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Website: ▶ N/A Type of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ 501(C) 8 L Year of formation: 1953 M State of leg.										a lis	t (see i	rativetto	ins)	,													
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1	Briefly descri	be the or	organi	zation's	's miss	sion or	rmos	st sign	ndica	ant a	ctivit	ies:		RA	AI8	IN	MO	NRY	F	OR (CHAR	ATIE	88.				_
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C																											
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. 2	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a)																										
n 3																											
n 4	Number of in																										
c 5 e	Total number																										
6	Total number																					. ∟6					13
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)				· 7	a																					
	Prior Year						. 7	Ы				_															
8 Contributions and grants (Part VIII, line 1h)						۱۲		Pri	or Yes	ır	4	Cı	rrent \	ear_	_												
8	Contributions	and gran	ants (i	Part VI	III, IINE	3 1h) - 0\	• • •		• •	• • •	• • •	• • • /	٠.ر	Ģ٠	. L	سر .	ን· [′] ·	• [\rightarrow			58,	<u> 52</u>
10	Program serv	ice reven	enue (I	Part VI	III, line	2g) .			• • •		٠.,		K·	٠/.	. • ;	ᡒᡃ	٠	· _					_				_
111	Investment in														/· \	V.	• • •	٠					4	_			
- } :::	Other revenu															• •	• • •	• -					4.				_
12	Total revenue Grants and si	- agg III	11105 E	o intou	190 11 70-41	(must	r equa	IAI PA	in VII	11, CO	<u>'unm</u>	<u>л (А),</u>	iine	12		• •	· · ·	∸∔-					-			58.	
14	Benefits paid	to or for	, wurit	abaze (i	Tarti Version	17, COI	ייטעורו	(A),i	IIIIOS	. 1-3, N	,		• •	• •	•	• •	• • •	·					+				-
15	Salaries, othe	ro un lot l	onsati	ND N	ican iy nolovo	~, com	MITTE (ハハル II /ロヘム	.(R) 4) .(V -	/ · ·	 /	 A \		• •	, ,	• •	• • •						+				_
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		ing exper	enene	(Part I	IX colu	duma ((D) #	, urre ine 2f	6) ►	, · ·	•	• • •	• •	• •	•	• •	• • •		rog	يكرش	1 222	73.32		reection.	9977330	্ল ক্লেম	इड़
17	Other expens									46)					_		<u> </u>		8,283,2	4.000	2.5%	((((()))		<u> Georgia</u>	Ľ	පි	<u> </u>
18	Total expense																			—			╅	-	-3	a s	::
19	Revenue less	expense	es. S	ubtract	t line 1	18 from	m line	e 12		,,,,,,	7 <i>)</i> , u	INC C.J	٠, ٠	٠.	•	• • •	• • •	·					+		- 7	र्ट्स	냥
+:-					- 1110	10 1101			••••	····	<u></u>	<u></u>	•	•••	<u></u> :	• • •	•••		Bac	inni	ng of	Voor	+		nd of Y		ユ
¹⁵³ 20	Total assets (Part X. lin	ine 16	(6			_											-	25			5,11	-			54,3	
21	Total liabilities												_			• • •	• • •	` ├-			25	, 11	+			34,3	**
s 22	Net assets or															• • •	• •	·			25	- 11	+			F4 2	
AII	Signature			<u> </u>					. 20 .	<u></u> -	<u></u>		<u>··</u>	÷		···	<u></u> -	<u>. </u>			43	5,11	ـــاــــ			54,3	~± 3
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	and belief, it is	s true, corre	frest, ai	nd comp	plete. D)eclaret	tion of	fprepr	arer (c	other	than	office	r) Is b	20500	d on	all ir	forma	tion o	fwh	ich pr	eparer	has an	y kn	wledge	_g_ }.		
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5-10 Type or print name and title Date Preparer's Identifying number Check if self-Preparer's (see Instructions) Pool14137 signature employed ▶ 🗌 01-12-2010 parer's TRIANGLE TAX SERVICE EIN Firm's name (or yours if self-employed), address, and ZIP + 4 88-0167566 Only 319 E. LIBERTY Reno, NV 89501 Phone no. ▶ 775-323-2228 the IRS discuss this return with the preparer shown above? (see instructions) Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

