

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



The tork

_{Form} 990

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
2009

Open to Public Inspection

Department of the Treasury

_		nue Service The organization may have to use a copy of this return		`		Inspection						
<u> </u>	For th		2009, and ending			0 10						
B (Check if	applicable Please C Name of organization Benevolent and Protective use IRS	Order of Elks U	ls lo		dentification number						
	Address	s change tabel or Doing Business As Fairmeid EIKS #1192		<u>_</u>	42	0136055						
	Name c	thange print or Number and street (or P.O box if mail is not delivered to street additionally type.	ress) Room/suit	e *	Telephone r	lumber						
	nitial re	sturn See P.O.Box 365 Specific Characters and 7/D at 4	l		(641)	472-2171						
	îemina	ated Instruc- City or town, state or country, and ZIF + 4		i								
	Vmende	ed return tions. Fairfield,lowa 52665		G	Gross receipts	s 165749						
	pplication	on pending F Name and address of principal officer.		H(a) is thus a g	group return for at	filiates?□Yes ☑No						
		Randy Mairet 201 Broadway St Batavia, lowa 52533			affiliates includ							
1	Tax-ex	rempt status:		1		(see instructions)						
J	Webs	ite: ▶		H(c) Group exe	emption number	▶ 1156						
K	Form of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of formatio	n N	A State of lega	d domicile.						
Pa	ırt I	Summary										
	1	Briefly describe the organization's mission or most significant ad	ctivities:									
_		Fraternal Orginization										
& Governance												
Ē	İ											
) Ve	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than 25%	of its net assets								
ŏ	i	Number of voting members of the governing body (Part VI, line			3	11						
80	1	Number of independent voting members of the governing body			4	11						
Ħ					5	9						
Activitles					6	150						
٩		Total gross unrelated business revenue from Part VIII, column (C			7a	0						
	b 'a	Net unrelated business taxable income from Form 990-T line 34	7, III 6 12.		7b							
	1	RECE	HAFD.	Prior Year		Current Year						
Revenue	8	Contributions and grants (Part VIII line 1h)	S		33178	28127						
		Contributions and grants (Part VIII, line 1h)	2 2010 : 3		0	0						
			8 5010 · 1031		2780	993						
æ	10	Investment income (Part VIII, column (A), lines 3 4, and 7d). Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			36170	41782						
	11 12	Total revenue—add lines 8 through 11 (must equal Part VIII) column			72128	68902						
_		V			2245							
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	4076							
ø		Benefits paid to or for members (Part IX, column (A), line 4)				2400						
Expenses	l	Salanes, other compensation, employee benefits (Part IX, column (A)			2245	2400						
ğ	1	Professional fundraising fees (Part IX, column (A), line 11e)		 .	0	0						
ш		Total fundraising expenses (Part IX, column (D), line 25) ▶										
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .			65985	60129						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)			72791	69388						
_ s	19	Revenue less expenses. Subtract line 18 from line 12			(663)	(486)						
Net Assets or Fund Balances			8	eginning of Curr		End of Year						
1888 Bak	20	Total assets (Part X, line 16)			39629	138233						
t E	21	Total liabilities (Part X, line 26)			23107	22524						
		Net assets or fund balances. Subtract line 21 from line 20 .			16522	115709						
Fe	rt II	Signature Block				hard of the late of						
		Under penalties of penury, I declare that I have examined this return, including act and belief it is true, correct, and complete. Declaration of preparer (other than of	officer) is based on a	les and statemer Il information of	which prepare	er has any knowledge						
c:~		1x()/ BX/m. (EC)		1 6	(/ z ,	110						
Sig		Signature of officer		Date	/ 5/	70						
He	re	+ CHRIS B DAVIS CEO		Date								
												
