedule			▶ □	31 a		
32	Total program service expense				<u> </u>	32	-	
Pari			Trustees, and Key Em	plovees. (List each o	ne even if not cor	npens	sated See the i	nstrs )
	(a) Name and address		(b) Title and average hours per week devoted to position	<del></del>	(d) Contributions employee benefit plan deferred compensa	to ns and	(e) Expense a	
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BAA			TEEA0812 (	01/14/09			Form <b>990-E2</b>	(2008)

<u>~ ~ .</u>			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	33		х
34		34	-	Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot 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 6033(e) notice, reporting, and proxy tax requirements?	35 a	_	х
	b If 'Yes,' has it filed a tax return onForm 990-T for this year?	35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36	_	Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-POL for this year?	37 b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39a	-		:
	b Gross receipts, included on line 9, for public use of club facilities  a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		:	
	section 4911 ►, section 4912 ►, section 4955 ►			
	<b>b</b> 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	40 b		
	c Enter amount of tax imposed on organization managers or disqualified persons during the			Γ
	year under sections 4912, 4955, and 4958  d Enter amount of tax on line 40c reimbursed by the organization	-		4
	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	40 e		X
41	and the second s			
42	a The books are in care of ► LARRY HANSHAW  Telephone no ► (515)  Located at ► 3305 SE GLENSTONE DR, #167 GRIMES IA ZIP+4 ► 50111	_ <u>986</u> -507	<u>-31</u> (	03
	Located at 2 3303 SE GENERATORE DK, #107 GRIDED TALLED _ TALLED TALLED _ TALL			
	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)?  If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
	The test, effect the flame of the foleight country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country*	42c		Х
			, m	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<b>-</b>	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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
DA.	A TEFANSIS 01/14/09 Fr	· 00	N E7	เรดกรา

Section 501(c)(3) organizations and complete the tables for line	es 50 and 51.				-,	
46 Did the organization engage in direct or indire- for public office? If 'Yes,' complete Schedule 0	ct political campaign ac	ctivities on behalf of	or in opposition to candidate	es 46	Yes	No
17 Did the organization engage in lobbying activity		Schedule C. Part II		47		
18 Is the organization operating a school as desc			mplete Schedule E	48		
19a Did the organization make any transfers to an				. 49a		
<b>b</b> If 'Yes,' was the related organization(s) a sect	ion 527 organization?			49b		
Complete this table for the five highest compereceived more than \$100,000 of compensation	ensated employees (oth	er than officers, dired If there is none, ent	ctors, trustees and key emp er 'None '	loyees) wh	no ead	:h
(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 and deferred compensation	(e) Ex accour other allo	nt and	i
	<del></del>				•	
otal number of other employees paid over \$100,000						
51 Complete this table for the five highest compe from the organization. If there is none, enter 'l	None '					
	ractor haid more than \$100 000	i I	(b) Type of service	(c) Comp	ensatio	<u>'</u>
(a) Name and address of each independent contr	ractor paid more than \$100,000					
	<del> </del>					
	actor para more than \$100,000					
	actor para more than \$100,000					
	actor para more train \$100,000					
	actor para more train \$100,000					
	actor paid more than \$100,000			-		
	actor para more train \$100,000					

6-8-11 Sign Here Type or print name and title Preparer's Identifying Number (See instructions) Check if self-employed Date Preparer's signature **Paid** SIRON 06/07/11 Pre-THE PLANNERS TAX & ACCOUNTING, Firm's name (or yours if self-employed), address, and ZIP + 4 INC. parer's Use Only 1012 GRAND AVENUE ΕIN 50265 (515) 224-0149 WEST DES MOINES ΙA Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No Form **990-EZ** (2008) BAA

## Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99

# Depreciation and Amortization (Including Information on Listed Property)

 OMB No 1545-0172

2008

ttachment 67

dentifying nu

FRATERNAL ORDER OF EAGLES IOWA STATE AERIE 42-6099655 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Partil \$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) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (b) Cost (business use only) (a) Description of property (C) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter thesmaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 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 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Part I Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Partille MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2008 17 100. 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 (a) (b) Month and (C) Basis for depreciation (d) (e) (f) Method (g) Depreciation Classification of property (business/investment use deduction year placed Recovery period only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 2<u>5</u> yrs 27.5 yrs h Residential rental MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12\_yrs b 12-year S/L c 40-year 40 yrs MM S/L

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Part: IV Summary (See instructions )

21 Listed property Enter amount from line 28

23

100

21

22

Pari V

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenly 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable

	Coluitiis	(a) tillough (c)	or Section A	, all Ol Se	cuon b,	and Se	CHOILC	n ap	piica	DIE						
		n A – Deprecia				aution:5						<u> </u>		<u>omobile</u>	<del></del>	<del></del>
24	Do you have eviden						Yes	Щ,	No 2		Yes,' is th	_			Yes	No
Ty	(a) The of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	( <b>d</b> Cost other t	or	(busine	(e) or deprecti ess/investr ise only)	ation nent		(f) ecovery period	Me	(g) ethod/ vention	Depr	(h) eciation fuction	E le secti	(i) ected ion 179 cost
25	Special deprecused more than	iation allowance	e for qualified	l listed pro	operty p	laced in tions)	service	durır	ng th	e tax y	ear and	25				
26													1			_
			_	-					_		1					
						_			_	_					_	
27	Property used 5	50% or less in a	l usalified bu	SIDASS IIS		<u> </u>							<u>!</u>		!	
		0 /0 01 1033 111 0	1 quanned bu	3111033 031												
		<u></u>	<u> </u>			<u> </u>										
	Add amounts in		_				ine 21,	page	}			28	<u> </u>	29	_	
29	Add amounts in	i column (i), ilni	e 26 Entern	Section			on Us	e of V	/ehic	les				_   29	<u>'                                    </u>	
Com	plete this section	n for vehicles u	sed by a sole	••••							er,' or re	elated p	ersolf yo	ou provi	ded veh	ıcles
to yo	our employees, f	irst answer the	questions in	Section C	to see	ıf you m	eet an	excep	otion	to con	pleting	this see	ction for	those v	ehicles	
30	Total business/	Investment mile	es driven	1	a)	i '	b)		(c)		(0	•	1 '	e) 	(1	•
-	during the year	(do not include		Veh	ıcle 1	Vehi	cle 2	\	/ehic	ile 3	Vehi	cle 4	Vehi	cle 5	Vehi	cle 6
31		•	he vear							_	<u> </u>	···			<del> </del>	
32	Total other per	•	•			,									<u> </u>	
	miles driven															-
33	Total miles driv lines 30 through	ven during the y h 32	ear Add			ļ										
				Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		personal use									_				
35	Was the vehicle than 5% owner	e used primarily or related pers	y by a more son?		ļ			<u></u>	_			_				
36	Is another vehi personal use?	cle available foi	r 					j					!			
		Section	C – Question	ns for Em	ployers	Who Pr	ovide V	ehicl	es fo	r Use	by Their	r Emplo	yees			
Ansv	wer these question	ons to determin	e if you mee instructions).	t an excep	otion to	complet	ng Sec	tion E	3 for	vehicle	es used	by emp	loyees v	vlace no	t more t	han
37	<del></del>	n a written polic			bits all p	personal	use of	vehic	cles,	ıncludı	ng com	muting,			Yes	No
38	Do you maintain employees? Se	n a written polic	cy statement	that prohi	bits per	sonal us	e of vel	nicles	s, exc	cept co	mmutin	g, by yo	our			
39	, ,			-	-		ers, une	Clors	s, Oi	1 /8 01	THOIC OV	ALICI 2				
40							ormatio	n froi	m vo	ur emr	olovees	about ti	ne use o	of the		
	vehicles, and re	etain the inform	ation receive	d <sup>7</sup>												
41	Do you meet th Note: If your ar	nswer to 37, 38,														
Pa	<b>社図 Amorti</b>			1								_	4.	Γ		
	Desc	(a) cription of costs		Date ar	( <b>b)</b> nortization egins		(c) Amortizab amount			Co	<b>d)</b> ode ction	Amo pe	(e) ortization riod or centage	1	(f) Amortization for this yea	n r
42	Amortization of	f costs that beg	ıns durıng yo	ur 2008 ta	ıx year (	see inst	ructions	5)						-		
	<del></del>			ļ								_				
43		f1- 111 l.		1 2000 :						_			42	<del></del>		
43 44		of costs that beg ounts in column				hara ta	ranort						43	<u> </u>		
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#### Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
Depreciation	100.
TRAVEL EXP	12,982.
OTHER ADMINISTRATIVE COSTS	7,531.
INSURANCE BONDING & LIABILITY	612.
DUES	1,500.
QTRLY REPORTS	742.
MEMBERSHIP COSTS	10,831.
CHARITY PROJECT EXP	4,989.
Total · · · ·	39,287.