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	1990 (2008) FATERNAL ORDER OF		23-7591942 Pag
1		rvice Accomplishments (see instructions)	
	Briefly describe the organization's mission		
	RAISING MONEY FOR CHARATIES	•	
	Did the except sation undertake any circuitie	cant program services during the year which were not I	find of a
	the prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Si Did the organization cease conducting, or	make significant changes in how it conducts, any products	gram
	If "Yes," describe these changes on Sched		•
	Section 501(c)(3) and 501(c)(4) organization	nts for each of the organization's three largest program ons and section 4947(a)(1) trusts are required to report and revenue, if any, for each program service reported.	services by expenses. It the amount of grants and
	(Code:) (Expenses \$ FUNDED FOUR NATIONAL CHARET:	48916 including grants of \$ IES AND TWO LOCALS. RAISING MONEY FO) (Revenue \$) OR CHARIFIES
	(0.4)		
	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
	Other program services. (Describe in Schee (Expenses \$ inclu		
	Total program service expenses ► \$	uding grants of \$) (Revenue 4806 iMust equal Part IX, Line 25, co	
	- A COUNTY POLICE CYPCINGS >	48016 (Must equal Part IX, Line 25, co	JIGHE (D)./

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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	Yes	Mo X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	\	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>	_	
•	Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-	-	_
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	<u> </u>	-	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	1	[
	Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
•	complete Schedule D, Part III			v
9		8		X
3	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	İ	1	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	١_		7,
40	complete Schedule D, Part IV	9		X
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	1	٠,	
40	Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		1	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII			<u> </u>
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 U.S.?	14a		<u> </u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4-	business, and program service activities outside the U.S.? If "Yes," complete Schedule F. Part I	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ł		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	 	ľ	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Ord the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? If "Yes," complete	1 (- 1	.,
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ı	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	[[
	24b-24d and complete Schedule K If "No," go to question 25	24a		<u>X</u>
Ь	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	ll	t	
	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		
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? 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		<u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
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	VI	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part]		l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	organization? If "Yes," complete Schedule R, Part V, line 2	36) '	l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			_ <u>^</u>
	Schedule R, Part V, line 2	35		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	 ~		^
. •	III, IV, and V, line 1	34		\mathbf{x}
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		_^
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	3 2		X
-	Schedule N, Part II	32		
32	Part I	31		X
,	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
3 U	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
29	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	complete Schedule L, Part IV	28ь	<u> </u>	X
þ	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"]	1
	Part IV	28a		X
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
8:	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			

3,55	Statements negarding Other INS Fillings and Tax Compliance			
		Cosses	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
Ь				
C	2 The second of	<i>[26.222]</i>		P##
_	gaming (gambling) winnings to prize winners?	1c	X	12 331 20
2a	, , , , , , , , , , , , , , , , , , ,	M		
	Statements, filed for the calendar year ending with or within the year covered by this return Za			
Ь	personal and an engineering and engineering an	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	instructions)			
3a	o and the second of the second			3446
	this return?	3a		X
ь	The state of the s	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ļ		}
	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:		337	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
Ь	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 question Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	1 1		
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
Ь	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).	73.00 X		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7¢		
	If "Yes," indicate the number of Forms 8282 filed during the year	XX.34		\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		??? ? }	Más e
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	2000		
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	*:::		77/927
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		KS	
1	Section 501(c)(12) organizations. Enter:		<i>\$</i>	
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			X.22
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\$ 23	*****	
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.. Form 990 (2008). FATERNAL ORDER OF BAGLES-2277ABRIB 23-7591

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		inaz	70 (SE)
	circumstances, processes, or changes in Schedule O. See instructions.	ea:		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			100
	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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	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 members			
	of the governing body?	7a	X	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	80782		3363
	the year by the following:			
а	The governing body?	8a	ĨX	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	<u> </u>		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
11	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	11	, ,	X
Sec	tion B. Policies			
			Yes	No
l2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Ì	Х
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
3	Does the organization have a written whistleblower policy?	13		X
4	Does the organization have a written document retention and destruction policy?	14		X
5	Did the process for determining compensation of the following persons include a review and approval by		73.0	
	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
Ь	Other officers or key employees of the organization?	15b		$\overline{\mathbf{x}}$
	Describe the process in Schedule O (see instructions)		(3) SEE	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	3.20 3.20 3.00 3.00 3.00 3.00 3.00 3.00		
	with a taxable entity during the year?	16a	***	X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	985	889	322
	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	````	
ec'	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	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 Dupon request			
9	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.			
D	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: LYNN DOWTY (208) 882-6763			
	1011 CEDAR MOSCOW, ID 83843			
	THE COURT MODEON, IN COORD			

