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Return of Organization Exempt From Income Tax

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

2009

OMB No. 1545-0047

Open to Public

		the Treasury tue Service		The organization may har	ve to use a conv	of this return	to satisfy state	reportin	a require	ements		inspection
				or tax year beginning	то по изо и оор)		- 01 , 2009 , a				5-31	,20 10
		applicable	Please	C Name of organization FRA	TERNAL ORDI				9		-	mployer identification no.
$\overline{}$	Address		use IRS	Doing Business As		. OI 21102	<u></u>			-	-	-0161660
_	Name ch	-	label or print or	Number and street (or P O bo	x if mail is not delive	ared to street addr	ace)		Room/su	to.	+	elephone number
$\overline{}$	Initial ref	-	type. See	PO BOX 49	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		11.00.17.50.			59)491-2236
=	Termina		Specific	City or town, state or country,	and 7IP + 4				L	_	1	ross receipts
=	Amende		Instruc- tions.	DAYTON, KY 4107							s	82,433
=		on pending	F Name	and address of principal officer		BARNES			i		<u>, </u>	027133
_				VAN VOAST AVE, B					H(a) Ist	this a group illiates?	return fo	Yes 🔯 No
	Tax-exe	mpt status.		10 .	4947(a)(1) or	527			1	all affiliates		
	Website								{ `` H*	No,* attach a	alist (se	e instructions)
ĸ	Form of	organization X	Corporation	Trust Association	Other >	•••	L Year of formation	on 191	_ T	State of le		
Pa	rt I	Summar	у				•					
	1	Briefly descr	ibe the or	ganization's mission or mos	st significant act	rvities:	FRATERNAL	BENE	FICIA	SEA YS	C	
Ĉ G												
i y	'											
V e	2	Check this b	ox ▶ 🗌 i	if the organization discontin	ued its operation	ns or dispose	d of more than a	25% of it	s net as	sets.		
t n		Number of v	oting men	nbers of the governing body	/ (Part VI, line 1	a)				<u> </u>	-	11
9 U		Number of in	ndepender	nt voting members of the go	overning body (F	Part VI, line 1b)			· · · _4		11
8 C	5		•	yees (Part V, line 2a)						· · · · _5	-	0
&	6			teers (estimate if necessar)	•					· · · <u> </u>		
	7a	_		business revenue from Par	· ·	-				· · · 7	-+	0
		Net unrelate	d busines	s taxable income from Forr	n 990-T, line 34		· · · · · · · · ·		• • • •		ъ	0
R		0		(D+) (III II 41)				-	Prior			Current Year
e •	8		_	(∵⊢		7.	16	2,010
8	9			nue (Part VIII, line 2g)				∵			+	0
n	10			art VIII, column (A), lines 3,	=					21,5	12	34,740
е	12		-	'III, column (A), lines 5, 6d, nes 8 through 11 (must equ		•				22,2	_	36,750
	13			ounts paid (Part IX, column			EIVED			22,2	-	30,730
2	14			members (Part IX, column		KEC	JE IV LED	781			\dashv	0
5 E	15	· ·		nsation, employee benefits		n (A), lines 5-	10)	181		· · ·		0
P				ng fees (Part IX, column (A		CTDD GCT.	5 0 5.016	. 121				0
≓ n	- 1			nses (Part IX, column (D),			0_	_ <u> </u> <u> </u> <u> </u>				
. 8 . 0	17			IX, column (A), lines 11a-1		00	DEN, UT	T. T		21,3	11	38,503
8	18	-		lines 13-17 (must equal Pa		-line-25)				21,3	11	38,503
,	19	-		es. Subtract line 18 from li				_		9	18	(1,753
Net				· · · · · · · · · · · · · · · · · · ·			-	Ве	ginning of (Current Year		End of Year
.Asse or	^{ts} 20	Total assets	(Part X, I	ine 16)		<i></i>		[60,9	63	64,694
Fund Bal-	21	Total liabilitie	es (Part X	, lıne 26)				• • 崖				0
ance				ances. Subtract line 21 fro	m line 20		· · · · · · · ·			60,9	63	64,694
P	urt II	Signatu										
				, I declare that I have examined this ct, and complete Declaration of pre							lge	
Sig		11/1	11.	1 R. 1						1	1.	lula
			re of office	7. 100m. y.							10.	//4//0
He	re	//									Dale	
		WESL	print name a	ARNES JR, PRESIDE	INT				<u>-</u>			
_	-	 	L			Date		Check if		Preparer's	identify	ng number
		Preparer's signature	Preparers self- (see instruction									•
Paid		10-05-2010						, - U	l Po	VVI	18804	
	parer'			STURGEON AND	ASSOCIATES			<u> </u>	IN .	<u> </u>		· - · · ·
Use	Only	Firm's name (or yours it self-employed). 6078 PLEASANT AVENUE							2-115	SCPZ		
		address, and		Fairfield, OH		- - -			Phone no	▶ 513-9	39-1	
May	the IF	RS discuss this	return wi	th the preparer shown above		tions)						

