See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning Jun 1 , 2011, and ending May 31 , 2012

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

C Name of organization: FRATERNAL ORDER OF EAGLES IOWA STATE AERIE
Doing Business As:
Number and street (or P O box if mail is not delivered to street addr): 3305 GLENSTONE DR, UNIT 167
Room/suite:
City, town or country: GRIMES
State: IA
ZIP code + 4: 50111

D Employer Identification Number: 42-6099655

E Telephone number: (515) 321-1215

G Gross receipts $ 206,309.

F Name and address of principal officer: LARRY HANSHAW 3305 SE GLENSTONE DR #1 GRIMES IA 50111-5079

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (8) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation: 2001

M State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities. THE FRATERNAL ORDER OF EAGLES, AN INTERNATIONAL, NON PROFIT ORGANIZATION, UNITES FRATERNALLY IN THE SPIRIT OF LIBERTY, TRUTH, JUSTICE AND EQUALITY, TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING ITS ILLS, AND BY PROMOTING PEACE PROSPERITY, GLADNESS AND HOPE.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	200
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	192,020.	206,309.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,020.	206,309.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	241,359.	219,293.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,200.	14,799.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,226.	13,747.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	299,785.	247,839.
19	Revenue less expenses Subtract line 18 from line 12	-107,765.	-41,530.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	146,144.	104,614.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances Subtract line 21 from line 20	146,144.	104,614.

Part II Signature Block

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

Sign Here

► Signature of officer — Date

► LARRY HANSHAW Type or print name and title — 12-6-12

Paid Preparer Use Only

Print/Type preparer's name: RICHARD J. SIRON	Preparer's signature: RICHARD J. SIRON	Date: 12/04/12	Check ☐ if self-employed	PTIN: P00036712
Firm's name ► THE PLANNERS TAX & ACCOUNTING, INC.			Firm's EIN ► 42-1368042	
Firm's address ► 1012 GRAND AVENUE WEST DES MOINES IA 50265			Phone no (515) 224-0149	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 07/05/11 Form **990** (2011)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE FRATERNAL ORDER OF EAGLES, AN INTERNATIONAL, NON PROFIT ORGANIZATION, UNITES FRATERNALLY IN THE SPIRIT

See Form 990, Page 2, Part III, Line 1 (continued)

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 ☒ 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 ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $_____ including grants of $_____) (Revenue $_____)

SEE ATTACHED - STATE CHARITIES, OTHER CHARITIES, MEMORIALS AND OTHER

4b (Code: _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4c (Code: _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4d Other program services. (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ►

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* (see instructions)?	2		X
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		X
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		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *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, VII, VIII, IX, or X as applicable			
a	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
e	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, 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 (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V 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 0		
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 reportable gaming (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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	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		
b	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.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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]

Section 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 200		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* .	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers of key employees of the organization	15b		X
	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 arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► LARRY HANSHAW 3305 SE GLENSTONE DR #167 GRIMES ID 50111 (515) 321-1215

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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHED SEE ATTACHED	1.00	X		X				14,799.	0.	0.
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ►								14,799.	0.	0.
c Total from continuation sheets to Part VII, Section A ►										
d Total (add lines 1b and 1c) ►								14,799.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ►

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b	8,847.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	197,462.			
	g Noncash contributions included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f		206,309.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a 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)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		206,309.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX [X]

Do not include amounts reported on lines 6b, 7b, 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 United States See Part IV, line 21	219,293.	219,293.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,799.	14,799.		
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				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,130.	1,130.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,273.	1,273.		
14 Information technology	3,429.	3,429.		
15 Royalties				
16 Occupancy				
17 Travel	7,095.	7,095.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45.	45.		
23 Insurance	775.	775.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	247,839.	247,839.		
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		145,910.	1	104,425.
	2	Savings and temporary cash investments			2	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,304.			
	b	Less: accumulated depreciation	10b 1,115.	234.	10c	189.
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		146,144.	16	104,614.
LIABILITIES	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		0.	26	0.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		146,144.	27	104,614.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		146,144.	33	104,614.
	34	Total liabilities and net assets/fund balances		146,144.	34	104,614.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,309.
2	Total expenses (must equal Part IX, column (A), line 25)	2	247,839.
3	Revenue less expenses Subtract line 2 from line 1	3	-41,530.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	146,144.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	104,614.

