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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Jun 1 , 2009, and ending May 31 , 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
FRATERNAL ORDER OF EAGLES IOWA STATE AERIE

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
3305 GLENSTONE DR, UNIT 167

City or town, state or country, and ZIP + 4
GRIMES IA 50111

D Employer identification number
42-6099655

E Telephone number
(515) 321-1215

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ► N/A

J Tax-exempt status (check only one) — ☒ 501(c) (8) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 329,459.

SCANNED JUN 29 2011

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	318,195.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,659.
	4	Investment income	4	605.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	329,459.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	254,158.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	8,850.
	13	Professional fees and other payments to independent contractors	13	108.
	14	Occupancy, rent, utilities, and maintenance	14	2,097.
	15	Printing, publications, postage, and shipping	15	10,351.
	16	Other expenses (describe ► See Other Expenses Statement)	16	53,314.
	17	**Total expenses.** Add lines 10 through 16 ►	17	328,878.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	581.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	253,328.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	253,909.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	252,901.	22	253,566.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► FIXED ASSETS AT NET BOOK VALUE)	427.	24	343.
25	**Total assets**	253,328.	25	253,909.
26	**Total liabilities** (describe ► _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	253,328.	27	253,909.

95-6

7

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? TO MAKE LIFE MORE DESIRABLE BY LESSENING ITS ILLS AND BY PROMOTING PEACE,

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28 _____

(Grants $) If this amount includes foreign grants, check here ► ☐ 28a

29 _____

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30 _____

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE ATTACHED				
SEE ATTACHED	SEE ATTACHED			
SEE ATTACHED IA 50111	1.00	0.	0.	0.

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

		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	X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If 'Yes,' has it filed a tax return on**Form 990-T** for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.		
b	Did the organization file**Form 1120-POL** for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee**or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed ► _____		

42a The organization's books are in care of ► LARRY HANSHAW Telephone no ► (515) 986-3103

Located at ► 3305 SE GLENSTONE DR, #167 GRIMES IA ZIP + 4 ► 50111-5079

		Yes	No
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 ► _____	42b	X
	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	X

			Yes	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of**Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	► 43		
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ►

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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

► Signature of officer Date 6-8-11

► LARRY HANSHAW, Secretary
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	RICHARD J. BYRON	Date 06/07/11	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self employed), address, and ZIP + 4 ►	THE PLANNERS TAX & ACCOUNTING, INC. 1012 GRAND AVENUE WEST DES MOINES IA 50265		EIN ► Phone no ► (515) 224-0149	

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545 0172

2009

Attachment Sequence No **67**

Name(s) shown on return

FRATERNAL ORDER OF EAGLES IOWA STATE AERIE

Identifying number

42-6099655

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(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 the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 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 2010 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 II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	84.
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 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**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	22	84.
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	

Part 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, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related persoIf you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). **Note:** *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 **Total.** Add amounts in column (f) See the instructions for where to report				**44**	

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
TRAVEL EXP	14,041.
INSURANCE BONDING & LIABILITY	676.
OTHER ADMINISTRATIVE COSTS	38,513.
Depreciation	84.
Total	53,314.

