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Departmen of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

A	For the	2009 calendar year, or tax year beginning JUN 1, 2009 and ending	MAY 31, 2010	
В	Check if applicable	Please use IRS C Name of organization	D Employer identific	cation number
	Addres	s label of ED AMEDNAL ODDED OF FACIES AFRIC 2259		
	Name change	type D D	41-0	265371
	Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/su		
	Termin ated		507-	373-1162
느	Amend	City or town, state or country, and ZIF + 4	G Gross receipts \$	1,289,695.
L	Application pending	ADDERT DEAT IN 30007	H(a) Is this a group re	
	<b>,</b>	F Name and address of principal officer BRIAN JUHANNSEN	for affiliates?	Yes X No
-	<u> </u>		H(b) Are all affiliates inc	luded? Yes No
		mpt status X 501(c) ( 8 ) ◀ (insert no.) 4947(a)(1) or 527	H(c) Group exemption	•
			ear of formation 1954 N	
		Summary	001 01 1011110011 = = = = 110	Otato or logar dormono
	1	Briefly describe the organization's mission or most significant activities. SOCIAL A	CTIVITIES FOR	CLUB
Activities & Governance	:	MEMBERS AND DONATIONS TO COMMUNITY AND OTHER	ORGANIZATION	S
ž.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	sets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
<b>જ</b>	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
ies	1	Total number of employees (Part V, line 2a)	5	40 25
Ξ		Total number of volunteers (estimate if necessary)	6	0.
Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 7b	0.
	Ь.	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	45,090.	29,218.
	9	Program service revenue (Part VIII, line 2g)	53,375.	51,966.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,786.	22,159.
ď	11	Other revenue (Part VIII, column 本面長為, 多, 9c, 10c, and 11e)	129,279.	158,048.
•		Total revenue - add lines 8 hrough 11 (must equal Part VIII, column (A), line 12)	270,530.	261,391.
, —		Grants and similar amounts paid (Part IX, golymn (A), lifes 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), Ing 4)	1,500.	1,932.
es	15	Salaries, other compensation, employee-benefits (Partix), column (A), lines 5-10)	109,924.	105,875.
Expenses	16a	Professional fundraising fees (Parix) Column (A) Tine 11e)		
Š	ь	Total fundraising expenses (Part IX, column (D), line 25)	201 405	100 160
ш	177	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	201,485. 312,909.	190,168. 297,975.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-42,379.	-36,584 <b>.</b>
		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	2,062,675.	2,026,061.
ASS	21	Total liabilities (Part X, line 16)	3,060.	3,030.
Set	22	Net assets or fund balances Subtract line 21 from line 20	2,059,615.	2,023,031.
	art II	Signature Block		
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than object) is based on all information of which preparer has any knowle	ents, and to the best of my knowled	ge and belief, it is true, correct,
		Q., (///		
Sig	gn	Mam yoramser	Data .	9-10
He	ere	Signature of officer  DDF AND TOWNS CENT DDF CTD FINE	Date	
		BRIAN JOHANNSEN, PRESIDENT Type or print name, and title		<u></u>
		Data	Check if Prepar	er's identifying number
Pa	id	Preparer's signature Challed Wavemeier GAS 9/22/10	self- employed > (see in	structions)
	eparer's	Firm's name (or KARLA HAVEMEIER, LTD	EIN ▶	
Us	e Only	self-employed), 107 S. BROADWAY		
		address, and ZIP + 4 NEW ULM, MN 56073	Phone no ► (	507) 354-7699
Ma	ay the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
021	2001 02 /	MAIN I HA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2009)