	rt III . Statement of Program Service Accomplishments	61-0161660	Page 2
<u>ra:</u> 1	Bnefly describe the organization's mission:		
-	FRATERNAL BENEFICIARY ASSOC		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes 🏻	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	🗆 Yes	▼ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the 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	j	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 38,503 including grants of \$) (Revenue GROUP INSURANCE LIFE INSURANCE AND OTHER BENEFITS	\$)
	ARE OFFERED TO MEMBERS PARTICIPATING APPROXIMATELY		
	156 PARTICIPATE		
			. <u>-</u> .
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			· · · -
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		· · · · · · · · · · · · · · · · · · ·	-
			
			
4d	Other program services. (Describe in Schedule O)		
1-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 38,503		

Form 990 (2009) FRATERNAL ORDR OF EAGLES ABRIE 1285 61-0161660 Page 3 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," 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 6 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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," Х 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or Х Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х 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. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 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 Х 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 15 Х organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

X

18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

20

Form 990 (2009) FRATERNAL ORDR OF EAGLES AERIE 1285 Page 4 61-0161660 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 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 Х 26 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? 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c 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, 29 X 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 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

X

37

38

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2009) FRATERNAL ORDR OF EAGLES AERIE 1285 Part V . Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a -	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		٠,	
	U.S. Information Returns. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		<u>X</u>
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
_	account)?	4a		X
Þ	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.	_		7.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	٠.		v
	organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e.		
7	gifts were not tax deductible?	6b		
	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		х
ь	and services provided to the payor?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
•	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		х
,	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ъ		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	<u> </u>
		C	000 /	0000

Form 990 (2009) FRATERNAL ORDR OF EAGLES AERIE 1285 61-0161660 Page 6 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 11 **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 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? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? X 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a X X 7Ь **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) X 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? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X Does the organization have a written whistleblower policy? 13 X 14 14 Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ KY 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 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: ▶ WESLEY J BARNES (859)491-2236