		Type or print name and title	Deta I Cho	ck if pr								
		Preparer's signature	self-	(Se	reparer's identif ee instructions)	ying number						
Paid		Signature P	emp	loyed ▶ 📖 ``	,							
Prep	arer's	Firm's parts for yours A										
-	Only	Firm's name (or yours of self-employed),			<u> </u>							
		address, and ZIP + 4		Phone no	▶ ()							
May	/ the	IRS discuss this return with the preparer shown above? (see ins	tructions)			Yes No						

P 4

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	To provide a meeting place for the members
	Serve the communities Youth with Programs
	Service the Veterans needs
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.
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.
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 \$ 950. including grants of \$) (Revenue \$)
-	Scholarships to High School Graduates attending college
44	(Onder) (France & 2396 includes greate of &) (Parray &
4D	(Code:) (Expenses \$ 2386 including grants of \$) (Revenue \$)
	Youth Programs
	······

4c	(Code:) (Expenses \$
	After Prom Actives
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶ 4076

Par	t 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		✓_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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 similar funds or 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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<u>✓</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			ا ل. ـ
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<u>√</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
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		✓_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19 20	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		√

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

Par	Statements negariting Other the Fillings and Tax Compliance			
			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			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ŀ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9		٠	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a_		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		ļ <u>.</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		- √
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		1
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		.	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	Ì		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	140		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
			Yes	No
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 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	1	
b		7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, 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	9a		
	ction B. Policies (This Section B requests information about policies not required by the Interenue Code.)	emai		
1160	enue code.)		V	A1=
		40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	-	_
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	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? The organization's CEO, Executive Director, or top management official	15a	/	_
		15b	1	
b	Other officers or key employees of the organization	100		(
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		
Sec	etion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ lowa			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	·/(3)e (anlıı	
	available for public inspection. Indicate how you make these available. Check all that apply.	·/(U/S (Jiliy)	
	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 inte	arpet	
	policy, and financial statements available to the public.	J. 11110		
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: Doug Alexander Sec. 51 1/2 N.Main Fairfield, lowa 52556	rds of	the	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		any o	curr			cer, d	ırec			
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Por director	institutional trustee	Officer	র Key employee	Highest compensated employee	Former	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
Randy Mairet CEO	3			√				0	0	a
Tom Silvers Chm Trustees	2	1		Ť				0	0	O
Doug Alexander	4			1				2400	0	0
Neil Crossland Treasurer	2			✓				0	0	O
									·	

Pa	1 VI Section A. Officers, Directors, Tru		Emp	loy	_		d Hig	hest	·		ontinued)
	(A)	(B)	Doort	(•	C)	that an	h4	(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
Gre	g Morton Leading Kt	2			,				0	0	0
Mat	t Welsher Loyal Kt	2			,				0	0	0
Mik	e Turcek Lecturing Kt	2			/				0	0	0
Kal	ey Fleig Trustee	2			V				0	0	0
Jef	Kootz Trustee	2	✓	<u> </u>					0		
Chr	is Davis Trustee		✓	_	-		<u> </u>				
Sto	ve Thornton Trustee	2	1						0	0	0
Sie	ve momton mustee	2	1						0	0	0
		:									
							-				
		-									
1h	Total				L	<u> </u>	L				
2	Total number of individuals (including but reportable compensation from the organization	not limited	to the	ose	liste	ed a	bove		no received mo	ore than \$100,0	00 in
	,										Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3 1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp comp lete S	pens S <i>ch</i> e	 satio edu	on f le J	rom : for s	any <i>uch</i>		anization for	5 1
Sec	ction B. Independent Contractors							· <u>-</u> .	·		
1	Complete this table for your five highest cocompensation from the organization.	ompensate	d inde	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000 of
	(A) Name and business add	Iress		-					(B) Description of s	ervices	(C) Compensation
								_			
_								<u> </u>			
											· <u> </u>
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding bu	ıt not	limi n ►	ited	to t	hose	liste	ed above) who	received	