	41-020  ABL Castemant of Drawer Carrier Assemblishments	733/1	Page Z
	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	SOCIAL ACTIVITIES FOR CLUB MEMBERS AND DONATIONS TO COMMUNITY	AND_	
	OTHER ORGANIZATIONS.		
	<u> </u>		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		110
_		<b>Пу</b> .	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	L NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 243,615 • Including grants of \$ ) (Revenue \$	180,	763.)
	ORGANIZATION PROVIDES SOCIAL ACTIVITIES AND A CLUB FOR MEMBERS	•	,
	RELAXATION AND ENTERTAINMENT.	101	
	OVER 1352 MEMBERS SERVED.		
	07.000		0.00
4b	(Code: ) (Expenses \$ 27,000. including grants of \$ ) (Revenue \$	26,	968.)
	ORGANIZATION DONATES MONEY TO VARIOUS ORGANIZATIONS AND NEEDY		
	INDIVIDUALS. WE SUPPORT MANY CHARITABLE CAUSES INCLUDING CANC	ER.	
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		1
	(Code ) (Expenses 4 including grants of 4 ), including		,
			•
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$ ) (Revenue \$ )		
4e	Total program service expenses ▶\$ 270,615.		
		Form 99	90 (2009)
93200	72		/

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1		Х				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	3		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and							
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to							
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete							
	Schedule D, Part III	8		X				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide							
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?							
	If "Yes," complete Schedule D, Part V	10		X				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X							
	as applicable	11	Х					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,							
	Part VI.							
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ŀ						
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII							
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII							
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in							
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X							
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
_	the organization's separate or consolidated inhancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI, XII, and XIII	12		Х				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,							
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			_				
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals							
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,				
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		v					
00	complete Schedule G, Part III	19	Х	Х				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	Eorm	990 (	<u>'                                    </u>				
		LOHU	<b>JJU</b> (	<u></u>				

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			٠,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		х
	Schedule L, Part III	21		Α.
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions).	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
C	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		Х
35	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			}
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 (	מחחמי

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			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								
С	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 40								
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?								
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь							
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					
b	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	ļ	X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited								
	Tax Shelter Transaction?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_	v						
	any contributions that were not tax deductible?	6a	Х						
b									
_	were not tax deductible?	6b	Х						
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services								
а									
<b>.</b>	provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
C									
·	to file Form 8282?	7c							
d	If "Yes," Indicate the number of Forms 8282 filed during the year								
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal								
	benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>						
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u></u>						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the								
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings								
	at any time during the year?	8	ļ						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	1							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders  11a								
þ	Gross income from other sources (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	<del> </del>	<u> </u>					
	ii res, enter the amount of tax-exempt interest received or accided during the year [120]	Form	990	(2009)					
				,					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management						
		1			Yes	No	
1a	Enter the number of voting members of the governing body	1a		L 3			
b	Enter the number of voting members that are independent	1b		L 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			2		<u>X</u>	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	3		X	
	of officers, directors or trustees, or key employees to a management company or other person?						
4	• • • • • • • • • • • • • • • • • • • •						
5	Did the organization become aware during the year of a material diversion of the organization's asset	is <sup>7</sup>		5	v	X	
6	Does the organization have members or stockholders?			6	Х		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	of the		v		
	governing body?	_		7a	X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year				
	by the following				v		
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			v	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )				
				40	Yes	No X	
	Does the organization have local chapters, branches, or affiliates?			10a			
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			10b	X		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lling th	e form?	11	Λ		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise	40.		Х	
	to conflicts?	B3Z= = II		12b			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,	describe	12c	Х		
	In Schedule O how this is done			13	Λ	X	
13	Does the organization have a written whistleblower policy?			14		X	
14	Does the organization have a written document retention and destruction policy?	بريط ام	donondont	1-4			
15	Did the process for determining compensation of the following persons include a review and approve		idependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	Х		
a	The organization's CEO, Executive Director, or top management official			15b	X		
b	Other officers or key employees of the organization			130		-	
16	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ment :	vith a				
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ont 1		16a	•	Х	
	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	duate	ts participation	100			
Ð	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
		ainzai	0113	16b	•		
800	exempt status with respect to such arrangements?			1.00			
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►MN						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	c)(3)s only) availa	ble for			
18	public inspection. Indicate how you make these available. Check all that apply.	. ,551	-,,5,5 5.11,7 4.4116	,			
	Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	of interest policy	, and fina	ancial		
19	statements available to the public.			,			
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd red	ords of the organ	nization:	•		
20	RICHARD PUMPER - 507-373-1162						
	205 W WILLIAM, ALBERT LEA, MN 56007		<u>-</u>				
		_		Form	990	(2009)	