Form 990 (2008)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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)			(a)	(E)	(F)
Name and Title	Average hours per week	Posi nri dur i se vic i e t de o l	i i t	0	K e y	Hc e l om g mp in p l e e o s n y t s e t e d	FOLE	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LYNN DOWTY		~								·
SECRETARY	20	X	1 1	<u> X</u>	<u> </u>		_		0	0
GARY M COLB		,,								_
TRUSTEE	8	X	\vdash		 -		 -		0	
WILLARD L GEORGE				ν,	l			,		<i>-</i> -
TREASURER RICHARD W BERGER	8	├		X	 		\vdash	0	0	
PRESIDENT	8)]	X]		O	0	
DONALD R REED	 _	 	H		-	 				
PAST PRESIDENT	8	X		X				0	0	
TERRY GALLAHER		* *		^			┢ 1			
TRUSTEE	8	X	1 1					0		0
RANDALL J HORDEMANN										
TRUSTEE	8	X		_1				<i>O</i>		0
				1						

EEA

Section A. Officers, Directors, Trustees, (A) Name and title	(B) Average hours	Positi	lon (c	(C)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	per week	indistate or al	t u	c	y P	H offersated	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other co mpens ation from the
			_							
. 7 2 -										
							_			
		<u>. </u>								
Total number of individuals (including those in 1a) worganization	ho received r						oorta	0 ble compensation	from the	Yes I
Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep	for such indiv ortable compe	idual . ensatio	n ar	nd o	ther	comp	 ensa	tion from		3
the organization and related organizations greater the individual	mpensation f	 rom an	y ur	nrela	 ited	 organi	 zatio	on for		4
services rendered to the organization? If "Yes," comparing B. Independent Contractors	olete Schedule	J for	suct	n pe	rsor		<u>···</u>	· · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	5
Complete this table for your five highest compensate compensation from the organization	ed independer	nt cont	racto	ors t	hat i	eceive	d m	ore than \$100,000	of	
(A) Name and business addre	35							(B) Description of s	ervices	(C) Compensation
Total number of independent contractors (including										

All other revenue

FFA

58,520

Form 990 (2008) 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).

- Da	and include amounts are and as the arch	(A)	(8)	(C)	(0)
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	,			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1			
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				
5	Compensation of current officers, directors,			<u> </u>	84.80.11m) 200 1 1000 0
•					
_	trustees, and key employees				
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 contributions (include section 401(k)	1			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			· · · · · · · · · · · · · · · · · · ·	
а	Management				
ь	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.	-		Committees & Committee	
f	Investment management fees		11. 30. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1		
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			 	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization				
23	Insurance		······································		
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	FUNDRAISING EXPENSES	48016	48016		
Ь)	1		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	48016	48016	0	0
26	Joint Costs. Check here ▶ ☐ if following \				
	SOP 98-2. Complete this line only if the organization				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
	THE PERSON NAMED OF THE PE				