Par	t VII	Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats sta	1a	Federated campaigns	i i	1a	0				312, 313, 07314
tributions, gifts, grants other similar amounts		Membership dues		1b	26127				
S, E		Fundraising events .	I	1c	0				
팔	1	Related organizations		1d	0				:
Contributions, gand other simil		Government grants (contr		1e	0				
er s		All other contributions, gifts,	· · · · · · · · · · · · · · · · · · ·						
휼충		and similar amounts not inclu		1f	0				
<u> </u>		Noncash contributions include	ed in lines 1a-1		0				
<u>5 g</u>	h	Total. Add lines 1a-1f	<u> </u>		>	26127			
9					Business Code				
Ze Ven	2a						ı		
æ	b								
	С								
Ser	d								
ä	е	•••••							
Program Service Revenue	f	All other program servi							
	9	Total. Add lines 2a-2f			<u> ▶</u>				
	3	Investment income (income other similar amounts)				993			
	5	Income from investment of	of tax-exemp	t bon	d proceeds				
	3	Royalties	(i) Real	•••	(ii) Personal				
				3801	(ii) r a sonia				
	1	Gross Rents		1001					
		Less: rental expenses Rental income or (loss)		-					,
	d	Net rental income or (loss)			•	28801			
		•	(i) Securitie		(ii) Other	20001			
	7a	Gross amount from sales of assets other than inventory	19 Goodinio		(ii) Other				,
	١.	•							
	D	Less: cost or other basis							ı
	_	and sales expenses . Gain or (loss)							
		Net gain or (loss)							
6	I	Gross income from				-			,
eune	oa	events (not including \$							
>		of contributions reported							
Ě		See Part IV, line 18		". a			ı		1
Other Re	ь	Less: direct expenses							
ō		Net income or (loss) fro			vents >			- 	
	g _a	Gross income from garr	nina activitie	e					
	••	See Part IV, line 19		a.					
		Less: direct expenses,		b					
	С	Net income or (loss) fro	om gaming	actıv	ities ►				
	10a	Gross sales of inve	entory, les	s					1
	ŀ	returns and allowances			81027				
		Less: cost of goods so							
	C	Net income or (loss) from		vento		12981			
	ļ	Miscellaneous Revi	enue		Business Code				
	11a								
	Ь	***************************************							
	С								
		All other revenue							
		Total. Add lines 11a-1							
						68902			

Part IX

Statement of Functional Expenses

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

	All other organizations must complete colu	ımn (A) but are not	required to comp	elete columns (B),	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4076	4076		
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	2400		2400	
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) and section 403(b) employer contributions) .				
9	Other employee benefits	2783			
10	Payroll taxes	2103			
11	Fees for services (non-employees):			ļ	
	Management				
	Legal	453		453	
	Lobbying				
	Investment management fees				
	Other				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	716		716	
13	Office expenses	6078		6078	
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 20	Conferences, conventions, and meetings	4848.		4848.	
 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4619.		4619.	
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	Repairs and maintinance	4738		4738	
b	Utilites	14630		14630	
c	Bulletun	3161		3161	
d	Supplies,Licences,Dues	11771		11771	
е	Property Taxes	8375		8375	
	All other expenses misc	740		740	
25_	Total functional expenses. Add lines 1 through 24f	69388	4076	62529	
26	Joint costs. Check here ▶ ☐ 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				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	17966	1	11050
	2	Savings and temporary cash investments	17747	2	27940
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		6	
s	_	l l		7	
Assets	7	Notes and loans receivable, net	6533	8	6533
Ą	8	Inventories for sale or use	0		0333
	10a	Prepaid expenses and deferred charges	<u></u>		
		other basis. Complete Part VI of Schedule D			
	b	Less. decumulated depreciation	46912		42294
	11	Investments—publicly traded securities	24000	11	24042
	12	Investments—other securities. See Part IV, line 11	26472	12	24042
	13	Investments—program-related. See Part IV, line 11	20412	14	26374
	14	Intangible assets	(2)	15	
	15 16	Other assets. See Part IV, line 11			42222
		Total assets. Add lines 1 through 15 (must equal line 34)	···	16	138223
	17	Accounts payable and accrued expenses	296	17	-53
	18	Grants payable	44606	18	44000
	19	Deferred revenue	14686	19	14229
(0	20	Tax-exempt bond liabilities		20	
ij	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	 .	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	7825		8348
es es	26	Total liabilities. Add lines 17 through 25	23107	26	22524
Š		complete lines 27 through 29, and lines 33 and 34.			
Fund Balance	27	Unrestricted net assets	90017	27	89335
8	28	Temporanly restricted net assets	2067	28	1938
Ĕ	29	Permanently restricted net assets	24438	29	24438
or F		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Sts.	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	116522	_33	115709
	34	Total liabilities and net assets/fund balances	139629	34	138223