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 used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ 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 compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,304.	1,115.	189.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	189.

Part VI Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► **Attatch to Form 990.**

OMB No 1545-0047.

2011

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES IOWA STATE AERIE

Employer identification number

42-6099655

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SEE ATTACHED SEE ATTACHED IA 50111	SEE ATTACHE		140,206.				MISSION
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES IOWA STATE AERIE

Employer identification number

42-6099655

Pt VI, Line 6 SEE ATTACHED

Pt VI, Line 7a SEE ATTACHED

Pt VI, Line 11a FORM 990 REVIEWED BY TREASURER, PRESIDENT AND VP

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
OF LIBERTY, TURTH, JUSTICE AND EQUALITY, TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING ITS ILLS, AND BY PROMOTING PEACE PROSPERITY, GLADNESS AND HOPE.

IOWA STATE AERIE OFFICERS AND COMMITTEE CHAIRMEN 2011-2012			
OFFICE		**ADDRESS**	**PHONE - E-MAIL**
Worthy State Junior Past President	Bill Whitlock	6716 West Locust, Davenport, IA 52804	563-391-4846 bbwhitlock20@yahoo.com
Worthy State President	Jake Roush	9354 74th Street, Ottumwa, IA 52502	641-684-5178 jerryroush@lisco.com
Worthy State Vice Pres.	Joe Roe	1939 9th Street, Coralville, IA 52241	319-631-5265 jroe4@q.com
Worthy State Chaplain	John Kipp	5027 North Dittmer, Davenport, IA 52806	563-579-4699 johnkipp54@yahoo.com
Worthy State Conductor	Randy Woods	2937 Avenue J., Council Bluffs, IA 51506	712-328-8612 rwoods17@cox.net
Worthy State Secretary	Larry Hanshaw	3305 SE Glenstone Drive #167 Grimes, IA 50111	515-986-3103 lphanshaw@mchsi.com
Worthy State Treasurer	Rusty Clark	115 York Avenue, Chariton, IA 50049	641-203-1001 rustydeb53@yahoo.com
Worthy State Inside Guard	Jack Henninger	1054 Longfellow Ave., Waterloo, IA 50703	319-287-4138 jlhenninger@webtv.net
Worthy State Outside Guard	Steve Zimmerman	303 South Elm Street, Creston, IA 50801	641-782-4386 bulletineditor@iowatelcom.net
Worthy State Trustee #1	Steve Langton	P.O. Box 236, Atkins, IA 52206	319-929-5274 stevendlangton@gmail.com
Worthy State Trustee #2	Dale O'Brien	2656 Black Diamond R. SW, Iowa City, IA 52240	319-683-2701 obriens1990@netins.net
Worthy State Trustee #3	John Haidsiak	710 S. 4th Street, Red Oak, IA 51566	712-623-4205 kjhaid@iowatelecom.net
Worthy State Trustee #4	Miles Dixon	2201 Baumberger, Burlington, IA 52601	319-754-1698 milesfoe150@yahoo.com
Honorary State V. President	Tom Knapp	1601 4th Street, Reasd Oak, IA 51566	712-623-4322 tom_knapp_2715@q.com
State President's Charity Project	Rusty Clark	115 York Avenue, Chariton, IA 50049	641-203-1001 rustydeb53@yahoo.com
State Membership Director	Mike Gilson	1222 Memorial Dr. SE, Cedar Rapids 52060	319-365-5584 mrgilson@peoplepc.com
Co-Chairman	Steve Zimmeerman	303 South Elm Street, Creston, IA 50801	641-782-4386 bulletineditor@iowatelcom.net
Co-Chairman	Dwaine McFarland	1649 612 Lane, Albia, IA 52531	641-932-2495 tazzdale@hotline.com
Budget Committee	Ron Hansen	5817 Eastview Ave. SW, Cedar Rapids, IA 52404	319-396-2882 jrhans@imonmail.com
State New Aerie Chairman	Michael Duehr	1575 Wood Street, Dubuque, IA 52001	563-557-1098 michaelduehr@hotmail.com
State Weak Aerie Chairman	Larry Hanshaw	3305 SE Glenstone Drive #167 Grimes, IA 50111	515-986-3103 lphanshaw@mchsi.com
State Cancer Fund Chairman	Pat Ready	6170 Centura Court, Dubuque, IA 52002	563-588-3159
State JD Children's Fund Chairman	Jim Stevenson	1600 Summer St. Grinnell. IA 50112	515-321-1895 jimpack 1@yahoo.com
State Child Abuse Fund Chairman	Jim Bryant	202 Sunny Lane, West Liberty,IA 52776	319-627-6853 handyman@Lcom.net
State Alzheimer's Fd Chairman	Rusty Clark	115 York Avenue, Chariton, IA 50049	641-203-1001 rustydeb53@yahoo.com
State Diabetes Fund Chairman	John Kipp	5027 North Dittmer, Davenport, IA 52806	563-579-4699 johnkipp54@yahoo com
State Kidney Fund Chairman	Steve Langton	P.O. Box 236, Atkins, IA 52206	319-929-5274 stevendlangton@gmail com
State Memorial Fund Chairman	Kevin Kressley	558 Helmet Avenue, Waterloo, IA 50703	319-230-0710 krezz58@yahoo.com