22.	(ECSAC)	Daidite Sileet	(A)	Т	(B)
			Beginning of year	ł	End of year
	1	Cash - non-interest-bearing	11,867	1	10,099
	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, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		1,433	03424000m.ccs.0e8
	•	4958(f(X1)) and persons described in section 4958(c(X3)(8). Complete			
		Part II of Schedule L		\$1.537 6	
A	[7	Notes and loans receivable, net		7	
S	, a	Inventories for sale or use		8	
e	9	Prepaid expenses and deferred charges		9	
t	10a		200 J. M. W.	1 3	A Sept in advances with the SE SECTION
•	ь	Land, buildings, and equipment: cost basis 10a 244,250		PŽ.	
		Less: accumulated depreciation. Complete		pacie	
	1	Part VI of Schedule D	244,250	10c	244,250
	11	Investments - publicly traded securities	<u> </u>	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)	256,117	16	254,349
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
Ļ	19	Deferred revenue		19	
a	20	Tax-exempt bond liabilities		20	
þ	21	Escrow account liability. Complete Part IV of Schedule D		21	
i	22	Payables to current and former officers, directors, trustees, key		, grigo	
i	1	employees, highest compensated employees, and disqualified			
ţ		persons. Complete Part II of Schedule L		22	
ė	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and		×1000	
NF		complete lines 27 through 29, and lines 33 and 34.			
e u	27	Unrestricted net assets		27	
t n d	28	Temporarily restricted net assets		28	
A _	29	Permanently restricted net assets		29	
s B s a		Organizations that do not follow SFAS 117, check here ▶ 🎇		W.W.	Presidential
el		and complete lines 30 through 34.	esiliaanii		
t a	30	Capital stock or trust principal, or current funds	34 2 mager agon 36 and 3	30	and the state of the state of the
S D	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
о е	32	Retained earnings, endowment, accumulated income, or other funds	256,117	32	254,349
rs	33	Total net assets or fund balances	256,117	33	254,349
	34	Total liabilities and net assets/fund balances	256,117	34	254,349
Pa	t XI	Financial Statements and Reporting			
					Yes No
1	Accoun	ting method used to prepare the Form 990. 🛭 Cash 📗 Accrual 🔲 Othe	r		
2a	Were th	ne organization's financial statements compiled or reviewed by an independent accoun	tant?		2a X
Ь		e organization's financial statements audited by an independent accountant?			2b X
c		to lines 2a or 2b, does the organization have a committee that assumes responsibility			
		it, review, or compilation of its financial statements and selection of an independent ac			2c X
3a		sult of a federal award, was the organization required to undergo an audit or audits as			
		gle Audit Act and OMB Circular A-133?			
ь_	If "Yes,"	did the organization undergo the required audit or audits?			3b
		EEA			Form 990 (2008)

SCHÉDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization		Employer identification number
FA	TERNAL ORDER OF EAGLES-2277A	ERIE	23-7591942
Pa	dia Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fund	is or Accounts. Complete if
	the organization answered "Yes" to Form 990, P		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(D) Tarto arto orrior accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	•		
3	Did the organization inform all donors and donor advis		
_	funds are the organization's property, subject to the organization	-	
6	Did the organization inform all grantees, donors, and d		e
	used only for charitable purposes and not for the bene		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete	f the organization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation	or pleasure)	orically important land area
	Protection of natural habitat	☐ Preservation of certified	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualifie	d conservation contribution in the form of a cor	nservation easement
	on the last day of the tax year		
	•		Held at the End of the Year
a	Total number of conservation easements		
ь	Total acreage restricted by conservation easements .		
c	Number of conservation easements on a certified history		
ď	Number of conservation easements included in (c) acq		
3	Number of conservation easements modified, transferre		
•	the taxable year ▶	to, released, extinguished, or terminated by the	organization during
4	Number of states where property subject to conservation	an accompany to logarized.	
5			٠
3	Does the organization have a written policy regarding the		
_	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecti		
7	Amount of expenses incurred in monitoring, inspecting,		
8	Does each conservation easement reported on line 2(d	· · · · · · · · · · · · · · · · · · ·	— .
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports cons		
	balance sheet, and include, if applicable, the text of the	footnote to the organization's financial stateme	ents that describes
	the organization's accounting for conservation easemer		
Pa		ons of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 11	6, not to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for p	public exhibition, education, or research in furth	erance of public service,
	provide, in Part XIV, the text of the footnote to its finance	ial statements that describes these items.	
ь	If the organization elected, as permitted under SFAS 11		ce sheet works of art,
	historical treasures, or other similar assets held for publ	· ·	
	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		
2			
2	If the organization received or held works of art, historic		i gain, provide the
	following amounts required to be reported under SFAS		. A
a	Revenues included in Form 990, Part VIII, line 1		
Ь	Assets included in Form 990, Part X		