305 VAN VOAST AVE Bellevue, KY 41073

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

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

- 1a Complete this table for all persons required to be listed. 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 compensate any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	Œ
Name and Title	Average		_	_		at apply)	_	Reportable	Reportable	Estimated
	hours per week	t d n d s t c t d e o r d u a r	nr su ts tt	0	Key employee	H c e I o m g mp h p l e e o s n e t s e t e d	F o r m e r	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT L EDWARDS										
PAST PRES	1.00			X				0	0	0
WESLEY J BARNES										
PRESIDENT	1.00			X	X			0	0	0
GERRY J MEES										
CHAPLAIN	1.00			Х				0	0	0
EDWARD W ACKERSON										
SECRETARY	10.00		\bigsqcup	Х	Х			0	0	0
JEFF REDLEAF										
TREASURER	1.00			X				0	0	0
JOHN DODD SR										
TRUSTEE	4.00			Х		<u> </u>		o	0	0
EDWARD R HAYES										
TRUSTEE	4.00			X		<u> </u>	<u> </u>	0	0	0
JOHN WILLIAMS										
TRUSTEE	4.00	ļ		Х		<u> </u>	<u> </u>	c	0	0
JUNIUS FOX						İ				
TRUSTEE	4.00			X					0	0
MARION HALL									1	
TRUSTEE	4.00			X			<u> </u>	c	0	0
MARTIN K NELLIS										
VICE PRESIDENT	1.00			X				c	0	0
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ra	TVII. Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen:	sated Employees	(continued)			
	(A)	(B)			ŋ	7)			(D)	(E)		(F)	
	Name and Title	Average hours per week	Positi I t d nri I s e v t c I e t d e o u r a o I r	nr su ts	011.00	K e	at apply) H c e I c m I mp h p i e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	COL	estimated imount of other other opensation from the ganization of related ganization	n i
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1b 2	Total								0 \$100,000 in)		0
2	reportable compensation from the organization	u iosa iistau	auove,	WII	0 16	2014	Bu IIIOI	o ux	an \$100,000 iii	()		
_											ļ	Yes	No
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for								sated		. 3	•	х
4	For any individual listed on line 1a, is the sum of report												
	the organization and related organizations greater than						Schedu	ıle J	for such				.,
5	individual						· · ·	 ation	for		4	-	X
3	services rendered to the organization? If "Yes," complete	•	•				-				5	1	Х
Sec	tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·		 '		
1	Complete this table for your five highest compensated	independent	contra	cto	rs th	at re	ceived	mo	re than \$100,000 o	f			
	compensation from the organization.						_						
	(A) Name and business address								(B) Description of s	ervices	Com	(C) pensation	1
	Name and securioss address												
			_										
							_						
_													
	Total number of independent contractors (including but	t not limited t	o those	e list	ted a	bov	e) who	rec	leived				
_	more than \$100,000 in compensation from the organiz		,,			•	.,e						

Page 9

Part 1	VIII	Statement of Revenu	ie						
:						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns		1a			۰		***************************************
_	ь	Membership dues		1b	2,010				
Contn- butions.	c	Fundraising events		1c		·			
gifts,	d	Related organizations		1d					
grants and	e	Government grants (contribution		1e					
other similar	f	All other contributions, gifts, grand similar amounts not include	ants,	1f					
amounts	q	Noncash contributions include							
	h	Total. Add lines 1a-1f				2,010			
	'	Total Add mos fa ii 1 1 2			Business Code	2,010			
	2a				Dusiness Code		-		
									
Program	c								
Service Revenue	ا								
									
		All other program service reven	110						
	ا ٰ	Total. Add lines 2a-2f							
			•						
	3	Investment income (including dother similar amounts)							
	4	Income from investment of tax-	•	•					
	5	Royalties							
			(i) Rea	J	(ii) Personal				
		Gross Rents							
		Less: rental expenses							
	1	Rental income or (loss)			L			•	
	d	Net rental income or (loss)		• • •	<u> </u>				
	7a	Gross amount from sales of assets other than inventory	(i) Secunt	188	(ii) Other				
	b	Less: cost or other basis and sales expenses							
0	ے ا	Gain or (loss)							
h		Net gain or (loss)							
е	1	Gross income from fundraising						<u> </u>	
r	"	events (not including \$							
R	ł	of contributions reported on line	10)						
e V		See Part IV, line 18	-	2					
ě	Ь	Less: direct expenses							
n		Net income or (loss) from fundr				i '		Ī	
u 8		Gross income from gaming acti	-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	"	See Part IV, line 19		. а	12,204				
	h	Less: direct expenses			5,834	+			
		Net income or (loss) from gamin				6,370	6,370		
			ng douvidoo	• •		<u> </u>	0,3.0		
		Gross sales of inventory, less returns and allowances			68,219	ŧ		‡ •	
	1	Less: cost of goods sold			39,849	†		•	
	<u>_</u>	Net income or (loss) from sales	of inventor	y		28,370	28,370		
	44	Miscellaneous Revenue			Business Code	1		‡	
	11a	· · · · · · · · · · · · · · · · · · ·			<u> </u>			ļ	
	b							 	
	°.	All other process						 	
	4	All other revenue			L			<u> </u>	
	1	Total. Add lines 11a-11d .				25		‡ <u> </u>	-
	12	Total revenue. See instruction	s	• • •	<u> ▶ .</u>	36,750	34,740	0	0

