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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A F	or the 20	010 calendar year, or tax year beginning $$ JUN 1 , $$ 2010 $$ and ending	3 M	AY 31, 20	11	
	B c	heck if oplicable	C Name of organization		D Employer ide	ntification	number
	_	Address	FRATERNAL ORDER OF EAGLES AERIE 2258				
	F	Name change	Doing Business As		41	-0265	371
		Initial return	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephone nur		
		Termin- ated	205 W WILLIAM PO BOX 607		50		-1162
		Amended	City or town, state or country, and ZIP + 4		G Gross receipts \$		1,179,464.
	<u></u>	Applica- tion pending	ALBERT LEA, MN 56007	-	H(a) Is this a grou		Yes X No
			F Name and address of principal officer: HOWAD QUAM JR SAME AS C ABOVE		for affiliates? H(b) Are all affiliate		
	ТТ	ax-exem	pt status:	527			see instructions)
			► N/A		H(c) Group exem		
				Year o	f formation 195	4 M State	of legal domicile MN
	Pa		ummary			<u> </u>	
	စ္ပ	1 Bri	efly describe the organization's mission or most significant activities: SOCIAL A	ACT	IVITIES F	ON CL	UB
	Jan	_	EMBERS AND DONATIONS TO COMMUNITY AND OTHER				
	Activities & Governance		eck this box if the organization discontinued its operations or disposed of imber of voting members of the governing body (Part VI, line 1a)	more	than 25% of its in	3	15
	ဗ္ဗ		imber of voting members of the governing body (r art vi, iiiio 12)			4	15
	80		tal number of individuals employed in calendar year 2010 (Part V, line 2a)			5	40
	vitie		tal number of volunteers (estimate if necessary)		1	6	25
2012	Acti		tal unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	_	bNe	t unrelated business taxable income from Form 990-T, line 34	_		7b	0.
=			at the transport of second (Dark VIIII has the		Prior Year 29,21		Current Year 28, 141.
ಲಾ	ıue		ontributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g) RECEIVED		51,96		46,531.
JAN	Revenue		ogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) RECEIVED	10	22,15		22,736.
	æ	مد	(D. A.V.)) (A. hans 5 Cel (a. O. 40 1 00 144 a)	TÖ			134,854.
日		12 To	tal revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)	S	261,39		232,262.
ş		13 Gr	ants and similar amounts paid (Part IX, column (A), lines (3)	<u> </u> "		0.	74,049.
SCANNED			nefits paid to or for members (Part IX, column (A), line 4) $\bigcap GDEN, U$	<u> </u>	1,93		100.
တ္ထ	es		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		105,87	0.	116,207.
	Expenses		ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)	-		<u> </u>	
	Exp		tal fundraising expenses (Part IX, column (D), line 25) her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ļ	190,16	8.	90,096.
			tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		297,97		280,452.
		19 Re	evenue less expenses. Subtract line 18 from line 12		-36,58		-48,190.
	Net Assets or Fund Balances	13		Beg	inning of Current Y		End of Year
	sets	20 To	tal assets (Part X, line 16)		2,026,06		1,980,425.
	ad B	21 To	tal liabilities (Part X, line 26)	<u> </u>	3,03		5,584.
	Ž	22 Ne	et assets or fund balances. Subtract line 21 from line 20		2,023,03	1.	1,974,841.
			Signature Block is of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	ante and to the heet	of my know	wadna and baliaf it is
			is of perjury, I declare that I have examined this return, including accompanying schedules and s and complete Declaration of preparer (other than officer) is based on all information of which pre			or my know	vieuge and Delier, it is
	truo,	, correct, t	Mark C_ Sh		1-1	14-12	
	Sigi	n	Signature of officer	•	Date		
	Her	1.	HOWAD QUAM JR, WORTHY PRESIDENT/CEO				
			Type or print name and title	<u> </u>	ate Chec	, 	PTIN
			rint/Type preparer's name KARLA HAVEMEIER, CPA Preparer's signature Whycyneja	1 -			PHN
	Paid		TARTA HAMINITED TOR	مادس	Firm's EIN	employed	
	•	_	Irm's name KARLA HAVEMETER, LTD Irm's address 107 S. BROADWAY		riiii \$ Ein	<u>'</u>	
	J46	J	NEW ULM, MN 56073		Phone no	(507	354-7699
	May	the IRS	discuss this return with the preparer shown above? (see instructions)	-			X Yes No