932006 02-04-10

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

(A)	(B)	y current officer, directo						(D)	(E)	(F)		
Name and Title	Average		Positi					Reportable	Reportable	Estimated		
	hours	(cl	(check all that apply)				ly)	compensation	compensation	amount of		
	per week	actor						from the	from related organizations	other compensation		
	WOOK .	ē	18			ated		organization	(W-2/1099-MISC)	from the		
		Individual trustae or director	Institutional trustee		8	Tipens		(W-2/1099-MISC)		organization		
		gal	rtona.	_	Key employee	8 S	l 85			and related		
		P P	Instr	Ø∰Ger	Keye	Highest compensated employee	Ē			organizations		
RAY MADRIGAL		<del> </del>										
TRUSTEE	5.00	X						400.	0.	0.		
LOWELL OLSON												
TRUSTEE	5.00	X						400.	0.	0.		
HARLEY FREDERICK												
TRUSTEE	5.00	X						400.	0.	0.		
JOE ANDERSON												
TRUSTEE	5.00	X		<u> </u>		<u> </u>		400.	0.	0.		
STEVE LOWMAN									_			
TRUSTEE	5.00	X				<u> </u>	L	400.	0.	0.		
BRIAN JOHANNSEN							İ					
PRESIDENT	5.00			X		_	_	0.	0.	0.		
HARLEY FREDERICK	5 00						İ		0	0		
JR PAST PRESIDENT	5.00	_		X	_	ļ		0.	0.	0.		
MARCOS GUERRA	E 00			v				0.	0.	0		
VICE PRESIDENT	5.00	-		Х	$\vdash$	$\vdash$	-		0.	0.		
HOWARD GUAM JR CHAPLAIN	1.00	1		X				0.	0.	0.		
TOM MINEHART	1.00	+	╁	^	<del> </del> —	<del> </del>	⊢	· · · · · · · · · · · · · · · · · · ·	<b>.</b>			
CONDUCTOR	1.00			X	ŀ			0.	0.	0.		
STAN LAHTI	1.00	╁	┢	-		-		-				
OUTSIDE GUARD	1.00			X				0.	0.	0.		
GARY CUNNINGHAM		<u> </u>			-	t						
TREASURER	5.00		ļ	X				300.	o.	0.		
DICK PUMPER		1	┢┈									
SECRETARY	5.00			X	i		ļ	0.	0.	0.		
									_ , ,			
					L							
			_	ļ		<u> </u>	<u> </u>					
			<b>├</b>	<del> </del>	-	$\vdash$	$\vdash$	<u> </u>				
			<u> </u>	Щ.	<u> </u>	1		1	L			

Form 990 (2009)

AERIE 2258 41-0265371 P	•								
t Compensated Employees (continued)	est (	High			yee	mplo 		,	ran
(D) (E) (F)  Reportable Reportable Estimati		`		(C Pos	1		(B) Average	(A) Name and title	
	oly)	арр				(ct	hours	Name and title	
from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  from the compensation organization	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	per week		
2,300.		▶							1b
received more than \$100,000 in reportable	ho re	e) wl	bov	ed a	liste	hose	ot limited to th	_	
Yes								ompensation from the organization	
	or h	vee.	olar	v en	. ke	ustee	director or tru	id the organization list any former officer,	3
3		,,	.,	,	,			ne 1a? If "Yes," complete Schedule J for s	
other compensation from the organization						ole co	m of reportab	or any individual listed on line 1a, is the su	4
								nd related organizations greater than \$150	
ated organization for services rendered to	relate	y uni	an	rom				= -	
		-			on	pers	ne J for such	ne organization? If "Yes," complete Sched on B. Independent Contractors	
s that received more than \$100,000 of compensation from	ors tl	racto	ont	ent c	∍nde	depe	mpensated in		1
(B) (C) Description of services Compensation							address	(A) Name and business	