IOWA STATE AERIE OFFICERS AND COMMITTEE CHAIRMEN 2009-2010			
OFFICE		**ADDRESS**	**PHONE - E-MAIL**
Worthy State Junior Past President	John Goffinet	712 N. Birch Street, Monticello, IA 52310	319-465-4079 jwg568@mchsi.com
Worthy State President	Greg Martin	629 Acres, Burlington, IA 52601	319-752-9683 gregfoe150@mchsi.com
Worthy State Vice Pres.	Bill Whitlock	1701 Eagle Crest Apt. B5, Davenport, IA 52804	563-271-2842 bbwhitlock20@myway.com
Worthy State Chaplain	Jake Roush	9354 74th Street, Ottumwa, IA 52502	641-684-5178 jerryroush@lisco.com
Worthy State Conductor	Joe Roe	1939 9th Street, Coralville, IA 52241	319-631-5265 eagleslodge@qwestoffice.net
Worthy State Secretary	Larry Hanshaw	5555 Glenstone Drive #167 Grimes, IA 50111	515-986-3103 lphanshaw@mchsi.com
Worthy State Treasurer	Miles Dixon	2201 Baumberger, Burlington, IA 52601	319-754-1698 milesfoe150@yahoo.com
Worthy State Inside Guard	John Haidsiak	710 S. 4th Street, Red Oak, IA 51566	712-623-4205 kjhaid@iowatelecom.net
Worthy State Outside Guard	Kevin Kressley	558 Helmet Avenue, Waterloo, IA 50703	319-230-0710 krezz58@yahoo.com
Worthy State Trustee #1	John Kipp	5027 North Dittmer, Davenport, IA 52806	563-579-4699
Worthy State Trustee #2	Randy Woods	2937 Avenue J Council Bluffs, IA 51506	712-328-8612 rwoods17@cox.net
Worthy State Trustee #3	Steve Langton	P.O. Box 236, Atkins, IA 52206	319-521-5274 sdlangton@yahoo.com
Worthy State Trustee #4	Dale O'Brien	2656 Black Diamond R. SW, Iowa City, IA 52240	319-683-2701 obriens1990@netins.net
Honorary State V. President	Roland McKay	515 N 11th Street, Fort Dodge, IA 50501	515-573-7220 rmckay@frontiernet.net
State President's Charity Project	John Haidsiak	710 S. 4th Street, Red Oak, IA 51566	712-623-4205 kjhaid@iowatelecom net
State Membership Director	Miles Dixon	2201 Baumberger, Burlington, IA 52601	319-754-1698 milesfoe150@yahoo.com
Co-Chairman	Shawn Phillips	P.O. Box 85, Chariton, IA 50048	641-774-2914 twolf@astoriainc com
Co-Chairman	Joe Brinson	2908 New Era Road, Muscatine, IA 52761	563-264-5227 cbrinson@machlink.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, IA 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 toshiaivyl@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	Ron Morris	309 5th St. NW, LeMars, IA 51031	712-541-2333
State Alzheimer's Fd Chairman	Pat Ready	6170 Centura Ct., Dubuque, IA 52002	563-588-3159
State Diabetes Fund Chairman	John Kipp	1622 N. Division Street, Davenport, IA 52804	563-579-4699
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, Iowa City, IA 52240	319-683-2701 obriens1990@netins net
State Lew Reed Spinal Cord Injury	Randy Woods	2937 Avenue J. Council Bluffs, IA 51506	712-328-8612 rwoods17@cox.net
State Golden Eagle Fund Chairman	Jim Mintun	1221 Hedge Ave., Burlingtonm, IA 52601	319-7853-5357 foe150@mchsi com
State Ritual Chairman	Pete Schmieding	3519 Antonia Court, Imperial, MO 63052	636-942-3659 foe.104@att.net
State REAC Chairman	Terry Kipp	4343 16th St PMB 104, Moline, IL 61265	309-798-3192 tkkipp@gmail 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 warbonet@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 Academy 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
State Secretary Club	John Goffinet	712 N Birch Street, Monticello, IA 52310	319-465-4079 jwg568@mchsi com
State God, Flag & Country	Wynn Bowden	200 E Washington, Red Oak, IA 51566	712-623-3125

IOWA STATE CHARITIES 2009-2010

City	State Charity	Alzheimer's	Cancer	Children	Child Abuse	Diabetes	Golden Eagle	Heart	Kidney	Memorial	Spinal Cord	Parkinson	St Jude	Disaster Relief	Total
Albia	1,300 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00				1,550 00
Anamosa	100 00														100 00
Asbury	3 000 00	400 00	300 00	400 00		200 00		400 00	300 00		200 00				5 200 00
Atlantic															0 00
Atlantic JOES	300 00														300 00
Burlington	10 000 00	556 00	556 00	556 00	556 00	555 00	555 00	556 00	555 00	555 00	5 000 00				20 000 00
Burlington Eagle Riders	2 843 00														2 843 00
Cedar Falls															0 00
Cedar Rapids	1,860 14	65 42	739 80	161 92	366 43	53 92	14 42	244 98	33 92	69 42	69 42			14 42	3,494 31
C Rapids Mem Kleinmeyer			10 00												10 00
Cedar Rapids REAC	139 00														139 00
Centerville	4 958 00														4 958 00
Centerville Eagle Riders	500 00														500 00
Chanton	1,437 54														1 437 54
Clinton	25,500 00	1,000 00	1,000 00	1,000 00	1,000 00		1 000 00	1,000 00	1,000 00	1 000 00	1 000 00	1 000 00			35 500 00
Council Bluffs	3,500 00	564 89	301 64	393 54	284 10	1,125 72	480 62	620 37	879 71	282 47	959 87			282 47	9,675 40
Creston	1,117 00			150 00				100 00	125 00						1 492 00
Davenport	1,952 50	25 00	30 50	85 50		801 00		6 00	15 00		13 00				2,928 50
Davenport Eagle Riders	230 00														230 00
Davenport Ball Park	1,000 50														1,000 50
Des Moines	3,427 04	231 00	100 00	392 96				1,010 58	174 50	275 28	144 00				5,755 36
Des Moines Eagle Rider	1,991 50														1 991 50
Dubuque	684 00	100 00		214 00		100 00		100 00							1 198 00
Fairfield	100 00	100 00	100 00	100 00	100 00	100 00	100 00	100 00	100 00	100 00	100 00			100 00	1 200 00
Fort Dodge	550 00														550 00
Fort Madison	250 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00				500 00
Glenwood	420 58	157 58	149 58	149 58	192 58		104 58	706 23	157 58		220 58				2,258 87
Grinnell	7,000 00	50 00	50 00	50 00		50 00	50 00	50 00	50 00	50 00	50 00				7,450 00
Grinnell Eagle Riders	1,500 00														1,500 00
Guttenberg	20 00		20 00	20 00			20 00	20 00							100 00
Hawarden	6,001 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00				6,251 00
Iowa City	24,584 83	500 00	500 00	500 00	500 00	500 00	500 00	500 00	500 00	500 00	500 00				29,584 83
Iowa City Card Players	1,000 00														1,000 00
Iowa City Eagle Riders	250 00	41 60	41 55	41 55	41 55		41 55	41 55	41 55	41 55	41 55				624 00
LeMars	6 000 00	120 00	120 00	120 00	120 00	120 00	120 00	120 00	120 00	120 00	120 00				7,200 00
Manchester	3,600 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00				5,600 00
Manchester Aux	50 00														50 00
Manchester Eag Riders	50 00														50 00
Mequoketa															0 00
Manon	100 00	50 00	50 00	50 00	50 00	50 00	50 00		50 00		50 00				500 00
Missoun Valley	3,250 00		50 00			25 00	25 00	25 00	25 00		25 00				3 425 00