	1990(2010) FRATERNAL ORDER OF EAGLES AERIE 2236 41-026	133/1	Page Z
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u></u> _
1	Briefly describe the organization's mission:	3.17D	
	SOCIAL ACTIVITIES FOR CLUB MEMBERS AND DONATIONS TO COMMUNITY	AND_	
	OTHER ORGANIZATIONS.		
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	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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 \$ 256,681 • Including grants of \$) (Revenue \$	177,	577.)
	ORGANIZATION PROVIDES SOCIAL ACTIVITIES AND A CLUB FOR MEMBERS		
	RELAXATION AND ENTERTAINMENT.		
	OVER 1350 MEMBERS SERVED.		
	· · · · · · · · · · · · · · · · · · ·		
			 -
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	ORGANIZATION DONATES MONEY TO VARIOUS ORGANIZATIONS AND NEEDY		
	INDIVIDUALS. WE SUPPORT MANY CHARITABLE CAUSES INCLUDING CANC	EK.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	3,	280.)
	CHARITABLE DONATIONS FROM LAWFUL GAMBLING FUND IN SUPPORT OF V	ARIOU	S
	ORGANIZATIONS AND NEEDY INDIVIDUALS. SERVED OVER 63 ENTITIES	HTIW	
	\$42,380 IN FUNDS.		
			
			
	On Description of Only duty On		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ► 256,681.		20.00
03200	2	Form 99	90 (2010)
12-21			

Part IV Checklist of Required Schedules

			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		X
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			}
	similar amounts as defined in Revenue Procedure 98-19? 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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
^	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	. 0		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			<u> </u>
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
	Schedule D, Parts XI, XII, and XIII .	128		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	D. 14	14a		X
14a b	The state of the s			
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	L.	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, Parts II and IV	15		X
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, Parts III and IV	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	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III .	19	ļ <u>.</u>	X
20a		20a		Х
b		205		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b Form	gan /	<u> </u> (2010)
		1 91111	224	-VIV)

Page 4

Part W Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b 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 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 Х 27 Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes." complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Х Note. All Form 990 filers are required to complete Schedule O

rage 3

Pai	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response to any question in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng					
	(gambling) winnings to prize winners?			1c	X			
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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?		2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> X</u>		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь				
4a	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)?							
b	b If "Yes," enter the name of the foreign country: ►							
	See instructions for 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?							
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible?							
Ь	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7								
а								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		l	7c				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-42	7-				
e			at r	7e 7f				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		200 as required?					
9	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations.							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Do organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	1			
9	Sponsoring organizations maintaining donor advised funds.	any tin	no during the year.					
	Did the organization make any taxable distributions under section 4966?			9a]			
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		•	9b				
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
_	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		L		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	L	ļ		
	Note. See the instructions for additional information the organization must report on Schedule O.							
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	<u> </u>	<u> </u>				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	ļ <u>.</u>	Х		
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		<u> </u>		

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.

	Check if Schedule O contains a response to any question in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	15			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other				
_	officer, director, trustee, or key employee?		. 4, 6	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ect supervision	<u> </u>			
	of officers, directors or trustees, or key employees to a management company or other person?			3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Does the organization have members or stockholders?			6	X		
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embe	rs of the				
-	governing body?			7a	X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersons	?	7b	X		
8							
_	by the following:						
а	The governing body?			8a	X		
ь							
9							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal l	Reven	ue Code.)				
					Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?		•	10a		X	
	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	ters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			10b	Х		
11a	and the second s						
b	and the state of t						
12a	2a Does the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?			12b		X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? It	f "Yes,	" descnbe	İ			
	in Schedule O how this is done			120	X		
13	Does the organization have a written whistleblower policy?	•		13		X	
14	Does the organization have a written document retention and destruction policy?			14	ļ	X	
15	Did the process for determining compensation of the following persons include a review and appro-		Independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7			U	1	
а	The organization's CEO, Executive Director, or top management official	•		15a	177		
b	Other officers or key employees of the organization			15b	<u>^</u>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	1.0		Х	
_	taxable entity during the year?	- 4 - برام،	No mandra sales s	16a	+		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	gamza	uon s	166			
	exempt status with respect to such arrangements?			100		<u>. </u>	
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MN						
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (50°	 I(c)(3)s only) avail	able for			
18	public inspection. Indicate how you make these available. Check all that apply.	. ,00	. (C)(C)C CIIIJ) CYCII				
	Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflu	ct of interest polic	v, and fir	ancial		
19	statements available to the public.	2011111		,, iii			
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the orga	nization:	>		
20	KENNETH AYERS - 507-373-1162		g				
	205 W WILLIAM, ALBERT LEA, MN 56007						