		hours (check all that apply) compensation compensation		10									
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		othe ompens from to organiza and rela organiza	sation the ation ated
		:											
				-						<del>,</del>			
	· · · · · · · · · · · · · · · · · · ·							_			+		
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	•												
				-							+		
				<u> </u>							_		<del></del>
											Ì		
1 b	Total				I		▶	1 .	2,300.	·	•		0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	ho re	eceived more than \$100	0,000 in reportable			0
	compensation from the organization		_									Yes	
3	Did the organization list any former officer,			e, ke	y en	nplo	yee,	or h	nighest compensated ei	nployee on	3		X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d otl	her compensation from	the organization		<u></u>	1
	and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete :	Sch	edul	e J f	for such individual		4	<u> </u>	X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete School				from	any	y uni	relat	ed organization for serv	ices rendered to	5	.	x
Sec	tion B. Independent Contractors	<u> </u>	DUTE										
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsatio	n from	
	the organization. NONE (A)	<del></del>							(B)			(C)	
	Name and business	address						_	Description of	services	Com	pensat	ion
						-							
		_						$\dashv$					
		<del>_</del> ·	<u>.</u>										
	Total number of independent contractors (	includes but	not i	ımı+-		, the	nee li	etoc	d above) who received a	nore than			
2	\$100,000 in compensation from the organi		iiOt I		ים נכ		0	31 <del>0</del> (	above, who received r	nore triair			
											Fo	rm <b>99</b> (	(2009)

932008 02-04-10

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, Bb, 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	-	SAPONOGO	general expenses	
•	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				
3	Grants and other assistance to governments,				
Ū	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,932.	1,932.		
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	94,564.	94,564.		
8	Pension plan contributions (include section 401(k)				
J	and section 403(b) employer contributions)	1,242.	1,242.		
9	Other employee benefits				
10	Payroll taxes	7,769.	7,769.		
11	Fees for services (non-employees):		· · · · · ·		
''a	Management				
b	Legal	-			
	Accounting				
d	Lobbying		-		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	5,591.	5,591.		
13	Office expenses	·			
14	Information technology				
15	Royalties				
16	Occupancy	23,490.	23,490.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,738.	•	6,738.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,322.			
23	Insurance				
24	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	36,983.	36,983.		
a b	ENTERTAINMENT	31,406.	31,406.		
_	SUPPLIES	18,957.	18,957.		
d	PER CAPITA	13,332.	13,332.		<del></del>
a e	DETAINING & DURITONS	10,667.	10,667.		
e f	All other expenses	24,682.	24,682.		
25	Total functional expenses. Add lines 1 through 24f	297,975.	270,615.	9,038.	0.
26	Joint costs. Check here J If following				
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	equicational campaign and tunidiaising solicitation				Form <b>990</b> (2009)

181,107.

17,760.

422,038.

3,030.

3,030.

27

28

29

32

33

34

0. 30

0. 31

2,059,615.

2,059,615.

2,062,675.

FRATERNAL ORDER OF EAGLES AERIE 2258 Form 990 (2009) **Balance Sheet** Part X (A) Beginning of year End of year 137,863. 1 Cash - non-interest-bearing 1,469,176. 1,405,156. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net Assets 13,587. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,382,757. 960,719. 10a basis. Complete Part VI of Schedule D 440,989. 10c 10b b Less: accumulated depreciation 11 11 investments · publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 1,060. 15 15 Other assets. See Part IV, line 11 2,062,675. 2,026,061. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,060. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 25 3,060. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ [ and complete

> 2,026,061. Form 990 (2009)

2,023,031.

2,023,031.