	IOWA CTATE AFDIE	IE OFFICEDS AND COMMITTEE CUAIDMEN	2015-1000
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Junior Past State President	Darwin Thomas	P.O. Box 112, Albia, IA 52531	641-932-0291 darwinthomas@mchsi.com
Worthy State President	John Goffinet	712 N. Birch Street, Monticello, 1A 52310	319-465-4079 jwg568@mchsr.com
Worthy State Vice Pres.	Greg Martin	629 Acres, Burlington, IA 52601	319-752-9683 gregfoe150@mchsi.com
Worthy State Chaplain	Bill Whitlock	1701 Eagle Crest Apt. B5, Davenport, IA 52804	563-271-2842 bbwhitlock20@myway.com
Worthy State Conductor	Jake Roush	9354 74th Street, Ottumwa, IA 52502	641-684-5178 jeпyroush@lisco.com
Worthy State Secretary	Larry Hanshaw	5555 Glenstone Drive #167 Grimes, IA 50111	515-986-3103 Iphanshaw@mchsi.com
Worthy State Treasurer	Kevin Kressley	558 Helmet Avenue, Waterloo, IA 50703	319-230-0710 krezz58@yahoo.com
Worthy State Inside Guard	Dale O'Brien	2656 Black Diamond R SW, Iowa City, IA 52240	319-683-2701 obriens1990@netins net
Worthy State Outside Guard	John Haidsiak	710 S. 4th Street, Red Oak, IA 51566	712-623-4205 kjhaid@iowatelecom.net
Worthy State Trustee #1	Joe Roe	1939 9th Street, Coralville, IA 52241	319-631-5265 eagleslodge@gwestoffice net
Worthy State Trustee #2	John Kipp	5027 North Dittmer, Davenport, IA 52806	563-579-4699
Worthy State Trustee #3	Randy Woods	2937 Avenue J. Council Bluffs, IA 51506	712-328-8612 rwoods17@cox.net
Worthy State Trustee #4	Steve Langton	P.O. Box 236, Atkins, IA 52206	319-521-5274 sdlangton@yahoo.com
Honorary State V. President	Charles Wendler	1616 Hollywood Blvd, IA City 52240	319-351-3143
State President's Charity Project	Joe Roe	1939 9th Street, Coralville, IA 52241	319-351-4326 eagleslodge@qwestoffice.net
State Membership Director	Steve Langton	P.O. Box 236, Atkins, IA 52206	319-521-5274 sdlangton@yahoo com
Co-Chairman	Steve Zimmerman	303 South Elm St., Creston, IA 50801	641-782-4386 bulletineditor@mchsi.com
Co-Chairman	Miles Dixon	2201 Baumberger, Burlington, IA 52601	319-754-1698 milesfoe150@yahoo.com
Budget Committee	Dean Andersen	113 South 7th St #2, Missouri Valley, IA 51555	712-642-2621 daadra@aol.com
State New Aerie Chairman	Michael Duehr	1575 Wood Street, Dubuque, 1A 52001	563-557-1098 theduehrs@aol.com
State Weak Aerie Chairman	Larry Hanshaw, et al	5555 Glenstone Drive #167 Grimes, IA 50111	515-986-3103 lphanshaw@mchsi.com
State Cancer Fund Chairman	Ivyl Garnes	2106 West 4th, Perry, IA 50220	515-465-9359 toshia1vyl@peoplepc.com