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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)	(C)						(D)	(E)	(F)
Name and Title	Average	١,,		Pos			l. A	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional frustee	Officer		Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RAY MADRIGAL										
TRUSTRE	5.00	X	ļ			_		400.	0.	0
JOE ANDERSON									_	_
TRUSTRE	5.00	X	_			<u> </u>		400.	0.	0
MARCOS GUERRA							ļ	400		
TRUSTRE	5.00	X	<u> </u>		<u> </u>	<u> </u>		400.	0.	0
HARLEY FREDERICK	F 00							400		
TRUSTEE	5.00	X	ļ	<u> </u>			-	400.	0.	0
STEVE LOWMAN	F 00	١,,						400	_	_
TRUSTEE	5.00	X	-		\vdash	-	-	400.	0.	0
HOWARD GUAM JR	5.00	l		x				0.	0.	0
WORTHY PRESIDENT	3.00	┢		^	-	├	\vdash		<u> </u>	- 0
TOM MINEHART WORTHY VICE PRESIDENT	5.00			X				0.	ο.	0
GARY CUNNINGHAM	3.00	-	H	-		1		1		
WORTHY CHAPLAIN	1.00			x				0.	0.	0
BRUCE HOLLAND		1	1	-	T	1	-			
WORTHY CONDUCTOR	1.00			X	1			0.	0.	0
VINCENT CARDONA		T		 						
WORTHY INSIDE GUARD	1.00	ĺ		X			ĺ	0.	0.	0
KEN LAHTI			Π							
WORTHY OUTSIDE GUARD	1.00	l		X				0.	0.	0
KENNETH AYERS								_		
TREASURER	5.00			X				300.	0.	0
RON SORENSON					1					
AUDITOR	5.00	1_		X			<u> </u>	0.	0.	0
DOUG LIND				1_					_	_
SECRETARY	5.00	<u> </u>		X	ļ	↓	_	0.	0.	0
MARCOS GUERRA				l					_	_
WORTHY PAST PRESIDENT	1.00	+-	\vdash	X	-	-	\vdash	0.	0.	0
		-	_	_			_			
				1						

032007 12-21-10

1. ¢1¥	Section A. Officers, Directors, Tra (A)	(B)	mpic	oyee		<u>na i</u> C)	High	est	(D)	(E)	(F	
	Name and title	Average			Pos	ıtion			Reportable	Reportable	Estim	
		hours per week (describe hours for related organizations in Schedule O)	al trustee or director	hech	k all		Highest compensated employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth comper from organiz and re organiz	er Isation the zation lated
				_								
								_				
		_										
_												
1 b	Sub-total		l	<u></u>		<u> </u>		<u> </u>	2,300.	0.		0.
C	Total from continuation sheets to Part V	II, Section A					Þ		0.	0.		0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed al	bov	e) wi	no re	2,300. eceived more than \$100	0,000 in reportable	1	0.
	compensation from the organization	<u> </u>									Ye	
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual									3	х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? <i>If</i> "Yes,	," co	mpl	ete S	Sch	edul	e J f	for such individual	-	4	Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indiv	idual for services	5	х
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compens	sation from	1
	the organization. NONE (A) Name and business address								(B) Description of s	services ((C) Compensation	
					_	_			· · · · · · · · · · · · · · · · · · ·			
2	Total number of independent contractors		not li	ımıte	ed to		^	stec	d above) who received n	nore than	·····	······
	\$100,000 in compensation from the organ	ization -					<u> </u>				Form QQ (0 (2010)

41-0265371 Form 990 (2010) FRATERNAL ORDER OF EAGLES AERIE 2258 Page 9 Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 28,141 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 28,141 h Total. Add lines 1a-1f **Business Code** 29,725. 14,079. 900099 29,725. 2 a MEMBERSHIP DUES Program Service Revenue 900099 14,079. **b** PROJECT INCOME 2,727. 2,727. c MISCELLANEOUS INCOME 900099 f All other program service revenue 46,531. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,736 22,736. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 43,118. 6 a Gross Rents 66,416. b Less: rental expenses 23298. c Rental income or (loss) -23,298.-23,298d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 528. Part IV, line 18 0. b Less: direct expenses 528. 528. ▶ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 772060 Part IV. line 19 768780. b Less: direct expenses 3,280 3,280 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 266350. and allowances 112006. b Less: cost of goods sold 154,344 154,344 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 232,262. 180,857. 0. 23,264. Total revenue. See instructions

Form 990 (2010)