Net Assets or Fund Balances

27

28

29

30

31

32

33

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here 

X
and

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	FRATERNAL ORDER OF	· · · · · · · · · · · · · · · · · · ·	41-0265371
Pa	<del></del>		or Accounts. Complete if the
	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 v	writing that the assets held in donor advis	
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	_	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		<b></b>
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		□, □.,
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?	A	Yes No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Da	conservation easements.  It III Organizations Maintaining Collections of	f Art Historical Treasures or O	ther Similar Assets
Fa	Complete if the organization answered "Yes" to Form		ther offinial Addets.
	Complete if the organization anomores Test to Femilia	000,1 0.111, 1.110 0.1	
12	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance sheet works of art, historical
10	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these		one service, provide, in a directivity, the text of
	If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures
ь	or other similar assets held for public exhibition, education, o		
	these items.	research in furtherance of public service	s, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
9	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
2	the following amounts required to be reported under SFAS 1		a guin protito
а	Revenues included in Form 990, Part VIII, line 1	to routing to those items	<b>▶</b> \$
a b			► \$ ► \$
U	ASSOCIA INCIDIO DE INTERNATION DE LA CONTRACTOR DE LA CON		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 FRATERNAL ORDER OF EAGLES A				0265371	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited I	Financial State	ment	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9	_		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			
	t XII Reconciliation of Revenue per Audited Financial Statemer		Revenue per R	eturn	1	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.					
a	Net unrealized gains on investments	2a				
ь	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		1 1		
d	Other (Describe in Part XIV.)	2d		1		
	Add lines 2a through 2d	20		2e		
e	· · · · · · · · · · · · · · · · · · ·			3		
3	Subtract line 2e from line 1			•		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
Ь	Other (Describe in Part XIV.)	4b		1		
_ C	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  * XIII Reconciliation of Expenses per Audited Financial Stateme	nte With	Evnancae nar			<del></del>
		SIILO VAILII	Expenses per	I I	· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1				
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		1		
С	Other losses	2c		- 1		
d	Other (Describe in Part XIV.)	2d		4		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 (				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		]		
c	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pai	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					4; Part
			<del></del>			
		_			·	
93205	4			Sched	lule D (Form 9	90) 2009

## SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization FRATERN	AL ORDER OF EAGLES	AE	RIE	2258		Employer ide 41-0265	ntification number 371
<del></del>	. Complete if the organization answer			·	line 1		
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	sed funds through any of the following Solicitates of Solicitates or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using of ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name of Individual or entity (fundraiser)	I (II) ACTIVITY		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						<u>.                                    </u>	
Total							
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	empt	from registrati	on or licensing
		- <u></u>					
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	etions	, tor F	orm 990 or 990-EZ.	. ;	scneaule G (Fort	m 990 or 990-EZ) 2009

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 gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through PWP PROJECTS col. (c)) (event type) (event type) (total number) 2,983 2,983. Gross receipts 2 Less: Charitable contributions 2,983 2,983. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 700. 700. Other direct expenses 7004 10 Direct expense summary. Add lines 4 through 9 in column (d) 2,283 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 79,289. 736,814 816,103. Gross revenue 587,878. 648,577. 60,699. Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 164,388. 1,580. 162,808. Other direct expenses Yes Yes Yes X No Volunteer labor 6 812,965 Direct expense summary. Add lines 2 through 5 in column (d) 3,138. Net gaming income summary Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: MN X a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain Х 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: X 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to Х administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 FRATERNAL ORDER OF EAGLES AERIE 2258 41-0265	37	1 Ра	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 Enter 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		X				
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:							
Address ►  16 Gaming manager information:  Name ► RODNEY EISENMENGER  Gaming manager compensation ► \$ 9,000.							
Description of services provided ► MANAGES ALL GAMING ACTIVITIES  □ Director/officer							
<ul> <li>Mandatory distributions:</li> <li>a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year</li> </ul>	17a	Х					

#### **SCHEDULE O**

(Form 990)

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FRATERNAL ORDER OF EAGLES AERIE 2258

Employer identification number 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 B, LINE 11: 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.
TORY COO. PART UT. GROWTON G. LINE 10. MHE ORGANIZATION MAYER INC.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE
UPON REQUEST.

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

Schedule O (Form 990) 2009

## 4562

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** RENT (Including Information on Listed Property)

► Attach to your tax return.