OFFICE			
State Heart Fund Chairman	Tom Condit	932 East Street, Grinnell, IA 50112	641-236-7499 bentleycv@grinnell.edu
State Lew Reed Spinal Cord Injury	Greg Martin	629 Acres, Burlington, IA 52601	319-752-9683 gregfoe150@mchsi.com
State Golden Eagle Fund Chairman	Jim Mintun	1221 Hedge Ave., Burlington, IA 52601	319-850-1936 foe150@mchsi.com
State Ritual Chairman	Pete Schmieding	3519 Antonia Court, Imperial, MO 63052	636-942-3659 foe.104@att.net
State REAC Chairman	Steve Meeker	916 Circle Dr. N., Clinton, IA 52732	563-249-4741 stevemeeker5@live.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 Street, Creston, IA 50801	641-782-4386 bulletineditor@iowatelcom.net
State Webmaster	Mike Trousdale	2422 Wisconsin St. SE, Cedar Rapids, IA 52404	319-981-2168 eaglestateweb.ed@gmail.com
State Auditor	Roland McKay	515 N 11th Street, Fort Dodge, IA 50501	515-573-7220 rmkay@frontiernet.net
State Secretary Club	Larry Hill	1004 W Spaulding Ave., Fairfield, IA 52556	641-472-9788 landnhill@iowatelecom.net
State God, Flag & Country	Wynn Bowden	200 E Washington St., Red Oak, IA 51566	712-623-3125
M.I.N.K. Committee	John Haidsiak	200 E Washington, Red Oak, IA 51566	712-623-4205 kjhaid@iowatelecom.net
M.I.N.K. Committee	Pete Schmieding	3519 Antonia Court, Imperial, MO 63052	636-942-3659 foe.104@att.net
M.I.N.K. Committee	Dean Andersen	113 South 7th St. #2, Missouri Valley, IA 51555	712-642-2621 daadra@aol.com
State Diabetic Research Center	John Haidsiak	710 S. 4th Street, Red Oak, IA 51566	712-623-4205 kjhaid@iowatelecom.net
State Eagle Riders	Dennis Walkup	2224 Arizona Avenue, Iowa City, IA 52241	319-331-6911 walkupden@yahoo.com

