		(C&E)	9493020	601505 9
	Ω	913 / Potrum of Owner institut Francis		
For	m y	90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foun	dations) 2017
		of the Treasury Do not enter social security numbers on this form as it m		7 / Spento rubite
		Go to www.irs.gov/Form990 for instructions and the la		Inspection 3
			JUL 31, 20	
D (heck if pplicab	le: Varie of organization	D Employer ide	entification number
	_Addre		<u>r</u>	
	Name Chang	Doing business as	_	7-0508086
_	Initial Ireturn	, ,	uite E Telephone nu	
L_	returr. termi			18-235-3350
_	ated Amen Jeturn	City or town, state or province, country, and ZIP or foreign postal code BELLEVILLE, IL 62223	G Gross receipts \$ H(a) Is this a gro	291,338.
Ē	Appli		for subordi	
	pendi	1549 FRANK SCOTT PARKWAY WEST, BELLEVILLE,		nates Included? Yes No
			4 73	ach a list. (see instructions)
		te: HTTP: //WWW.SCOTTISHRITENMJ.ORG		nption number ▶ 0259
_	orm o irt 1	forganization: Corporation Trust X Association Other \\ \\ Summary	fear of formation: 190	7 M State of legal domicile: IL
1	1	Briefly describe the organization's mission or most significant activities: STRENGTH	EN THE MASC	NITC WAY OF
Governance	•		LEADERSHIP	
rna	2	Check this box if the organization discontinued its operations or disposed of r		
tove	3			3 0
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 0
ties		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5 0
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		$\begin{vmatrix} 6 & 0 \\ 7a & 0 \end{vmatrix}$
Ă		Net unrelated business taxable income from Form 990-T, line 34		7b 0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		0. 6,721.
Revenue	9	Program service revenue (Part VIII, line 2g)	157,81	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,26	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	226,68	
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	62,61	
Expenses		Professional fundralsing fees (Part IX, column (A), line 11e)	12 1 50 90 10 10 10	0. 0.
EXP		Total fundralsing expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-1 d, 11f-Part CEIVED	238,12	
			300,74	
	t	Povenue loss avenues Subtract line 19 from line	-74,05	
s or		Heveride less expenses: Subtract line 16 from lines DEC 1 3 2018	Beginning of Current	
Net Assets or Fund Balances		Total assets (Part X, line 16)	1,557,86	
Vet A		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20.	1,551,44	
		Signature Block	1 1,551,45	1,410,212.
7 / / / /		lities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the bes	of my knowledge and belief, it is
		ct, and complete. Deplacation of preparer (other than officer) is based on all information of which prep		
				6/23/18
Sign	1	Signature of officer	Date	,
Her	е	VINCE RITI, EXEC SECY Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date / Chr	ck PTIN
Paid	!	HENRY SIEKMANN CPA	Date Chilitiself self	employed P00100959
	arer	Firm's name SCHEFFEL BOYLE	O Firm's Ell	
Use	Only	Firm's address 222 EAST MAIN STREET	~	
		BELLEVILLE, IL 62220	Phone no	<u>.(618) 277-8100</u>
May	the I	RS discuss this return with the preparer shown above? (see Instructions)		X Yes No

rom	1990 (2017) SCOTTISH RITE	BODIES VALLEY OF S II	37-0508086 Page 2
Ρā	rt.III. Statement of Program Service Accor		
	Check if Schedule O contains a response or note	to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: DOT	nestic Fraternal Asso	ociation
2	Did the organization undertake any significant program prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	services during the year which were not	
3	Did the organization cease conducting, or make significe if "Yes," describe these changes on Schedule O.	cant changes in how it conducts, any pro	gram services?Yes X No
4	Describe the organization's program service accomplis Section 501(c)(3) and 501(c)(4) organizations are requir revenue, if any, for each program service reported.		
4 a	DUES RECEIVED IN EXCHANGE FOR RELATED TO THE ORGANIZATION) (Revenue \$) TS, ALL OF WHICH IS
	- Assistance to Individuals		
4b	(Code) (Expenses \$	Including grants of \$) (Revenue \$)
	Support Childrens' Learning Centers		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		}	
	Charitable Outreach -		
4d	Other program services (Describe in Schedule O.) (Expenses \$ Including grants of	f\$) (Revenue)))))))))))))))))))
4e	Total program service expenses		Form 990 (2017)

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	50		
	as applicable.	364	,	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.5
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Californials IV 16 981 a 91 and An Province	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
_	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
·	must have a second the second of 2	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
		240	-	 -
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			Ì
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"] []	.
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	1,77
	of any of these persons? If "Yes," complete Schedule L, Part III	27	36.5	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1931	3,7	, =
	instructions for applicable filing thresholds, conditions, and exceptions):	₹. c^	E1, 4	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		}	٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ.—.,	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Ì	\
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l	
	If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	77
	Schedule N, Part II	32	<u> </u>	_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	.35a		X
þ		[
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	├—	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	1	
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	(0017)
		C-2-1	· uur	(0047)