Sequence No 67

OMB No 1545-0172

Name(s) shown on return

➤ See separate instructions. Business or activity to which this form relates

NON DEBT FINANCED

Identifying number

1

FR	ATERNAL ORDER OF EA	GLES AERII	E 2258	BUII	DING				41-0265371
Pa	t   Election To Expense Certain Prope	rty Under Section 17	9 Note. If you have	e any liste	ed proper	ty, co	mplete Part	V before y	ou complete Part I
	Maximum amount. See the instructions	1	250,000.						
	otal cost of section 179 property plac	2							
	hreshold cost of section 179 property	3	800,000.						
	Reduction in limitation Subtract line 3	4	·						
5 0	ollar limitation for tax year. Subtract line 4 from lini	5							
6	(a) Description of pr	d cost							
7 1	Isted property. Enter the amount from	ı line 29	,		7				
	otal elected cost of section 179 prope		ın column (c), line	es 6 and 7	,			8	1
	entative deduction. Enter the smaller	•	(-/,					9	
	Carryover of disallowed deduction from		008 Form 4562					10	
	Business income limitation. Enter the s	•		than zero	or line 5	i		11	
	Section 179 expense deduction. Add i		•		•			12	
	Carryover of disallowed deduction to 2	•			▶ 13				
	: Do not use Part II or Part III below for								
	rt II Special Depreciation Allowa				e listed p	roper	tv.)		
	Special depreciation allowance for qua						•		
	he tax year	amod property (eth	or than holde pro	P011), P10			g	14	
	Property subject to section 168(f)(1) el	ection						15	
	Other depreciation (including ACRS)	COLION						16	
	rt III MACRS Depreciation (Do no	ot include listed pr	operty ) (See inst	ructions.)				,	
	(		Section						
17 1	MACRS deductions for assets placed	in service in tax ve	ars beginning be	fore 2009	·			17	10,368.
	you are electing to group any assets placed in ser	-	-		ints check l	nere	▶ [	7	······································
	Section B - Assets						ral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only - see instruc	ent use	(d) Recovery period (e) Convention		(f) Method	(g) Depreciation deduction	
19a	3-year property								
b	5-year property	7 1							
c	7-year property	<b>1</b>	11,	362.	7 YR	S.	HY	200DE	1,623.
d	10-year property	7							
<u>-</u>	15-year property	7 1							
f	20-year property	7 1							
g	25-year property	7 1			25 yr	s.		S/L	
		/			27.5 y		ММ	S/L	
h	Residential rental property	/			27.5 y		ММ	S/L	
		/			39 yr		ММ	S/L	
i	Nonresidential real property	/					ММ	S/L	
	Section C - Assets	Placed in Service	During 2009 Tax	Year Usi	ng the A	ltern		<del></del>	stem
 20a	Class life				<del></del>			S/L	
<u>208</u>	12-year	7 1	· •	12 yrs.				S/L	
$\overline{}$	rt IV Summary (See instructions.)							S/L	·
	Listed property. Enter amount from lin	e 28			<del></del>	_		21	
	Total. Add amounts from line 12, lines		es 19 and 20 in c	olumn (a).	and line	21.			
	Enter here and on the appropriate line							22	11,991.