	dule D (Form 990) 2008 FATERNAL ORDER					23-7591		Page	
	Organizations Maintaining						sets (co	ntinued)	_
3	Using the organization's accession and other i	records, check any c	of the following that a	are a significa	ant use of	its collection			
	items (check all that apply)	_							
а	Public exhibition		an or exchange prog	rams					
Ь	Scholarly research	e 📋 Oth	ier						
C	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further the	organization	s's exemp	t purpose in			
_	Part XIV.								
5	During the year, did the organization solicit or						_		
·	assets to be sold to raise funds rather than to						<u> </u> Ye	s 🔲	No
7.8	Trust, Escrow and Custod	-		anization an	swered "	res" to Form 990,			
	Part IV, line 9, or reported an amou								
1a	Is the organization an agent, trustee, custodiar							_	
	included on Form 990, Part X?			• • • • •			🔲 Ye	×s ∏l	No
Ь	If "Yes," explain the arrangement in Part XIV ar	nd complete the follo	wing table:						
					<u> </u>	Am	ount		
C	Beginning balance								
đ	Additions during the year								
•	Distributions during the year					ļ <u></u> .			
ſ	Ending balance					<u> </u>			_
2a	Did the organization include an amount on For	m 990, Part X, line 2	112	• • • • • •			. 🔲 Ye	s 📙 1	No
b PKI	If "Yes," explain the arrangement in Part XIV.								_
FW	Endowment Funds. Complete								
4.	B. Carlon C. L.	(a) Current Year	(b) Prior Year	(c) Two Yea		(d) Three Years Baci		Years Bac	ķ.
1a	Beginning of year balance	<u></u>							ŠÝ.
Ь	Contributions								~
c	Investment earnings or losses	ļ <u> </u>	3 02 17 23 - 23	\$500 CO 100			4000000		مبتذ
a	Grants or scholarships							**************************************	<u>ښ</u>
е	Other expenditures for facilities	1			sakkiji.				 ***
	and programs						version d		****
1	Administrative expenses	 		\$23,887.74	**************************************			<u> </u>	22
_ 9	End of year balance		F543684 12	\$~2.00 m/s	. Y. Y. Y. A	44-786-480 \$	ACTIVE E	<u> </u>	<u> </u>
2	Provide the estimated percentage of the year e Board designated or quasi-endowment >	ind balance held as:							
a b	Permanent endowment > %								
c	Term endowment > %								
3a	Are there endowment funds not in the possess			ldt_l_aa	d (a. sh.		•		
	organization by.	NON OF WHO OF GATHZAU	on that are nelo and	aoministere	O IOI IN		Г	/aa N	_
	(i) unrelated organizations						3a(i)	Yes No	
	(ii) related organizations						3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations is	etad se required on	Schodula B2				3b	-	
4	Describe in Part XIV the intended uses of the o	stea as required on	mont funds				30		
	Investments - Land, Buildi	ings, and Fauir	ment See Form 9	90 Part Y lis	ne 10				_
	Description of investment	1							_
	Description of most ment	(a) Cost or oth	1	st or other s (other)	(6)	Depreciation	(d) Book	value	
1a	Land			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	Buildings					······································			
c	Leasehold improvements								_
ď	Equipment				_				
_	, ,								_
0	Other STMD	1B.		244,250]	ļ ļ	:	244,25	50

Schedule D (For			OF RAGLES-2277AERIE	3 23-75	91942 Page 3
Part VII	'Investments -	Other Securities.	See Form 990, Part X, line 12.		
	(a) Description of security	/ or category	(b) Book value	(c) Method of valu	ation
	(including name of s			Cost or end-of-year ma	erket value
Financial deriv		ial products	 		
					