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising expenses
1	Grants and other assistance to governments and	· -	expenses	general expenses	expenses
•	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				
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				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				•
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
ь	Legal	2,860	2,860		<u></u>
c	Accounting	2,000	2,000		
d	Lobbying				<u> </u>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other			·	
g 12	F	117	317		
13	Advertising and promotion	117	117		
14	Office expenses	102	102		
15	Information technology				
	Royalties	00 200	20.200		
16 17	Occupancy	20,389	20,389		
18	Travel				
10	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	
20	Interest	· · - · - · - · - · - · - · - · · · · ·			
21	Payments to affiliates				
22 22	Depreciation, depletion, and amortization				
23	Insurance	2,513	2,513		
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.)				
	SALES TAX	3,710	3,710		
Ь	BANK CHARGES	75	75		
С.	DUES AND SUBSCRIPTIONS	290	290	<u> </u>	
d	SUPPLIES	2,630	2,630		
e	POSTAGE	88	88		
_ f	All other expenses	5,729	5,729		
25	Total functional expenses. Add lines 1 through 24f	38,503	38,503	0	0
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		I		1

FRATERNAL ORDR OF EAGLES AERIE 1285 61-0161660

	90 (20		6	1-016166	0 Page 1
Part	Χ.	Balance Sheet			(=)
			(A)		(B)
•			Beginning of year		End of year
	1	Cash - non-interest-bearing	5,025	1	8,880
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	•		
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
A		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
5		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
t	8	Inventories for sale or use	2,989	8	2,865
S	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 52, 949			
	Ь	Less: accumulated depreciation 10b	52,949	10c	52,949
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	60,963	16	64,694
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
L	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities		20	
a b	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	-
į	22	Payables to current and former officers, directors, trustees, key			
! :		employees, highest compensated employees, and disqualified			
i		persons. Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	-
e S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
F		complete lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets	•	27	
n	28	Temporarily restricted net assets		28	
d	29	Permanently restricted net assets		29	
В		Organizations that do not follow SFAS 117, check here ▶ 🏻			
a		and complete lines 30 through 34.			
l a	30	Capital stock or trust principal, or current funds	60,963	30	64,694
n	31	Paid-in or capital surplus, or land, building, or equipment fund	00,303	31	02,034
c e	32	Retained earnings, endowment, accumulated income, or other funds		32	
e S	33	Total net assets or fund balances	60,963	33	64,694
	34	Total liabilities and net assets/fund balances	60,963	34	64,694
	<u> </u>	Total habilities and net assets/fund balances	00,303	1 00	Form 990 (2009

Form	990 (2009) FRATERNAL ORDR OF EAGLES AERIE 1285 61-016166	0	Pa	age 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1.	Accounting method used to prepare the Form 990: X Cash Cash Other			
	If the organization changed its methods 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	Х	
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
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	Х	ļ
	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		I	
	issued on a consolidated basis, separate basis, or both:		Ī	
	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			

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury

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 Inspection

Internal Revenue Service Name of the organization Employer identification number FRATERNAL ORDR OF EAGLES AERIE 1285 61-0161660 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 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? Types 🔲 No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | Yes | No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: 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:

Schedi	ule D (Form 990) 2009 FRATERNAL ORDR OF	BAGLES A	RIE 1285			61-0161	660	F	Page 2
Par	t III Organizations Maintaining Co	llections of	Art, Historica	I Treasures,	or O	her Similar As	sets (ca	ontinu	ed)
3	Using the organization's acquisition, accession, and	other records,	check any of the fo	ollowing that are	a signific	ant use of its			
•	collection items (check all that apply):								
а	Public exhibition	d 🗌 Lo	an or exchange pr	ograms					
Ь	Scholarly research	e 🗌 Ot	her						
c	Preservation for future generations								
4	Provide a description of the organization's collection	is and explain h	ow they further the	organization's e	xempt p	urpose in			
	Part XIV.								
5	During the year, did the organization solicit or receive	e donations of	art, historical treas	ures, or other sin	nilar				
	assets to be sold to raise funds rather than to be ma	intained as par	t of the organizatio	n's collection?			. 🗆 Y	'es	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Co	emplete if organiza	tion answered "Y	es" to F	orm 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 o	ther intermediar	y for contributions	or other assets r	ot				
	included on Form 990, Part X?		=				. 🗆 Y	'es	☐ No
ь	If "Yes," explain the arrangement in Part XIV and co	mplete the follo	wing table:				_		_
	• •	•	J			Am	ount		
С	Beginning balance				10	:			
d	Additions during the year				10	1			
е	Distributions during the year				16	,			
f	Ending balance					+	-		
2a	Did the organization include an amount on Form 99						. 🗆	es.	No
ь	If "Yes," explain the arrangement in Part XIV.	o, r arr,o <u>n</u>							
	Endowment Funds. Complete if the	e organization	answered "Yes" to	Form 990 Part I	V. line 1	0.			
<u> </u>	· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Pnor year	(c) Two years		(d) Three years back	(e) Fou	r vears i	hack
1a	Beginning of year balance	(a) conom you	(b) i noi your	(0) 1110 702		(6) 111100 10000 0000	1 (0) 1 55	,,,,,,,,,,	
ь	Contributions								
c	Net investment earnings, gains, and losses						** ***********************************	**********	***************************************
ď	Grants or scholarships								
	· -	·					**********		**********
е	Other expenditures for facilities								
	and programs						··•	**********	
f	Administrative expenses								
9	End of year balance		J			<u> </u>	≛		
2	Provide the estimated percentage of the year end b								
a	Board designated or quasi-endowment	<u> </u>							
b	Permanent endowment > %								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possession of	f the organization	on that are held an	d administered fo	r the				T
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		↓
	(ii) related organizations						3a(ii)	1	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations listed	as required on	Schedule R? .				3ь		<u></u>
4	Describe in Part XIV the intended uses of the organ	ization's endow	ment funds.						
Pa	ft VI Investments - Land, Building	s, and Equ	i pment. See Fo	rm 990, Part X, li	ne 10.				
	Description of investment	(a) Cost or o	ther basis (b)	Cost or other	(c)	Accumulated	(d) Boo	k value	
		(invest		basis (other)		epreciation	<u> </u>		
1a	Land								
ь	Buildings								
c	Leasehold improvements			5,992				5	,992

d Equipment

46,957

46,957

52,949

Part VII	Investments - Other Securi		OF EAGLES AERIE 1: ee Form 990, Part X, line 12.		61-016	1660 Page 3
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation	
	vatives				Cost of end-or-year market	¥200
	equity interests			+		
Other	induity intorooms 11111111111111111111111111111111111					
				i		
·						
					_	
	b) must equal Form 990, Part X, col (B) line 12)	>			1 11	11 11111 11 1111
Part VIII	Investments - Program Rel	ated. s	ee Form 990, Part X, line 13	•		
	(a) Description of investment type		(b) Book value		(c) Method of valuation Cost or end-of-year market	
						
