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23-7576684

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)

OMB No 1545-0047

2008

Open to Public  
Inspection

0906

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

A For the 2008 calendar year, or tax year beginning JULY 1 st , 2008, and ending JUNE 30 , 2009

B Check if applicable	C Name of organization FRATERNAL ORDER OF ORIOLES 173 LIMA NEST		D Employer identification number 23 7576684
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) 765 N. MAIN ST		E Telephone number (419) 222-9968
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 LIMA, OHIO 45801-4011		
<input type="checkbox"/> Termination			G Gross receipts \$ 522,754
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	F Name and address of principal officer LOUIS HESSELING 755 N. MAIN ST LIMA, OHIO 45801		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(8) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ►			If "No," attach a list (see instructions) 0336
K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►FRATERNAL	L Year of formation 1933	M State of legal domicile OHIO	

## Part I Summary

1 Briefly describe the organization's mission or most significant activities WE ARE A ORDER WITHIN THE STATE OF OHIO THAT IS NOT ORGANIZED FOR PROFIT. A BRANCH OF A NATIONAL ORGANIZATION THAT EXISTS EXCLUSIVELY FOR THE COMMON BUSINESS OF ITS MEMBERS AND HAS BEEN IN CONTINUOUS BUSINESS, EXISTENCE SINCE 1933.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, line 12, column (e)  
b Net unrelated business taxable income from Form 990-T line 6

3	3
4	448
5	9
6	24
7a	-0-
7b	-0-

Activities & Governance Revenue Expenses 2008 Net Assets or Fund Balances	8 Contributions and grants (Part VIII, line 1h)	160 MAR 29 2010 IRS-OSC	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		6,618	5,949
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
	11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9d, 10d, 11d, 12d, 13d, 14d, 15d, 16d, 17d, 18d, 19d, 20d, 21d, 22d, 23d, 24d, 25d, 26d, 27d, 28d, 29d, 30d, 31d, 32d, 33d, 34d, 35d, 36d, 37d, 38d, 39d, 40d, 41d, 42d, 43d, 44d, 45d, 46d, 47d, 48d, 49d, 50d, 51d, 52d, 53d, 54d, 55d, 56d, 57d, 58d, 59d, 60d, 61d, 62d, 63d, 64d, 65d, 66d, 67d, 68d, 69d, 70d, 71d, 72d, 73d, 74d, 75d, 76d, 77d, 78d, 79d, 80d, 81d, 82d, 83d, 84d, 85d, 86d, 87d, 88d, 89d, 90d, 91d, 92d, 93d, 94d, 95d, 96d, 97d, 98d, 99d, 100d, 101d, 102d, 103d, 104d, 105d, 106d, 107d, 108d, 109d, 110d, 111d, 112d, 113d, 114d, 115d, 116d, 117d, 118d, 119d, 120d, 121d, 122d, 123d, 124d, 125d, 126d, 127d, 128d, 129d, 130d, 131d, 132d, 133d, 134d, 135d, 136d, 137d, 138d, 139d, 140d, 141d, 142d, 143d, 144d, 145d, 146d, 147d, 148d, 149d, 150d, 151d, 152d, 153d, 154d, 155d, 156d, 157d, 158d, 159d, 160d, 161d, 162d, 163d, 164d, 165d, 166d, 167d, 168d, 169d, 170d, 171d, 172d, 173d, 174d, 175d, 176d, 177d, 178d, 179d, 180d, 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**Part III Statement of Program Service Accomplishments (see instructions)**

1 Briefly describe the organization's mission.

WE ARE A ORDER WITHIN THE STATE OF OHIO THAT IS NOT ORGANIZED FOR PROFIT. A BRANCH OF A NATIONAL ORGANIZATION THAT EXISTS EXCLUSIVELY FOR THE COMMON BUSINESS OF ITS MEMBERS AND HAS BEEN IN CONTINUOUS BUSINESS, EXISTENCE SINCE 1933.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

Yes  No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

GRANTS LISTED IN SCHEDULE O

FOR LINE # 13 PART I

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 ► \$ ..... (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 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 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	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 U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	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, Part III	16	X
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	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did 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 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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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	X
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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**Part IV Checklist of Required Schedules (continued)**