032009

Part IX Statement of Functional Expenses

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

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	74,049.	74,049.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	100.	100.		
5	Compensation of current officers, directors, trustees, and key employees	2,300.		2,300.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	99,354.	99,354.	_	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,038.	1,038.		
9	Other employee benefits				
10	Payroll taxes	13,515.	13,515.		
11	Fees for services (non-employees):	Т			
а	Management				
b	Legal				
С	Accounting	1,159.		1,159.	
d	Lobbying			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other .				
12	Advertising and promotion	2,756.	2,756.		
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties	20 556	22 556		
16	Occupancy _	22,556.	22,556.		
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 207		4 207	
19	Conferences, conventions, and meetings	4,297.		4,297.	
20	Interest .				
21	Payments to affiliates	15,709.			
22	Depreciation, depletion, and amortization	9,523.	9,523.		
23	Insurance	9,323.	7,323.		
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule O.) ENTERTAINMENT	31,315.	31,315.		
a	SALES TAX	23,185.	23,185.		
b	PER CAPITA	12,882.	12,882.		
c d	SERVICES	6,332.	6,332.		
e	MEMBERSHIPS	2,006.	2,006.		
f	All other expenses	-41,624.	-41,930.	306.	
25	Total functional expenses. Add lines 1 through 24f	280,452.	256,681.	8,062.	0
26	Joint costs. Check here Inf following SOP		, , , , ,	-	-
20	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pai	τX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	181,107.	1	146,957.
	2	Savings and temporary cash investments .	1,405,156.	2	1,410,765.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	17,760.	8	18,358.
•	9	Prepaid expenses and deferred charges	·····	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,394,328. 10b 989,983.			
	ь	Less: accumulated depreciation 10b 989,983.	422,038.	10c	404,345.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13_	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.006.061	15	1 000 405
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,026,061.	16	1,980,425. 5,584.
	17	Accounts payable and accrued expenses	3,030.	17	5,584.
	18	Grants payable .		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
<u>.</u>		highest compensated employees, and disqualified persons. Complete Part II		00	
_		of Schedule L		22	<u>.</u>
	23	Secured mortgages and notes payable to unrelated third parties	·	23 24	
	24	Unsecured notes and loans payable to unrelated third parties		25	
	25	Other liabilities. Complete Part X of Schedule D	3,030.		5,584.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here □ and complete	3,000	-20	
		lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
<u>la</u>	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets .		29	
Net Assets or Fund Balances	28	Organizations that do not follow SFAS 117, check here			
Ē.		complete lines 30 through 34.			
ţs	30	Capital stock or trust principal, or current funds	0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Ž,	32	Retained earnings, endowment, accumulated income, or other funds	2,023,031.	32	1,974,841.
ž	33	Total net assets or fund balances	2,023,031.	33	1,974,841.
	34	Total liabilities and net assets/fund balances	2,026,061.	34	1,980,425.
	<u> </u>	Total liabilities and het assets/fund palatices			Form 000 /20

Form	990 (2010)	FRATERNAL (ORDER O	F	EAGLES	AERIE	2258	41-0	265371	Pag	ge 12
	t XI Reconciliati		••	•							
·		ule O contains a response	e to any ques	tion I	ın this Part X	١					
			<u> </u>				- ', ,,,				
1	Total revenue (must e	qual Part VIII, column (A),	, line 12)					1			62.
2	,	equal Part IX, column (A),	-					2	280),4	52 .
3	3 Revenue less expenses. Subtract line 2 from line 1							-48	3,1	90.	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						2,023	2,023,03			
5	Other changes in net assets or fund balances (explain in Schedule O)							0.			
6	6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 1, 97							1,8	41.		
Part XII Financial Statements and Reporting											
Check if Schedule O contains a response to any question in this Part XII											
	· · · · · · · · · · · · · · · · · · ·		-							Yes	No
1	Accounting method u	sed to prepare the Form 9	990: 🔲 C	ash	X Acci	ual 🔲 🤇	other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.											
2a	Were the organization	's financial statements co	ompiled or rev	viewe	ed by an inde	pendent acc	ountant?		2a		X
b	Were the organization	's financial statements au	udited by an i	indep	endent acco	ountant?			2ь		X
С	If "Yes" to line 2a or 2	b, does the organization I	have a comm	nittee	that assume	s responsibl	lity for oversight of th	e audıt,			l
	review, or compilation	of its financial statement	ts and selecti	on of	f an independ	dent account	ant? .		2c		
	If the organization cha	anged either its oversight	process or se	electi	ion process	during the ta	k year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2	b, check a box below to 11	indicate whet	her th	he financial s	tatements fo	r the year were issue	ed on a			
	separate basis, consc	lidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis										
3a	As a result of a federa	l award, was the organiza	ation required	to u	ndergo an a	udit or audits	as set forth in the Si	ngle Audi	nt		
	Act and OMB Circular	A-133?							3a		Х
b	If "Yes," did the organ	ization undergo the requi	red audit or a	audits	s? If the orga	anization did	not undergo the requ	ııred audı	t		
	or audits, explain why	ın Schedule O and descr	ribe any steps	s take	en to underg	o such audit	s		3b		

SCHEDULE D

(Form 990)

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.