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
	Were the organization's financial statements audited by an independent accountant?	2b	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			;
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Open to Public Inspection

	of the organization			Employe	r identification number
Ben	evolent & Protective Order of Elks US F	airfield Elks #1192,Box 365 Fairfield,IA 525	56	42	0136055
Pa	Organizations Maintaining De the organization answered "Ye	onor Advised Funds or Other Similar F s" to Form 990, Part IV, line 6.	Fund	ls or A	ccounts. Complete if
		(a) Donor advised funds		(b) Fun	nds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate contributions to (during year) Aggregate grants from (during year)				
4	Aggregate value at end of year				
	-	d donor od room in rimbon that the court ha			
5	funds are the organization's property, sul	d donor advisors in writing that the assets he oject to the organization's exclusive legal con	ntrol?	?	🗌 Yes 🗌 No
6		donors, and donor advisors in writing that grate to the benefit of the donor or donor advisor benefit?	or, o	r for any	other
Pa		plete if the organization answered "Yes" t	to Fo	orm 990). Part IV. line 7.
1		ld by the organization (check all that apply).		<u> </u>	7,1 4.111, 1110 11
•			6 _	6:	
	Preservation of land for public use (e.	·			rically important land area
	Protection of natural habitat	☐ Preservation	n oi	a cerun	ed historic structure
^	Preservation of open space	ration hold a gualified concentation contribut		n tha fa	of a announce
2	easement on the last day of the tax year.	ization held a qualified conservation contribut	ion i	n the to	rm of a conservation
	casement on the last day of the tax year.				Held at the End of the Tax Year
				0-	neiu at the Ello of the Tax Tear
а		· · · · · · · · · · · · · · · · · · ·		2a	
þ		easements		2b	
С		certified historic structure included in (a) .		2c	
d	Number of conservation easements inclu-	ded in (c) acquired after 8/17/06		2d	
3	Number of conservation easements mode the tax year ▶	fied, transferred, released, extinguished, or to	ermı	nated b	y the organization during
4	Number of states where property subject	to conservation easement is located >			
5		cy regarding the periodic monitoring, inspect	tion,	handlın	
6	· · · · · · · · · · · · · · · · · · ·	nitoring, inspecting, and enforcing conservation			
•	>	morning, mapecting, and emorning conservation	OII C	ascilicii	its during the year
7	***************************************	ng, inspecting, and enforcing conservation ea	asem	nents du	iring the year
8	Does each consequation assembly report	ed on line 2(d) above satisfy the requirements	o of	cootion	
0	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				🗌 Yes 🔲 No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserved.	n reports conservation easements in its rever the text of the footnote to the organization's ration easements.	nue a s fina	and exp ncial sta	ense statement, and atements that describes
Pai		lections of Art, Historical Treasures, or	Oth	er Simi	lar Assets.
	Complete if the organization ans	wered "Yes" to Form 990, Part IV, line 8.			
	M. Aber and a standard and a standar				
18	art, historical treasures, or other similar as	under SFAS 116, not to report in its revenue s sets held for public exhibition, education, or re ote to its financial statements that describes	esear	ch in fui	rtherance of public service,
b	historical treasures, or other similar asset provide the following amounts relating to		earc	h in furl	therance of public service,
		VIII, line 1			
					\$
2	following amounts required to be reported	s of art, historical treasures, or other similar d under SFAS 116 relating to these items:			- '
a b		, line 1			