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:

- a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

	Yes	No
28a		X
28b	X	
28c	X	
29		X
30	X	
31	X	
32	X	
33	X	
34		X
35	X	
36		
37		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a -0-	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b -0-	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c <input checked="" type="checkbox"/>	
<b>2a</b>	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 9	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b <input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a <input type="checkbox"/>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b <input type="checkbox"/>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a <input type="checkbox"/>	
<b>b</b>	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	4b <input type="checkbox"/>	
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a <input type="checkbox"/>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b <input checked="" type="checkbox"/>	
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c <input type="checkbox"/>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a <input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b <input type="checkbox"/>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a <input checked="" type="checkbox"/>	
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b <input type="checkbox"/>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c <input checked="" type="checkbox"/>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d <input type="checkbox"/>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e <input checked="" type="checkbox"/>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f <input checked="" type="checkbox"/>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g <input type="checkbox"/>	
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h <input type="checkbox"/>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8 <input type="checkbox"/>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a <input type="checkbox"/>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>	9b <input type="checkbox"/>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	10a <input type="checkbox"/>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	10b <input type="checkbox"/>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	11a <input type="checkbox"/>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	11b <input type="checkbox"/>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a <input type="checkbox"/>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	12b <input type="checkbox"/>	
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

1a Enter the number of voting members of the governing body . . . . . **1a 3**  
**1b 448**

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**

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**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a material diversion of the organization's assets? **5**

6 Does the organization have members or stockholders? **6**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a**

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? **8a**

b Each committee with authority to act on behalf of the governing body? **8b**

9a Does the organization have local chapters, branches, or affiliates? **9a**

b 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 must describe in Schedule O the process, if any, the organization uses to review the Form 990 **10**

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**

	Yes	No
1a	3	
1b	448	
2		X
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a		X
8b	X	
9a	X	
9b	X	
10		X
11		X

**Section B. Policies**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12a**  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b**

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**

13 Does the organization have a written whistleblower policy? **13**

14 Does the organization have a written document retention and destruction policy? **14**

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**

b Other officers or key employees of the organization? **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**  
 b If "Yes," has the organization adopted 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**

	Yes	No
12a		X
12b		
12c		
13		X
14		X
15a		X
15b		X
16a		X
16b		

**Section C. Disclosure**

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

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  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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **LOUIS HESSELING 755 N. MAIN ST. LIMA, OHIO 45801**  
**+19-222-9968**

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

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

**1a** Complete this table for all persons required to be listed. 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)	(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
CARL NUVEMAN TRUSTEE	5	<input checked="" type="checkbox"/> Former <input checked="" type="checkbox"/> Highest compensated employee <input type="checkbox"/> Key employee <input type="checkbox"/> Off cer <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Individual trustee or director	-0-	-0-	-0-
RUSSELL KINKLE TRUSTEE	5	<input checked="" type="checkbox"/> Former <input checked="" type="checkbox"/> Highest compensated employee <input type="checkbox"/> Key employee <input type="checkbox"/> Off cer <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Individual trustee or director	-0-	-0-	-0-
SAM HAMMEN TRUSTEE	5	<input checked="" type="checkbox"/> Former <input checked="" type="checkbox"/> Highest compensated employee <input type="checkbox"/> Key employee <input type="checkbox"/> Off cer <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Individual trustee or director	-0-	-0-	-0-
LOUIS HESSELING TREASURER	15	<input checked="" type="checkbox"/> Former <input checked="" type="checkbox"/> Highest compensated employee <input type="checkbox"/> Key employee <input type="checkbox"/> Off cer <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Individual trustee or director	-0-	-0-	-0-

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

**1b Total**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

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 . . . . .

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. . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## **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.