2010 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

Pa	ti Organizations Maintaining Donor Advise		s or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts						
4	Total number at and of year	(0, 00.10. 00.10.0	(c) remoderate and accounts						
1 2	Total number at end of year Aggregate contributions to (during year)								
3	Aggregate contributions to (during year) Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds						
3	are the organization's property, subject to the organization's		Yes No						
6	Did the organization inform all grantees, donors, and donor a								
•	for charitable purposes and not for the benefit of the donor of								
	impermissible private benefit?	a contact devices, or recently cares perpendicular	Yes No						
Par		ganization answered "Yes" to Form 990,							
1	Purpose(s) of conservation easements held by the organizati								
_	Preservation of land for public use (e.g., recreation or e		storically important land area						
	Protection of natural habitat	· —	rtified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last						
	day of the tax year.								
	•		Held at the End of the Tax Year						
а	Total number of conservation easements	•	2a						
b	Total acreage restricted by conservation easements	2b							
c	Number of conservation easements on a certified historic str	2c							
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
	year ▶								
4	Number of states where property subject to conservation ea								
5	Does the organization have a written policy regarding the per								
	violations, and enforcement of the conservation easements i		. L Yes						
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 17							
	and section 170(h)(4)(B)(ii)?		. LYes LNo						
9	In Part XIV, describe how the organization reports conservation								
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for						
	conservation easements.	f Art Historical Traceures or (Other Similar Assets						
ra	Organizations Maintaining Collections o Complete if the organization answered 'Yes' to Form		Julier Sillillar Assets.						
			ment and belongs about works of art						
18	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public extensions).								
			ance of public service, provide, in Fart XIV,						
L	the text of the footnote to its financial statements that described the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art, historical						
b	treasures, or other similar assets held for public exhibition, e								
		ducation, or research in furtherance of p	abile service, provide the following amounts						
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		▶ \$						
	(ii) Assets included in Form 990, Part X	•	► \$ ► \$						
a	If the organization received or held works of art, historical tre	easures, or other similar assets for finance							
2	the following amounts required to be reported under SFAS 1		9						
•	Revenues included in Form 990, Part VIII, line 1	To vide deep relating to those terms.	▶ \$						
a b	Assets included in Form 990, Part X		► \$ ► \$						
	Additional in Form 500; Factor	•	· • • · · · · · · · · · · · · · · · · ·						

Schedule D (Form 990) 2010

Sched	dule D (Form 990) 2010 FRATERN	AL ORDER OF	F EAG	LES	AERIE	2258		41-02	65371	Page 2
Par	III Organizations Maintaining C	ollections of Ar	t, Histo	rical '	Treasures	, or Oth	er Simila	ar Asset	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of ti	he following t	hat are a s	ignificant i	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	Lo	oan or e	xchange pro	grams				
b	Scholarly research	е	□ 0	ther						
C	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how the	y furthe	r the organiz	ation's exe	mpt purpo	se in Part	XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, hist	oncal tr	easures, or c	ther simila	r assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi:	zation's	collection?				Yes	No No
Par	EX Escrow and Custodial Arran		te if the c	organiza	ation answere	ed "Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for co	ontribut	ions or other	assets no	tincluded		_	
	on Form 990, Part X?							L.	J Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ilowing ta	ble:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance	•					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L.	Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization an	swered "	Yes" to	Form 990, Pa	art IV, line	10.			
	}	(a) Current year	(b) Pri	or year	(c) Two y	ears back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance							~~~ ~~ ~~	++ 1 ++++++++++++++++++++++++++++++++++	
b	Contributions .				_					
C	Net investment earnings, gains, and losses								**********	*******
d	Grants or scholarships			-						
e	Other expenditures for facilities									
	and programs .									
f	Administrative expenses .									
g	End of year balance .									
2	Provide the estimated percentage of the year	r end balance held a	ıs:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ►	%								
		%								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are hel	d and admini	stered for	the organiz	zation	Γ	
	by:								F I	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•							3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Description of investment	(a) Cost or o			ost or other		ccumulate		(d) Book	value
		basis (investr	nent)	bas	sis (other)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	preciation		1.0	
1a	Land .		<u> </u>		10,000		<u> </u>			,000.
b	Buildings	519,	050.	;	553,335	•	698,9	13.	3/3	,410.
C	Leasehold improvements									
	Equipment	F.C.	427		DEE EAG		201 0	00	2.0	0.25
	Other .		437.		255,506	9 •	291,0	00.		,935.
Total	LAdd lines 1a through 1e. (Column (d) must e	anual Form 000 Part	X colum	n (A) lir	ne 10(c).)				404	, 343.