	equity interests	• • • • • • • • • • • •			
Other					
				<u> </u>	
					
		····		 	
	·				
				 	
				ļ <u>.</u>	
Total (Column ((b) should equal Form 990, P	art X, col. (B) line 12.)			waten belongably
Part VIII			See Form 990, Part X, line 13		
	(a) Description of Inves		(b) Book value	(c) Method of valu	ation
	(a) ocacilption of thes	anont type	(b) Doox value	1	
				Cost or end-of-year ma	irket value
	· · · · · · · · · · · · · · · · · · ·		\		
					····
			<u></u>		
		-			
	~~~~~~~	· · _ · · · · · · · · · · · · · ·	†···		
					
				 	
			<u> </u>		
Total_(Column (b) should equal Form 990, P				
Part IX	Other Assets. S	ee Form 990, Part X, line	15		
			Description		(b) Book value
					
					
					
					
	<u> </u>				
					
T-1-1 (0-1	b) at a self a self feet one D				
		art X, col. (B) line 15)		<u> </u>	L
Part X		See Form 990, Part X, I	ne 25.	Fo.2	
	(a) Description of lie	bility	(b) Amount		
Federal incom	e taxes				
					. 17. j.
			 		
			 		
		·			
	·		 		
					
	b) should equal Form 990, Pa		<u> </u>	<u> </u>	
		tnote to the organization'	s financial statements that repo	orts the organization's liability for	
	positions under FIN 48.			_	

Sche	dule D (Form 990) 2008 FATERNAL ORDER OF RAGLES - 2277 ABRIE	23-7591942 Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	
1	Total revenue (Form 990, Part VIII, column (A), tine 12)	11
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 4-8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	1 12 1
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	883
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
ď	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	72.00
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
Ь	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Nice a
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Losses reported on Form 990, Part IX, line 25	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	
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)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Pai	Supplemental Information	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b
	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization				Employer id:	entification number
FATERNAL ORDER OF EAC	LES-2277	AERIE		23-7	591942
Part Fundraising Activitie			d "Yes" to Form 990,		
Indicate whether the organization raMail solicitations	isea tunas throu				
b Email solicitations			n of non-government		
Phone solicitations		=	n of government grant	IS	
==		g 🔲 Special tu	ndraising events		
d In-person solicitations					
2a Did the organization have a written					-
or key employees listed in Form 990					es 📙 No
b If "Yes," list the ten highest paid indi					
to be compensated at least \$5,000 to	y the organization	on. Form 990-EZ filers a	are not required to cor	mplete this table.	
(i) Name of Individual	(ii) Activity	(iii) Old fundralser have	(N) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundralser)	(-7-2-111)	custody or control of contributions?	from activity	(or retained by) fundraiser listed in	(or retained by) organization
	 	Yes No	-	col (f)	
	ļ	143 140	-		
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			\		
		+			
<u> </u>	,				ļ ł
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	1		ļ		
	 	 	ļ	 	
	ļ]]		}
			 		
	j				
Total				<u> </u>	l
3 List all states in which the organization	n is registered or	r licensed to solicit fund:	s or has been notified	it is exempt from	
registration or licensing.					
					
			· · · · · · · · · · · · · · · · · · ·		
					

_			TERNAL ORDER OF E			-7591942 Page 2
	ų.		_			xted
		more than \$15,000 on Form 99				
			(a) Event#1	(b) Event #2	(c) Other Events	(d) Total Events
R			BUFFET SALES (event type)	(event type)	(total number)	Add col. (a) through
e					(total itumber)	col. (c))
v e	1	Gross receipts	54169			54169
n	2	Less: Charitable			 	
u e		contributions				J
	3	Gross revenue (line 1				20116
_		minus line 2)	54169			54169
D		0 1				
r	4	Cash prizes	· · · · · · · · · · · · · · · · · · ·			
e c	5	Non-cash prizes		1		
t	_	11011 02511 p11252 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			 	
E	6	Rent/facility costs				
X P						- A - In
e	7	Other direct expenses	28784	<u> </u>	J	287.84
n s	_					20 701
e j	8	Direct expenses summary. Add line				1 28 784
Pa	9 +£ 11	Net income summary. Combine line Gaming. Complete if the or				25385
		than \$15,000 on Form 990-E2	-	to Form 330, Part IV, line	a 13, or reported more	
R			<u> </u>	(b) Pull tabs/instant		(d) Total gaming (Add
e v			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ומו						T
u e	1_	Gross revenue	····			
P	_	One has a second			<u> </u>	