State JD Children's Fund Chairman	Jim Bryant	202 Sunny Lane, West Liberty IA 52776	319-627-6853 handyman@Lcom.net
State Child Abuse Fund Chairman	Frank Ruggles	731 19th Street, West Des Moines, IA 50265	515-225-6622 waltzme2@mchsi.com
Roy Howard Alzheimer's Fd Chairman	Scott Gruhn	15093 Jacob Avenue, Grinnell IA 50112	641-275-2611 sgruhn@mayflowerhomes.com
State Diabetes Fund Chairman	John Kipp	1622 N Division Street, Davenport, 1A 52804	563-326-1872
State Kidney Fund Chairman	Steve Langton	P.O. Box 236, Atkins, IA 52206	319-521-5274 sdlangton@yahoo.com
State Memorial Fund Chairman	Kevin Kressley	558 Helmet Avenue, Waterloo, IA 50703	319-230-0710 krezz58@yahoo com
State Heart Fund Chairman	Dale O'Brien	2656 Black Diamond R SW, Howa City, IA 52240	319-683-2701 obriens1990@netins.net
Lew Reed Spinal Cord Injury Fund	Greg Martin	626 Acres, Burlington, IA 52601	319-752-9683 gregeagleboy@aol com
State Golden Eagle Fund Chairman	Shawn Phillips	P.O. Box 85, Chariton, IA 50048	641-774-2914 twolf@astoriainc.com
State Ritual Chairman	Pete Schmieding	3519 Antonia Court, Imperial, MO 63052	636-942-3659 foe 104@att net
State REAC Chairman	Tim Pashia	3010 W. 2nd St. Davenport, IA 52804	563-340-5022 tmpandmdl@ad com
State Bowling Chairman	Tenny Sammons	7092 85th Street, Agency, IA 52530	641-777-5406
State Golf Chairman	Larry Ellis	202 Broad Street, Box 63, Grinnell, IA 50112	641-236-5672 war bonet@iowatelcom.net
State Dart Chairman	Miles Dixon	2201 Baumberger, Burlington, IA 52601	319-754-1698 milesfoe150@yahoo com
State Pool Chairman	Kevin Kressley	558 Helmet Avenue, Waterloo, IA 50703	319-230-0710 krezz58@yahoo.com
State Bulletin Editor	Steve Zimmerman	303 South Elm St., Creston, IA 50801	641-782-4386 bulletineditor@mchsi com
State Webmaster	Bill Drury	305 Acadeniy Ave York, NE 68467	402-362-2766 bdrury@neb rr com
State Auditor	Frank Ruggles	731 19th Street, West Des Moines, IA 50265	515-225-6622 waltzme2@mchsi com
y Club	Greg Martin	629 Acres, Burlington, 1A 52601	319-752-9683 gregfoe   50@mchsi com
God, Flag & Country	Wynn Bowden	200 E Washington, Red Oak, 1A 51566	712-623-3125

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		View C						Colden				9		Diabetes	GWP Jim	GWP Jim Doberte Fand Dhe, Relief Partition	Partchson
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10WA STATE FOE CHARITIES 2008-2009 PAGE 2

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