Schedule D (Form 990) 2010

	Investments - Other Securities. Se	e Form 990, Part X, line	e 12.		
(a)	Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuate st or end-of-year mark	
(1) Financia	l derivatives .				
	neld equity interests				
(3) Other					
(A)					
(B)				_ .	
(C) (D)					·······
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col (b)	must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related. Se	ee Form 990, Part X, III I	ne 13.	(c) Method of valuat	lon!
	(a) Description of investment type	(b) Book value	Co	st or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
<u>(5)</u> (6)					-
(7)					
(8)					
(9)					
(10)					
) must equal Form 990, Part X, col (B) line 13)		<u> </u>		
Part IX	Other Assets. See Form 990, Part X, line				(h) Dook volus
	(a)	Description			(b) Book value
(1)					
(2)		· - ·			
(3)					
<u>(4)</u> (5)					
(6)		,			
(7)					
(8)					
(9)					
(10)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,			<u> </u>	
1	(a) Description of liability		(b) Amount		
(1) Fed	leral income taxes		 	1	
(2)				4	
(3)				1	
(4)				_	
(5)				1	
<u>(6)</u>	-			1	
(7)				1	
(8)				1	
<u>(9)</u> (10)				1	
(11)					
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lin	e 25.)]	
2. FIN 48 (AS	umn (b) must equal Form 990, Part X, col (B) lin 3C 740) Footnote In Part XIV, provide the text of the footnote t SC 740)	o the organization's financial	statements that reports the organ	nization's liability for uncertain	n tax positions under
032053 12-20-10				Sche	edule D (Form 990) 2010

Sche	dule D (Form 990) 2010 FRATERNAL ORDER OF EAGLE					0265371	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	0 to Audit	ed Finan	cial Sta	tement	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 9 .	ith Dave	10	Dotum	<u>.</u>	
	t XII Reconciliation of Revenue per Audited Financial State	ements w	ith Kever	iue per			
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:	۔م ا					
а	Net unrealized gains on investments	2a			-		
b	Donated services and use of facilities	2b			-		
C	Recoveries of prior year grants	2c			[
d	Other (Describe in Part XIV.)	2d			ا 🚙 ا		
e	Add lines 2a through 2d				2e 3		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	l				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b			\dashv \parallel		
D	Other (Describe in Part XIV.) Add lines 4a and 4b		<u>L</u>		4c		
Ę	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stat	tements V	Vith Expe	nses p	er Retu	m	
1	Total expenses and losses per audited financial statements		<u> </u>		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
_ a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b		•	\neg		
c	Other losses	2c					
d	Other (Describe in Part XIV.)	2d_					
e	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:						
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		
	rt XIV Supplemental Information						4.5.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F						4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete thi	s part to pro	vide any	additional	information.	
						-	
				•			
			·				
				_ _	Sched	lule D (Form 9	990) 2010
						· V. • · · · · ·	,

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Name of the organization

Employer identification number

FRATERN	AL ORDER OF EAGLE	S AE	RIE	2258	41-0265	371
Part I Fundraising Activities. required to complete this part	Complete if the organization answ	vered "\ -	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab if "Yes," list the ten highest paid indirecompensated at least \$5,000 by the 	e Solicità f Solicità g Specia r oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) pur	ation of ation of al fundra al (includ profess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		i				
		- 				
		-				
		ļ <u>-</u>		-		
	<u> </u>					
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solici	t contrib	oution	s or has been notified	d it is exempt from re	egistration
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 99	0 or 99)-EZ.	 	Schedule G (For	m 990 or 990-EZ) 2010

	edu Irt I			EAGLES AERI		0265371 Page 2
	, ,	of fundraising event contributions and gre				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			PWP PROJECTS			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .	528.			528.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	528.			528.
	4	Cash prizes				
ses	5	Noncash prizes .				
Direct Expenses	6	Rent/facility costs				
Direc	7	Food and beverages .				
	8	Entertainment .				
	9	Other direct expenses .				
	10	Direct expense summary. Add lines 4 through				528.
Pá	11 *rt	Net income summary. Combine line 3, colum Ref. Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	3201
تستا		\$15,000 on Form 990-EZ, line 6a.			•	
- enu			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		772,060.		772,060.
	2	Cash prizes		607,808.		607,808.
Expenses	3	Noncash prizes .				
Direct 6	4	Rent/facility costs .				
	5	Other direct expenses		160,972.		160,972.
	6	Volunteer labor	Yes % No	Yes % X No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	768,780
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	3,280.
9	En	iter the state(s) in which the organization opera	ates gaming activities. M	IN		
	a Is	the organization licensed to operate gaming ac "No," explain:	ctivities in each of these			X Yes No
		ere any of the organization's gaming licenses r	avakad supposted set	arminated during the tay	war?	Yes X No
		ere any of the organization's gaming licenses r "Yes," explain:				
	_					
032	082 (01-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 FRATERNAL ORDER OF EAGLES AERIE 2258 41-0	<u>)265371</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	L Yes	X No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a 100	
b	An outside facility	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 & KENNETH AYERS		
	Address ▶ 205 W WILLIAM - ALBERT LEA, MN 56007		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party:		
Ī	, ,		
	Name		
	Address >		
16	Gaming manager information:		
-			
	Name ► RODNEY EISENMENGER		
	Gaming manager compensation ► \$9,000.		
	Description of services provided ► MANAGES ALL GAMING ACTIVITIES		
	Director/officer X Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	X Yes	L No
Ł	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 ▶ \$ 42,380.		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii		
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instruc	ctions).
		· · · · · · · · · · · · · · · · · · ·	
0320	983 01-13-11 Schedule G (For	m 990 or 990)-EZ) 2010