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

portion of the basis attributable to section 263A costs

23

7 - 15   1   1   1		TUINITE								<del></del> -			<del></del>	
	rty (Include al amusement )	utomobiles, c	ertain otr	ier venic	ies, ceil	ular tele	pnones	s, certain	compute	ers, and	property	usea 10	or enterta	ainmen
Note: For any	vehicle for wi	hich you are u	sing the	standard	d mileag	e rate oi	deduc	cting lease	e expens	e, comp	leteonly	1 24a, 24	lb, colun	nns (a)
	Section A, all													
Section A	\ - Depreciati	on and Other	Informa	tion (Ca	aution: S	See the								
24a Do you have evidence to	support the bu	siness/investm	ent use cla	aimed?	<u> </u>	es	_ No	24b If 'Y	es," is th	ne evidei	nce writt	ten? L	_ Yes L	No
(a)	(a) (b) (c)							<b>(f)</b>	(	(g)	(	(h)		(i)
Type of property	Date placed in	Business/	·	Cost or		is for depri siness/inve		Recovery		thod/		ciation		cted on 179
(list vehicles first )	service	use percenta		her basis		use only	<i>i</i> )	period	Conv	ention	aeat	uction		ost
25 Special depreciation a	llowance for q	ualified listed	property	placed	ın servic	e during	the ta	ax year an	d	ł				
used more than 50% i	n a qualified b	usiness use								25				
26 Property used more th	an 50% in a c	qualified busin	ess use:								•			
			%											
			%											
		t	%											
27 Property used 50% or	less in a quali	1											1	
in Topolty Good 6070 or		1	<u>%</u>						S/L·					
		i	%						S/L·				1	
* .		t	%						S/L·					
NO. A -1-1					. h 01				3/L ·	28			{	
28 Add amounts in colum	• • •	-				, page i				20	l		ļ	
9 Add amounts in colum	in (i), line 26. E											29	L	
			Section 8				+							
Complete this section for												na thin c	antion f	~-
f you provided vehicles to	your employe	es, tirst answ	er the qu	estions	ın Secu	on C to	see II y	ou meet a	an excep	otion to t	completi	ng this s	section it	Of .
hose vehicles					r		т						r	
			(6	a)	(1	b)		(c)	(	ď)	(4	e)	(1	f)
30 Total business/investmer	t miles driven d	uring the	Veh	ucle	Vet	ncle	V	ehicle	Veh	nicle	Veh	ncle	Veh	ıcle
year (do not include cor	nmuting miles)				<u> </u>									
31 Total commuting miles	driven during	the year					ļ							
32 Total other personal (r	oncommuting	) miles												
driven	_													
33 Total miles driven duri	ng the vear.													
Add lines 30 through 3							1							
Was the vehicle available for personal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
during off-duty hours?	•		1.00		1.00		1	111						
35 Was the vehicle used		more	-			<u> </u>	1			<del> </del>				
		Hore							İ		ļ			
than 5% owner or rela	•	1				<u> </u>			<del> </del>					
36 Is another vehicle avai	lable for perso	onai					ļ							
use?			<u>!                                    </u>		<u>.                                      </u>		<u> </u>				l	L	I	L
		- Questions												
Answer these questions to		you meet an e	exception	to com	pleting S	Section	B for v	ehicles us	ed by er	mployee	s who a	re not m	nore than	15%
owners or related persons													1	1
37 Do you maintain a writ	ten policy sta	tement that p	rohibits a	all persor	nal use o	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No
employees?													ļ	
38 Do you maintain a writ										our				
employees? See the II	nstructions for	vehicles use	d by corp	orate of	ficers, d	lirectors	, or 1%	or more	owners					<u> </u>
39 Do you treat all use of	vehicles by ei	mployees as p	personal	use?										
40 Do you provide more t	han five vehic	les to your en	nployees	, obtain	informat	tion from	your (	employee	s about				-	
the use of the vehicles	s, and retain th	ne information	received	1?										
41 Do you meet the requ					monstra	ation use	?							
Note: If your answer to								covered ve	ehicles				7	1
Part VI Amortization	<del>, , , , , , , , , , , , , , , , , , , </del>	<u>, , , , , , , , , , , , , , , , , , , </u>											<u> </u>	
(a)			(b) (c)				(d)	(d)		(e)		(f)		
Description		Dat	e amortization Amortizable				Code Amor		Amortiza period or per			mortization or this year	nortization	
42 Amortization of costs	that begins di	Iting your 200	begins 19 tax ve:	ar.			I	000001	L.	periou di pti	WINER			
Amortization of costs	mai begins di	Jing your 200	o ian ye	<u> </u>	<del></del>						$\neg \neg$			
			•	<del>                                     </del>					+					
				<u> </u>							42			
43 Amortization of costs											43			
44 Total Add amounts in	1		***** ***	whore to							44			