	Yes	No
3		<del>✓</del>
4		<del>✓</del>
5		<del>✓</del>

**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				
	1b Membership dues . . .	1b 5469				
	1c Fundraising events . . .	1c 480				
	1d Related organizations . . .	1d				
	1e Government grants (contributions) . . .	1e				
	1f All other contributions, gifts, grants, and similar amounts not included above . . .	1f				
	1g Noncash contributions included in lines 1a-1f \$ . . .			5949		
	1h <b>Total.</b> Add lines 1a-1f . . . ►					
Program Service Revenue	2a . . .	Business Code				
	b . . .					
	c . . .					
	d . . .					
	e . . .					
	f All other program service revenue . . .					
	g <b>Total.</b> Add lines 2a-2f . . . ►					
	3 Investment income (including dividends, interest, and other similar amounts) . . . ►		145260	145260		
4 Income from investment of tax-exempt bond proceeds ►						
5 Royalties . . . ►						
6a Gross Rents . . .	(i) Real 15650	(ii) Personal				
b Less rental expenses 3740						
c Rental income or (loss) 11910						
d Net rental income or (loss) . . . ►	11910	11910				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses . . .						
c Gain or (loss) . . .						
d Net gain or (loss) F.M.V. SECURITIES (175000) (175000) . . . ►						
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 369692						
b Less direct expenses . . . b 293008						
c Net income or (loss) from gaming activities . . . ►	766840	766840				
10a Gross sales of inventory, less returns and allowances . . . a 161203						
b Less cost of goods sold . . . b 71772						
c Net income or (loss) from sales of inventory . . . ►	89431	89431				
Miscellaneous Revenue		Business Code				
11a . . .						
b . . .						
c . . .						
d All other revenue . . .						
e <b>Total.</b> Add lines 11a-11d . . . ►						
12 <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . ►	154234	148285	-0-	-0-		

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	19,271			
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, 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	62,584			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,160			
11 Fees for services (non-employees)				
a Management	1,000			
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
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 for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,400			
20 Interest				
21 Payments to affiliates	567			
22 Depreciation, depletion, and amortization				
23 Insurance	9,540			
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)				
a REAL ESTATE TAXES	7,007			
b GAS & ELECTRIC	11,230			
c CABLE & WATER	3,075			
d				
e TELEPHONE	980			
f All other expenses POSTAGE	110			
25 Total functional expenses. Add lines 1 through 24f	126,924			
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	19,340	1	17,560
	2 Savings and temporary cash investments	2,620,155	2	2,824,245
	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 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		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 basis	10a 369,000		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b	10c	269,000
	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 F.M.V. SEC	1,150,000	13	975,000
	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)	4058495	16	4085805
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	4058495	33	4085805
	34 Total liabilities and net assets/fund balances	4058495	34	4085805

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

b Were the organization's financial statements audited by an independent accountant? . . . . .

c If "Yes" to lines 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? . . . . .

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? . . . . .

b If "Yes," did the organization undergo the required audit or audits? . . . . .

	Yes	No
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

FRATERNAL ORDER OF ORIOLES 173 LIMA NEST

Employer identification number

23 7576684

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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 Trust, Escrow and Custodial Arrangements.** Complete if 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
1c	
1d	
1e	
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 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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ..... %

b Permanent endowment ► ..... %

c Term endowment ► ..... %

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

(i) unrelated organizations	Yes	No
(ii) related organizations		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	267,000			267,000
c Leasehold improvements				
d Equipment	2,000			2,000
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				269,000

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**Part VII 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
Financial derivatives and other financial products . . .		
Closely-held equity interests . . . . .		
Other .....		
.....		
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**Total. (Column (b) should equal Form 990, Part X, col (B) line 12)**

**Part VIII 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
F.M.V. SECURITIES	975,000	FAIR MARKET VALUE

**Total (Column (b) should equal Form 990, Part X, col (B) line 13) ► 975,000**

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

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)**

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

(a) Description of liability	(b) Amount
Federal income taxes	

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►**

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.