032083 01-13-11

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 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

TRATERIAL ORDER OF EAGLED ABOUT 2230 41-0203371
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.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE
UPON REQUEST.

Internal Revenue Service Name(s) shown on return

Depreciation and Amortization RENT

(Including Information on Listed Property)

See separate instructions. ► Attach to your tax return.

Business or activity to which this form relates

Sequence No 67 Identifying number

1

OMB No 1545-0172

NON DEBT FINANCED

BUILDING 41-0265371 FRATERNAL ORDER OF EAGLES AERIE 2258 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. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax vear 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 11,902. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 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 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (e) Convention (g) Depreciation deduction (fi Method (a) Classification of property 19a 3-year property 5-year property b 11,571. 7 YRS. HY 200DB1,653 7-year property C 10-year property d 15-year property f 20-year property S/L 25 yrs. 25-year property g 27.5 yrs. MM S/L Residential rental property h MM S/L 27.5 yrs. MM S/L 39 yrs. Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System S/I 20a Class life 12 yrs. 12-year ь 40 yrs. MM S/L 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 13,555. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

Form 4562 (2010)

23

portion of the basis attributable to section 263A costs

	m 4562 (2010)		TERNAL								d for or		0203		rayo z
P	Listed Proper amusement.)	ty (include a	utomobiles, ce	ertain otn	er venic	ies, certa	ain comp	outers	, and prop	berty use	a ior er	itertainii	ient, rec	reation, c	or
	Note: For any	vehicle for wi	hich you are u	sing the	standard	l mileage	rate or	deduc	ting lease	expense	e, comp	lete only	y 24a, 24	1b, colun	nns (a)
	through (c) of S														
			on and Other			$\overline{}$		· -		_				7	7
<u>24</u> 8	Do you have evidence to s			ent use cla	imed?	Ye		No	24b If "Y	``'	_	Ι		」Yes	No
	(a)	(b) Date	(c) Business/	-	(d)	Rasi	(e) s for depred	ciation	(f)		g)	1 .	h)	Elec	(i) hete
	Type of property (list vehicles first)	placed in	investment	l off	Cost or ler basis		iness/inves		Recovery period	Conve	hod/ ention		ciation iction	sectio	
		service	use percentag	Je		i	use only)		<u>.</u>			-		CO	st
25	Special depreciation all	owance for q	ualified listed	property	placed	ın servic	e during	the ta	x year an	d					
	used more than 50% in										_ 25				
26	Property used more that	ın 50% ın a c	qualified busin	ess use:											
			9	%											
		<u> </u>	9	%								1			
				%											
27	Property used 50% or I	ess in a qual	ified business	use:											
				%						S/L·					
			9	%					,	S/L·					
		1	 	%						S/L·					
28	Add amounts in column	(h) lines 25			and on	line 21	page 1				28				
	Add amounts in column						pago .					1	29		
28	Add amounts in column	i (i), iii le 20. L		Section E			on Head	of Vah	icles				1 =0	<u> </u>	
_										or related	l nersor				
CO If v	mplete this section for ve ou provided vehicles to y	enicies used	by a sole prop	er the au	artilei, O estions	r omer In Sectio	on C to s	111 J 70 120 If V	ou meet a	an excen	tion to i	ı. completi	na this s	ection fo	or.
-	se vehicles.	your employe	, mar anow	o,o qo		000	J. O 10 0	. ,		o/.oop		••··· -·•·			
			<u> </u>			- "	, 1		·			,	-1		
				1	a)	(t		.,	(c)	(0	-	1	e)	(f	
30	Total business/investment		luring the	Veh	ICIE	Veh	ICIE	V	ehicle	Veh	icie	Ver	ncle	Veh	ICI8
	year (do not include com	muting miles)					-			_		├			_
	Total commuting miles	-	-	_								ļ			
32	Total other personal (no	oncommuting	g) miles							İ					
	driven														
33	Total miles driven durin	g the year.												ĺ	
	Add lines 30 through 32	2												ļ	
34	Was the vehicle availab	ole for persor	nal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•									_				
35	Was the vehicle used p	rimanly by a	more												
	than 5% owner or relat	• •													
36	Is another vehicle availa	•	onal												
••	use?								1			1			
_	0301	Section C	- Questions	for Empl	overs W	/ha Pray	ride Veh	icles 1	for Use b	v Their E	mplov	ees		, ,	
۸.	swer these questions to		-	-	-								re not m	ore than	5%
		Geterrinine ii	you meet an c	Accpilor		picting		, , , , , ,	J, J						
	ners or related persons. Do you maintain a writt	on policy sto	tomont that a	robibite a	ll pareo	aal use c	of vehicle	e incl	udina coi	mmutina	by you	r		Yes	No
31	•	en policy sta	uemem mai pi	ioilibits a	ııı persoi	1ai 056 C	N VOINCIE	, IIIO	duling coi	mnothig,	. Dy 900	''		103	
	employees? .	na nahasi sas	tomont the -t	zabilesta -		1100 cf · ·	objeles	avaa-	t com	una bu u	OUZ				†
38	Do you maintain a writt										Oui				1
_	employees? See the in					nicers, d	irectors,	or 1%	or more	owners				—	+
39	Do you treat all use of						_							-	+
40						ıntormat	ion from	your e	employee	s about					
	the use of the vehicles,													<u> </u>	+
41	Do you meet the requir													ļ	
	Note: If your answer to	37, 38, 39, 4	10, or 4 <u>1 is "Ye</u>	es," do no	ot comp	lete Sec	tion B f <u>o</u> i	r the c	overed ve	ehicles.					<u>.</u>
P	art VI Amortization														
	(a)		D.,	(b)		(c)	al a		(d) Code		(e) Amortiz		Λ	(f) mortization	
		OT COSTS	Dat	e amortization begins		Amortizat amount		1	section		period or pe		ft.	or this year	
	Description			OUGING											
<u>-</u>	Amortization of costs to		uring your 201		ar:										
42			uring your 201		ar:			1				T			
42			uring your 201		ar:								-		
_	Amortization of costs t	hat begins d		0 tax yea								43			
43		hat begins di	efore your 201	0 tax yea	ar .	o report					· · · · · · · · · · · · · · · · · · ·	43	-		