					<u> </u>	
	.			_		
			<u>-</u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>				
Part IX	Other Assets. See Form 990, Pa	rt X, lıne	15.		· · · · · · · · · · · · · · · · · · ·	
		(a) (Pescription			(b) Book value
						
		·····				
			· · · · · · · · · · · · · · · · · · ·			
	n (b) must equal Form 990, Part X, col. (E				.	
Part X	Other Liabilities. See Form 990,	Part X, lıı	ne 25.			
1.	(a) Description of liability		(b) Amount			
Federal incom	ne taxes					
				- 		
				_		
-				_		
	· · · · · · · · · · · · · · · · · · ·					

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

		91-0191990	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2 .		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	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV.)	_	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
Ь	Other (Describe in Part XIV.)	」	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	4 1	
Ь	Prior year adjustments	-	
C	Other losses	_	
d	Other (Describe in Part XIV.)	_	
е	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	-	
Ь	Other (Describe in Part XIV.)	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
nis p	art to provide any additional information.		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, time 6a.

OMB No 1545-0047

2009

Open to Public

Attach to Form 990 or Form 990-EZ. See separate instructions Internal Revenue Service Inspection Name of the organization Employer identification number FRATERNAL ORDR OF EAGLES AERIE 1285 61-0161660 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part i Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 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. (i) Name of individual (ii) Activity (m) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col (i) Yes No 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

FRATERNAL ORDR OF EAGLES AERIE 1285 61-0161660 Schedule G (Form 990 or 990-EZ) 2009 Page 2 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 (b) Event #2 (c) Other Events (d) Total Events Add col (a) through R (event type) (total number) col. (c)) (event type) θ ٧ Gross receipts θ n Less: Charitable u contributions Gross revenue (line 1 Cash prizes . . D Non-cash prizes r е С Rent/facility costs t Ε Food and beverages X р θ n S Other direct expenses е 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. Revenue (d) Total gaming (Add (b) Pull tabs/instant (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue Direct 2 Cash prizes . . Non-cash prizes . . . Expenses Rent/facility costs Other direct expenses ☐ Yes No Volunteer labor П No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," Explain: 10a 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?

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?

SCHEDULE O (Form. 990)

Department of the Treasury

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service	▶ Attach to Form 990.		Inspection
Name of the organization		Employer id	entification number
FRATERNAL ORDR	OF EAGLES AERIE 1285	61-0161	.660
01. Members or a	stockholder classes and rights (Part VI, line 6)		
ORGANIZATION ALI	LOWS ALL MEMBERS THE RIGHT TO VOTE ON INDIVIDUALS NOMINATED	FOR OF	FICER
POSITIONS. THE	RE ARE NO CLASSES		
02. Member elect	tion for additional members (Part VI, line 7a)		
MEMBERS OF ORGAL	NIZATION ARE GIVEN THE RESPONSIBILITY OF CHOSING FROM NOMIN	ATED IN	DIVIDUALS
WHO WILL HOLD OF	FFICER POSITIONS		
			
03. Governing bo	ody decisions (Part VI, line 7b)		
ELECTED TRUSTEES	S MANAGE THE DAILY ACTIVITIES BUT ANY CHANGES TO BYLAWS OR	RULES M	UST BE
APPROVED BY GENT	ERAL MEMBERSHIP BUT ALL CHANGES MUST FOLLOW GUIDELINES SET	BY GRAN	D AERIE
04. Form 990 gov	verning body review (Part VI, line 11)		· · · · · · · · · · · · · · · · · · ·
OFFICERS AND TR	USTEES ARE PROVIDED COPY OF FORM 990 FOR REVIEW PRIOR TO FI	LING WI	тн
FEDERAL GOVERNM	ENT AND STATE		
05. Governing do	ocuments, etc, available to public (Part VI, line 19)		
GOVERNING DOCUM	ENTS TAX RETURNS ARE AVAILABLE UPON REQUEST TO ANY PERSON		
			<u> </u>
			