Page	2

Par	t III Organizations Maintaini	ng Collections	of Art, Hi	istoric	al Treasure	s, or C	ther Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply	accession, and (other reco	rds, ch	eck any of th	ne follov	ving that are a	significant use of its
а	Public exhibition		d		Loan or exch			
b	Scholarly research		е		Other			
С	Preservation for future generat							
4	Provide a description of the organiz Part XIV.	ation's collection	s and exp	lain ho	w they furthe	er the o	rganızatıon's e	exempt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be maint	ained as p	art of th	ne organizatio	n's coll	ection?	. Yes No
Par	t IV Escrow and Custodial A IV, line 9, or reported an a					answe	red "Yes" to I	Form 990, Part
	Is the organization an agent, trusted included on Form 990, Part X?					tions or	other assets	not Yes . No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	follow	ing table:	Γ		Amount
						1c	 	Amount
C	•					· -		
a	Additions during the year					1e	1	
e	Distributions during the year					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f 2a	Ending balance							Yes No
<u>b</u>	If "Yes," explain the arrangement in	Part XIV.					000 D-+	
rai	rt V Endowment Funds. Co	(a) Current year	(b) Prio		(c) Two year		(d) Three years b	'' 1
		(a) Current year	(0) F10	и уска	(c) Two year	15 Dack	(d) Three years to	ack (e) rour years back
1a	Beginning of year balance		<u> </u>		 			
þ	Contributions		<u> </u>		- 			-
	Net investment earnings, gains, and losses						·	
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of	f the year end ba	lance held	d as:				
а	Board designated or quasi-endowm	ent ▶	%					
b	Permanent endowment ▶	%						
С	Term endowment ▶ %)						
3a	Are there endowment funds not in the	e possession of the	ne organiza	ation th	at are held a	nd adm	inistered for th	ne Garage
	organization by:							Yes No
	(i) unrelated organizations	<i>.</i>						3a(i)
L	(ii) related organizations							. 3a(ii)
ь 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended us							. 3b
	t VI Investments—Land, Bu					Part X	ine 10	
. G.	Description of investment		· · ·				· · · · · · · · · · · · · · · · · · ·	Ad Dook water
	Description of investment	(a) Cost or of (investm			ost or other sis (other)		ccumulated preciation	(d) Book value
1a	Land				12614			
þ	Buildings				423771		394403	29367
С	Leasehold improvements				112882		112570	311
d	Equipment	·						
e Tota	Other		100 Part V	001:	(D) line 404			
1018	I. Add lines 1a through 1e. (Column (d) r	nust equal Form 9	su, raπ X,	columi	i (o), iine iv(c	<i>].)</i>	▶	29678