Form **8868** (Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.



• if you	are tiling for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		ليكيا
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).	
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previously fi	led Form 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration
	to file Form 990-T), or an additional (not automatic) 3-mo				
	o file any of the forms listed in Part I or Part II with the ex				
	Benefit Contracts, which must be sent to the IRS in page				
	w.irs.gov/efile and click on e-file for Chanties & Nonprofits		(ooo mendenene). Or mere detaile on a	to oloca office filling of time for	O1111,
Part			ibmit original (no copies needed)		
	ration required to file Form 990-T and requesting an autor			unloto	
•	•	nauc ome	offili extension - check this box and con	piete	
Part I or	•				
	corporations (including 1120-C filers), partnerships, REM come tax returns.	iics, and t	rusts must use Form 7004 to request an	extension of time	
Type or	Name of exempt organization			Employer identification	number
orint	FRATERNAL ORDER OF EAGLES	лтотг	2258	41-0265371	
le by the	Manta at a factor of the DO bases			41-0203371	
lue date fo iling your eturn See	205 W WILLIAM PO BOX 607	ee mstruc			
nstruction		oreign add	lress, see instructions.		
	ALBERT LEA, MN 56007				
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)		0 1
Applica	tion	Return	Application		Return
s For		Code	Is For		Code
orm 99	0	01	Form 990-T (corporation)		07
orm 99		02	Form 1041-A		08
orm 99		03	Form 4720		09
orm 99		04	Form 5227		10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
		06	Form 8870		12
<u>-orm 99</u>	0-T (trust other than above) RICHARD PUMPER	00	Form 8870		12
• The b	ooks are in the care of ► 205 W WILLIAM -	- ALBI	ERT LEA, MN_56007		
Telep	hone No. ► 507-373-1162		FAX No. ▶		
If the	organization does not have an office or place of business	s in the Un	ated States, check this box	<u> </u>	
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If this	s is for the whole group, cl	heck this
oox 🕨	. If it is for part of the group, check this box				
1 In	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time unti	ı	
_	JANUARY 15, 2012, to file the exemp	t organiza	tion return for the organization named al	oove. The extension	
IS	for the organization's return for:				
•	calendar year or				
•	X tax year beginning JUN 1, 2010	, an	d ending MAY 31, 2011	·	
2 If 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	l return	
Ϊ	Change in accounting period				
	J				

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

estimated tax payments made. Include any prior year overpayment allowed as a credit.

nonrefundable credits. See instructions.

За

3ь

\$

0.

0.