City	State Charity	Alzheimer's	Cancer	Children	Child Abuse	Diabetes	Golden Eagle	Heart	Kidney	Memorial	Spinal Cord	Parkinson	St. Jude	Disaster	Total
Monticello	3,400 00		100 00	100 00		100 00		300 00	100 00	100 00	200 00				4,400 00
Muscatine	500 00														500 00
Osceola		19 61	19 61	19 61	19 60	19 60	19 60	19 60	19 60	19 60	19 60				196 03
Oskaloosa	2,291 85										20 00				2,291 85
Oskaloosa/Gery Schooley															20 00
Ottumwa	706 50														706 50
Ottumwa Duds & Dolls			175 00												175 00
Red Oak	1,847 68	62 50	115 00	40 50	40 50	115 00	62 50	122 75	58 09		122 75				2 587.27
Shenandoah	600 00		43 65												843 65
Sioux City							39 33	116 00	100 00	100 00	97 00	39 33	168 00		4,983 51
Tama-Toledo	4,182 51	39 34		102 00				207 73	53 53	343 56	51 87				2,260 10
Waterloo	1,244 68	40.28	187 50		16 50	114 45									
															8,151 89
St. Charity Merchandise	8,151 89	minus out									40 00				353 00
SE Lakes Distrct	313 00														329 49
Tall Corn Distrct	329 49														250 00
Three Rivers District	250 00														898 43
West Pott District	898 43														509 00
Eastern Zone	509 00														173 00
E. Zone Mem E. Rezabec	173 00														552 95
Western Zone	552 95														376 00
WCR Conference	376 00														231 00
Dart Tournament	231 00														480 00
Golf Tournament		60 00	60 00		60 00	60 00		60 00	60 00	60 00	60 00				1 424 37
MSP Kim's Parking Meter	1,424 37														200 00
R. Frondle	200 00														50 00
Terry Hundley	50.00														100 00
M. Kipp	100 00														50 00
Carl Rezabec	50 00														10 00
Misc	10 00														370 00
Dan Bouressa Memorial	220 00		50 00	50 00				50 00							100 00
Leva Franker	100 00														350 00
Leva Franker Memorial	350 00														100 00
Robert Lynott	100 00														200 00
Bob Carlson	200 00														200 00
Debby Noble	200 00														574 00
Kurt Sicilies	574 00														657 01
Quilt	657 01														432.20
Fines/Donations	432 20														4 000 00
Iowa State Eagle Riders	4,000 00														400 00
State Mixed Best Shot Golf	400 00														60 20
Hospitality Rm Tips	60 20														46 00
Jello Shots	46 00														10 00
DVD Sales	10 00														208 549.26

	State Charity	Alzheimer's	Cancer	Children	Child Abuse	Diabetes	Golden Eagle	Heart	Kidney	Memorial	Spinal Cord	Parkinson	St. Jude	Disaster	Total
	156,108.39	4,458.22	5,144.93	4,972.16	3,622.26	4,364.69	3,457.60	6,751.79	4,793.48	3,891.88	9,379.64	1,039.33	168.00	396.69	208,549.26
	-8,151.89														
	928.50														
	148,885.00														
Auxiliary	52,277.07														
Total State Charity	201,162.07														
GA DRC Grant	14,000.00														
	215,162.07														