IOWA STATE CHARITIES 2011-2012

Aerie #	City	State Charity	Alzheimer's	Cancer	Children	Child Abuse	Diabetes	Golden Eagle	Heart	Kidney	Memorial	Spinal Cord	DRC	Liver	Parkinson	Total
3583	Albia	1,375 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00			1,650 00
4512	Asbury	1,000 00	200 00	200 00	200 00				200 00	200 00		200 00	1,750 00		200 00	4,150 00
4458	Atlantic	145 50											44 00			189 50
150	Burlington	9,242 00	618 00	618 00	618 00		1,410 00	618 00	618 00	618 00	618 00	5,000 00	1,859 00			21,837 00
150	Burlington Riders	890 00					322 00					826 00				2,038 00
150	Burlington Carol Reed	100 00														100 00
4074	Cedar Falls	250.00														250 00
2272	Cedar Rapids	1,947 14	99 84	577 38	113 25	273 28	140 75	75 84	302 25	130 03	49 75	49 75	106 50	130 06		3,995 82
2272	CR Mem M Weidemier												120 00			120 00
2272	CR REAC	227 00														227 00
2272	CR REAC D Miller	100 00														100 00
2272	CR PSP												100 00			100 00
2272	CR Mem B Langton for L Langton												20,000 00			20,000 00
2675	Centerville	4,000.00														4,000 00
2774	Chanton	810 10														810 10
705	Clinton	269 00	500 00	500 00	500 00		500 00	500 00	500 00	500 00	500 00	500 00	598 00			5,367 00
104	Council Bluffs	2,738 00	245 00	245 00	245 00	245 00	245 00	245 00	245 00	245 00	245 00	245 00	245 00			5,433 00
1398	Creston	774 44														774 44
235	Davenport	528 00			10 00		111 00									649 00
235	Dav Golf Tourn	1,033 21														1,033 21
109	Des Moines	1,053 27		42 00									215 00			1,310 27
568	Dubuque		80 00	180 00		125 00	100 00		80 00	80 00		250 00				895 00
568	Dubuque D Duda	130 00														130 00
1927	Fairfield	704 50														704 50
1927	Fairfield Mem John Turner	300 00														300 00
2545	Grinnell	1,980 00														1,980 00
2545	Grinnell Eag Riders	500 00														500 00
2545	Grinnell T Condit								100 00							100 00
4114	Guttenberg	1,636 00		25 00	25 00			25 00	25 00				700 00			2,436 00
	Gut-Mem R Roberts			50 00												50 00
1865	Hawarden	1,000 00														1,000 00
695	Iowa City	8,000 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	6,000 00			16,000 00
695	Ia Cty Mem M Harris								200 00				1,000 00			1,200 00
	IA Cty Eag R	500 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00				750 00
1381	LeMars	6,600 00	130 00	130 00	130 00	130 00	130 00	130 00	130 00	130 00	130 00	130 00				7,900 00
3538	Manchester	2,000 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	200 00	2,000 00			6,000 00
3538	Manchester Pool Tourn												340 00			340 00

	City	State Charity	Alzheimer's	Cancer	Children	Child Abuse	Diabetes	Golden Eagle	Heart	Kidney	Memorial	Spinal Cord	DRC	Liver	Parkinson	Total
3876	Missoun Valley	500 00	50 00			25 00	75 00		75 00	50 00			100 00			875 00
4466	Monticello	1,000 00		100 00	100 00		100 00		100 00	100 00	100 00	100 00	1,150 00			2,850 00
815	Muscatine	125 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	25 00	100 00			475 00
3495	Osceola	235 63	13 56	13 56	13 56	13 56	13 56	13 56	13 56	13 56	13 56	13 56	135 63			506.86
276	Oskaloosa	1,487 75	50 00	50 00	50 00	50 00	50 00	50 00	50 00	50 00	50 00	159 00	170 00			2,266 75
114	Ottumwa	1,300 37					698 38									1,998 75
2715	Red Oak	1,535 12	216 25	268 00	26 17		229 00	365 00	229 00	54 00	26 16	26 17	541 08			3,515 95
3849	Shenandoah	1,246 25			200 00		200 00									1,646 25
2828	Tama-Toledo	2,650 64	100 00	100 00	100 00	69 00	100 00		100 00	100 00	100 00	100 00	346 69		100 00	3,966 33
764	Waterloo	1,158 72														1,158 72
	P Schmieding Mem V Harper			20 00												20 00
	Hawkeye Dist	60 00		60 00		60 00		60 00	60 00							300 00
	Southeast Lakes	144 00														144 00
	Three Rivers	400 00														400 00
	Western Zone												144 00			144 00
	WZ 50/50	217 50														217 50
	Misc	357 00														357 00
	L&P Hanshaw MEM Deb Fnsk												70 00			70 00
	PSP												300 00			300 00
	Dr Shivapour	1,000 00														1,000 00
	Cruise	504 00														504 00
	Purse/Print Raffle	171 00														171 00
	Jake Bounty	119 00														119 00
	Fines/Donations	1,507 00														1,507 00
	Proceeds from Merchandise	1,273 00														1,273 00
																140,205 95
		66,825 14	2,777 65	3,653 94	2,805 98	1,465 84	4,899 69	2,557 40	3,502 81	2,745 59	2,307 47	8,074 48	38,159 90	130 06	300 00	140,205 95
	Auxiliary	46,238 73														
	Auxiliary	600 00														
	Total St Charity	**113,663.87**														