23-7576684

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	154,234
2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	126,924
3 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	27,310
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	27,310

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements . . . . .	1	154,234
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments . . . . .	2a	
b Donated services and use of facilities . . . . .	2b	
c Recoveries of prior year grants . . . . .	2c	
d Other (Describe in Part XIV) . . . . .	2d	
e Add lines 2a through 2d . . . . .	2e	
3 Subtract line 2e from line 1 . . . . .	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b Other (Describe in Part XIV) . . . . .	4b	
c Add lines 4a and 4b . . . . .	4c	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . . . .	5	154,234

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements . . . . .	1	126,924
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities . . . . .	2a	
b Prior year adjustments . . . . .	2b	
c Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d Other (Describe in Part XIV) . . . . .	2d	
e Add lines 2a through 2d . . . . .	2e	
3 Subtract line 2e from line 1 . . . . .	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b Other (Describe in Part XIV) . . . . .	4b	
c Add lines 4a and 4b . . . . .	4c	
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) . . . . .	5	126,924

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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**Part XIV Supplemental Information (continued)**

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23-75766 8.4

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

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

OMB No 1545-0047

2008

**Open To Public  
Inspection**

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

Name of the organization

FRATERNAL ORDER OF ORIOLES 173 LIMA NEST

**Employer identification number**

23 7576684

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a**  Mail solicitations
- b**  Email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990 Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

23-75766.84

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
8 Direct expense summary Add lines 4 through 7 in column (d)				► ( )	
9 Net income summary Combine lines 3 and 8 in column (d)				► ( )	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue		369 692		369 692
	2 Cash prizes		285 450		285 450
	3 Non-cash prizes		-0-		-0-
Direct Expenses	4 Rent/facility costs		-0-		-0-
	5 Other direct expenses		7558		7558
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► (293 008)	
8 Net gaming income summary Combine lines 1 and 7 in column (d)				► (76 684)	

9 Enter the state(s) in which the organization operates gaming activities OHIO

Yes	No
9a	X
10a	X
11	X
12	X

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

23-7576684

13 Indicate the percentage of gaming activity operated in  
a The organization's facility  
b An outside facility

13a	100 %
13b	0 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► LOUIS HESSELING

Address ► 755 N. MAIN ST. LIMA, OHIO 45801

Yes	No

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	X

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

c If "Yes," enter name and address:

Name ► .....

Address ► .....

16 Gaming manager information

Name ► LOUIS HESSELING

Gaming manager compensation ► \$ -0-

Description of services provided ► RECORD KEEPING

Director/officer

Employee

Independent contractor

17a	X

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 76684

23-7576684:

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

International Revenue Services

MB No. 1545-0047

Open to Public  
Inspection

Employer identification number  
23-7576684

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**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?  Yes  No

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

## Part II

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. U

Part V and Schedule I-1 (Form 990) if additional space is needed.

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1 (a) Name and address of organization or government						(b) EIN	(c) IHC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Description of non-cash assistance (book, FMV, appraisal, other)	(g) Purpose of grant or assistance
ALL OHIO YOUTH AND SCHOLASTIC SPORTS FOUNDATION	201026457	501(C)(3)	19,171								YOUTH & SCHOLASTIC SPORTS FOUNDATION

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

CHINESE ORGANIZATIONAL CULTURE 23

ONE

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Cat. No. 50055P

Schedule I (Form 880) 2008

23-7576684

**Part II Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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

ALL OHIO SPORTS AND SCHOLASTIC SPORTS FOUNDATION  
SHOWS US A LIST OF ASSISTANCE TO THE RECIPIENTS

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

23-7576684

OMB No 1545-0047

Supplemental Information to Form 990

2008

Open to Public  
Inspection

► 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

Name of the organization

FRATERNAL ORDER OF ORIOLES 173 LIMA NEST

Employer identification number  
23 7576684

PART VI, SECTION A, LINE 6

WE HAVE 451 MEMBERS

LINE 7a, MEMBERS ELECT ALL MEMBERS OF THE GOVERNING BODY.

LINE 7b, DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL  
OF MEMBERS.

PART VI: SECTION C DISCLOSURE LINES 18 & 19  
DOCUMENTS ARE AVAILABLE UPON REQUEST.

PART IX: LINE 21, PAYMENTS TO AFFILIATES: \$567.00 PER CAPITA TAX TO  
THE SUPREME NEST FRATERNAL ORDER ORIOLES,  
1866 LEEDOM LANE, AKRON, OHIO 44312  
for its national program.