1001	2	Cash prizes				
	3	Non-cash prizes				
Шхресиеи	•					
B	4	Rent/facility costs	;			
Š		Ĩ				
š	5	Other direct expenses			<u> </u>	
ļ			Yes %	☐ Yes %	%	
	6	Volunteer labor	No	□ No	No No	
J	7	Direct our case our cases. Add times	Oshaniah Finanskii - (d			
	7	Direct expense summary Add lines	2 infough 5 in column (a)	· · · · · · · · · · · · · · •	,
	8	Net gaming income summary. Corr	bine lines 1 and 7 in colu	mn (d)		j
		, , , , , , , , , , , , , , , , , , , ,			<u> </u>	Yes No
9	Ent	ter the state(s) in which the organiza	tion operates gaming activ	vities:		
9		he organization licensed to operate of	garning activities in each o	of these states?		9a
þ	lf "I	No," Explain:				
	_					
10a	We	re any of the organization's gaming	irenses revoked evenes	ded or terminated during	he tay year?	10a
ь.		re any or the organization's gaming i Yes," Explain:	weines istored, Suspent	200 OF CHIMBIOLOG GUILING II	iio ean yeal?	10d
_	'					
						
11	Do	es the organization operate gaming a	activites with nonmembers	?		11
12		he organization a grantor, beneficiar				
	for	ned to administer charitable gaming	,			12

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O

Department of the Treasury

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Internal Revenue Service	Form 990 or to provide any additional information.	inspection			
Name of the organization		Employer identification number			
FATERNAL ORDER OF E	RAGLES-2277ABRIE	23-7591942			
01. Governing docum	ments, etc, available to public (Part VI, line 19)				
"018-GOVERNING DOCK	IMENTS, WTC. AVAILABLE TO PUBLIC"				
Ob. "Ob-MEMBERS ON STOCKHOLDERS CLASSES AND RIGHTS"					
07. "07- MEMBERS ElECTION FOR ADDITIONAL MEMBERS"					
7B " U8 - GOVERNING BODY DECISIONS"					
10 11 012 - F	FORM 990 GOVERNING BODY REULE"				
	TID GOODS TO DOD! ITEDOC				
_					
					
					
					
_					

Name(s) as shown on return	Federal Supporting	g Statements		2008	PG01
FATERNAL ORDER OF EAGL	ES-2277AERIE	·· ····			591942
		Part VI, Line			atement #D1e
Description	Investments -	Other			
Description of Investment	<u>Investments</u> - Cost/basis	Other Cost/basis			Book
Description of Investment LAND, BUILDINGS, EQUIPMENT	Investments -	Other	Depr	0	

Form \$888 (Ren	r. 4-2009)	•	Page 2			
MOTE. UTBY C	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part II if you have already been granted an automatic 3-month exfiling for an Automatic 3-Month Extension, complete only Part I (on	aneina on a so	and shock this hav			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	ile the origina	il (no copies needed).			
Type or print	Name of Exempt Organization		Employer identification number			
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only			
filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
Check type	of return to be filed (File a separate application for each return):					
☐ Form 99		Form 1041-A	☐ Form 6069			
☐ Form 99		Form 4720	☐ Form 8870			
☐ Form 99		Form 5227				
STOPI Do no	ot complete Part II if you were not already granted an automatic 3-mo	nth extension	on a previously filed Form 8868.			
Telephone	No. ▶ () FAX No. ▶ ()					
	nization does not have an office or place of business in the United Sta					
• If this is fo	r a Group Return, enter the organization's four digit Group Exemption	Number (GEN)	if this is			
for the whole	e group, check this box	heck this box.	I and attach a			
list with the	names and Eins of all members the extension is for,					
4 I reque	st an additional 3-month extension of time until		. 20			
5 For cal	endar year, or other tex year beginning, 20	and endir	20			
6 If this t	ax year is for less than 12 months, check reason: I Initial return	Final return	Change in accounting period			
7 State is	n detail why you need the extension					
	,					
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter	he tentative ta	ox,			
	y nonrefundable credits. See instructions.		8a \$			
b if this a	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunc	able credits a	nd			
estima	estimated tax payments made. Include any prior year overpayment allowed as a credit and any					
amoun	t paid previously with Form 8868.		8b \$			
c Balance	e Due. Subtract line 8b from line 8a. Include your payment with this form, or, i O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	required, depos	sit 8c \$			
		r oce approcator	<u> </u>			
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complate, and that I am authorized to prepare this form.						
Signature	Land THE SECHET	an 7	Data > 1/0-12-09			
	The second	T	Form 8868 (Rev. 4-2009)			

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