Part VII Investments—Other Securiti	es. 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		
Closely-held equity interests		
Other Bank Stock	24042	Year End Market Value
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>
Part VIII Investments—Program Rela		line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
cd's	27940	Year End Market Value
		<u></u>
•		-
	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	•	
Part IX Other Assets. See Form 990, I	Part X, line 15.	
	(a) Description	(b) Book value
	· · · ·	
Part X Other Liabilities. See Form 99 1. (a) Description of hability		
Part X Other Liabilities. See Form 99 1. (a) Description of liability Federal Income taxes	0, Part X, line 25. (b) Amount	
Part X Other Liabilities. See Form 99 1. (a) Description of liability Federal income taxes Payroll Taxes	0, Part X, line 25. (b) Amount 645	5
Part X Other Liabilities. See Form 99 1. (a) Description of liability Federal income taxes Payroll Taxes Unemployment Taxes	0, Part X, line 25. (b) Amount 645	5
Part X Other Liabilities. See Form 99 1. (a) Description of liability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable	0, Part X, line 25. (b) Amount 645 694	5
Part X Other Liabilities. See Form 99 1. (a) Description of hability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable Accrued Property Tax	0, Part X, line 25. (b) Amount 645 694 -11	5
Part X Other Liabilities. See Form 99 1. (a) Description of liability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable	0, Part X, line 25. (b) Amount 645 694	5
Part X Other Liabilities. See Form 99 1. (a) Description of hability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable Accrued Property Tax	0, Part X, line 25. (b) Amount 645 694 -11	5
Part X Other Liabilities. See Form 99 1. (a) Description of hability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable Accrued Property Tax	0, Part X, line 25. (b) Amount 645 694 -11	5
Part X Other Liabilities. See Form 99 1. (a) Description of liability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable Accrued Property Tax	0, Part X, line 25. (b) Amount 645 694 -11	5
Part X Other Liabilities. See Form 99 1. (a) Description of liability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable Accrued Property Tax	0, Part X, line 25. (b) Amount 645 694 -11	5
1. (a) Description of liability Federal income taxes Payroll Taxes Unemployment Taxes Garnishment Payable Accrued Property Tax	0, Part X, line 25. (b) Amount 645 694 -11 5566 1454	5 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5

Page	4

Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		r Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	-	
b	Donated services and use of facilities	\dashv	
C	Recoveries of prior year grants	\dashv	
d	Other (Describe in Part XIV.)	┨╻	
е	Add lines 2a through 2d	26	
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 Factory)	۔ ا	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
_	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens		
		1	- Hetuin
1	Total expenses and losses per audited financial statements	<u> </u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	İ
a	Prior year adjustments	1	
b	Other losses	7	
d	Other (Describe in Part XIV.)	-	t
e	Add lines 2a through 2d	26	<u> </u>
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	
-	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
h	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	7 40	;
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	t XIV Supplemental Information		·
Corr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4;	Part IV, lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar	nd 4b	. Also complete
this	part to provide any additional information.		
Par	t X Undeposited Federal payroll Tax 645		
	Undeposited State Payroll Tax -1		
,	Accrued Unemployment Tax 694	••••	
	Unpayed Garnishment -5		
	Undeposited State Sales Tax 1454	•••••	••••
		•	

chedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		-
		· · · · · · · · · · · · · · · · · · ·
· • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•••••••••••••••••••••••••••••••••••••••	·
		· • • • • • • • • • • • • • • • • • • •
	•••••••••••••••••••••••••••••••••••••••	
•••••	•••••••••••••••••••••••••••••••••••••••	••••••
	••••••	·
		•••••
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

2009 Open to Public

Inspection

OMB No 1545-0047

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Benevolent & Protective Order of Elks US-Fairfield Elks #1192	42 :		0136055	
Pate VI Line11				
Audit Committee selects Preparer,Reports to lodge,Lodge votes to accept preparer,Audit	Commi	tte Chm	presents 990	
when completed to the lodge with a motion to accept. The lodge votes to accept or reject to	he com	pleted f	orm 990.	
The non-members do not have access to Lodge information.				
Part VI Line11A		·		
see Part VI Line 11 above.	•••••			
Part VI line 15b		· ···		
The lodge members nominate the officers annually and vote on them. The budget is prese	nted an	nually fo	or vote by the	. .
members,Secretarty's salary is set by lodge by-laws and included in the budget.				
				. -

				· -
······	******			
				-
•••••••••••••••••••••••••••••••••••••••		•••••		•••
······				
				-
	 -		••••••	

Schedule O (Form 990) 2009		Page 4
Name of the organization	Employer identification number	
	;	
	• • • • • • • • • • • • • • • • • • • •	

	•	
	*************************	•••••
•••••••••••••••••••••••••••••••••••••••		
***************************************		•••••
		•