PART VIII, LINE 10b COST OF GOODS SOLD  
LIQUOR 12,841.00  
FOOD 3,283.00  
BEER 55,648.00  
TOTAL 71,772.00

PART VIII LINE 1c 50/50 drawing \$960.00

PART X, LINE 13 INVESTMENTS, SECURITIES  
CHASE SECURITIES CORPORATION 975,000.00

PART I, LINE 13 GRANTS AND ALLOCATIONS  
ALL OHIO YOUTH AND SCHOLASTIC  
SPORTS FOUNDATION 19,171.00  
OHIO COUNCIL FRATERNAL ORG. 100.00  
TOTAL 19,271.00

PART X, LINE 10a INVESTMENTS LAND BUILDINGS AND EQUIPMENT

LOCATION 410 N. MAIN ST LIMA, OHIO COSTS (VALUE) \$29,000

LOCATION 755 N. MAIN ST LIMA, OHIO COSTS (VALUE) \$28,000

LOCATION 6130 N. DEFIANCE TR DELPHOS, OH COSTS (VALUE) \$74,000

LOCATION 765 N. MAIN ST LIMA, OHIO COSTS (VALUE) \$90,000

LOCATION 751-753 N. MAIN ST LIMA, OHIO COSTS (VALUE) \$46,000

EQUIPMENT COOLERS & OFFICE EQUIPMENT COSTS (VALUE) \$ 2,000  
TOTAL \$269,000

Name of the organization

FRATERNAL ORDER OF ORIOLES 173 LIMA NEST

Employer identification number

23 7576684

This is the cause, explanation that we did use the revised 990 Forms

We did not receive the 990 Forms in the mail as we have in the past.

So we used an extra Form we had from a previous year. We did not know of the revised Forms for this year at that time

FRATERNAL ORDER OF ORIOLES 173 LIMA NEST  
EIN 23-7576684

Form. 990.( 2008 )

Part 1, Line 1b

Contributions were from our membership only.

Dances, Dinners etc

Part 1, Line 9

EVENT	GROSS RECEIPTS	EXPENCES	NET INCOME
50/50 drawing	960	480	480
Total	960	480	480

Part 1, LINE 10b  
COST OF GOODS SOLD

LIQUOR	12,841.00
FOOD	. 3,283.00
BEER	55,648.00
TOTAL	71,772.00

PART 1,LINE 16-PAYMENTS TO AFFILIATES:\$567.00 PER CAPITA TAX TO THE  
SUPREME NEST FRATERNAL ORDER ORIOLES.716 MARYLAND AVE SW CANTON,OHIO 44710  
FOR ITS NATIONAL PROGRAM.

PART 11, LINE 22 GRANTS AND ALLOCATIONS

ALL OHIO YOUTH AND SCOLASTIC SPORTS FOUNDATION	19,171.00
OHIO COUNCIL FRATERNAL ORG.	100.00

TOTAL	19,271.00
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PART IV, LINE 54 A INVESTMENTS, SECURITIES

CHASE SECURITIES CORPORATION	975,000.00
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Part V, Line 55 Investments-land, buildings, and equipment.

Location - 401 N. Main St. Lima, Ohio

Location - 6130 N. Defiance Tr. Delphos, Ohio

Campground rented year round for a reasonable rate at 6130 N. Defiance Tr.

Part V, Line 57 Land, buildings, and equipment.

LOCATION\_ 401 N. MAIN ST. LIMA,OHIO

COST (value) \$29,000

LOCATION- 755 N Main ST LIMA,OHIO

COST (value) \$28,000

LOCATION- 6130 N. DEFIANCE TR. DELPHOS, OHIO

COST (value) \$74,000

LOCATION- 765 N. MAIN ST. LIMA,OHIO

COST (value) \$90,000

LOCATION 751-753 N. MAIN ST LIMA,OHIO

COST (value) \$46,000

EQUIPMENT COOLERS \$1,000.00

OFFICE EQUIP-\$1,000.00-----

TOTAL	\$2,000.00
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