	990 (2017) SCOTTISH RITE BODIES VALLEY OF S IL 37-0508		<u>.</u>	age
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	125	T CS	. 25
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	12:32	13 7 18 1	1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			12.14
Ŭ	(gambling) winnings to prize winners?	1c	" "	- S
) a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10 m	H.27.0	
	filed for the calendar year ending with or within the year covered by this return	100	-12°	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Tiger.	-3.50
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1 13	7 g	F. 27.
1-	· · · · · · · · · · · · · · · · · · ·	2.5.4.1.1	18 1. 2	1 _
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		╁
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		İ	↓
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	· '' 631,	X
Þ	If "Yes," enter the name of the foreign country:			10.4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1	1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
à	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			į .
	were not tax deductible?	6b	217.	-
•	Organizations that may receive deductible contributions under section 170(c).	3	15 J.	
	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		2
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		Ì
	to file Form 8282?	7c	7.5	X
	If "Yes," indicate the number of Forms 8282 filed during the year	1.735	36 7 12	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ŁŽ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		12
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	ļ	├-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		.
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	143	1.169	1
	sponsoring organization have excess business holdings at any time during the year?	8	30.	ļ.,
•	Sponsoring organizations maintaining donor advised funds.			ļ.·.
a	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>	├	├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1,72 ,	177
)	Section 501(c)(7) organizations. Enter:	1.5	湿息	120
а	Initiation fees and capital contributions included on Part VIII, line 12	· A		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	F. F.	ا تَجَانًا	
ı	Section 501(c)(12) organizations. Enter:		37.5	150
	Gross income from members or shareholders 11a		400	17.
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		17.85	(
	amounts due or received from them.)	1833 E	P	P\$;
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	(507.51	١.,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1. J.	[3,12]	1, 2
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	18 C	1.72.5	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1_
	Note. See the instructions for additional information the organization must report on Schedule O	``		اِنْ اِنْ
þ	Enter the amount of reserves the organization is required to maintain by the states in which the		1,42,52	25
	organization is licensed to issue qualified health plans		16.5	
	Enter the amount of reserves on hand		13.75	100

c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1) 5 0 0		155°
	If there are material differences in voting rights among members of the governing body, or if the governing	1		, , , , , ,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ng.	, , .1
b	Enter the number of voting members included in line 1a, above, who are independent 1b		30	1,45
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ggir	
_	officer, director, trustee, or key employee?	2	⁻ -, າ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware duning the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	··-		
~	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,	: ·	1,54
а	The recoming had 0	8a	X	•
, b	Produce and the sufficient and the label of the second and the sec	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
	Ten Divide (Time decitor & regulation market about periods not required by the internal resonant codes,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7,25 1	u,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X] '
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	71 3	7-4-	3111
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	,	J. 1
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	3 3	- *n 1	4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	217	./ 1	
	taxable entity during the year?	16a		X
Б	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1,5
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		آ اراد آ	10 in
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MIKE GRAFE - 618-235-3350			
	1549 FRANK SCOTT PKY W, BELLEVILLE, IL 62223			

Form 990 (2017)	SCOTTISH RI	E BODIES	VALLEY	OF	S IL	37-0508086	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, a	nd Independent Co	ntractors							
Check if Schedule	O contains a response o	r note to any line	in this Part VII						

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n							nsat	ted any current officer, of	director, or trustee.				
(A)	(B)		(C) Position					(D)	(E)	(F)			
Name and Title	Average hours per	(do	(do not check ma		more than one		one	Reportable compensation	Reportable	Estimated amount of			
	week	box, unless person is both an officer and a director/trustee)			x/trus	tee)	from	compensation from related	other				
	(list any	100						the	organizations	compensation			
	hours for	or dir	يو ا			age		organization	(W-2/1099-MISC)	from the			
	related	ustee	truste		g	Sued		(W-2/1099-MISC)		organization			
	organizations below	Individual trustee or director	Lonal		훁	돌	_			and related organizations			
	line)	ğ	Institutional trustee	Officer	Kay amployee	Highest compensated employee	75 miler			Organization to			
(1) MICHAEL FITZPATRICK	0.00												
DIRECTOR		X			<u> </u>	L	L	0.	0.	0.			
(2) STEPHEN OAKLEY	0.00	1				١		1					
DIRECTOR		X	<u> </u>			<u> </u>	<u>L</u>	0.	0.	0.			
(3) DAVID ROGERS	0.00	}	1		1	Ì	Ì	_	_	_			
DIRECTOR	ļ	X			ļ	<u> </u>	<u> </u>	0.	0.	0.			
(4) CHARLES E HILEMAN	0.00							1					
DIRECTOR	0.00	X			-	-	-	0.	0.	0.			
(5) AUSTON SMITH	0.00	4.5								•			
DIRECTOR	0.00	X	-	-	 	\vdash		0.	0.	0.			
(6) BRIAN COPPOTELLI	0.00	X				ļ	ļ	0.	0.	0.			
DIRECTOR (7) MARK MAXWELL	0.00		-			-	-						
DIRECTOR	0.00	x			1	1		0.	0.	0.			
		<u> </u>					L						
							-						
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SCOTTISH RITE BODIES VALLEY OF S IL

37-0508086

Form 990 (2017)

Form 990 (2017)

732009 11-28-17

Statement of Revenue

Check If Schedule O contains a response or note to any line in this Part VIII (B) (D)
Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contr. butlons, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues n Frindraising events 10 d Related organizations , ,... e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6,721. similar amounts not included above g Noncash contributions included in lines 14-11 \$ h Total. Add lines 1a-1f Business Code 2 a MEMBERSHIP DUES & FEES 900099 150,067. 150,067 Program Service. Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 41,620 41,620 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real 22,908 9,395 b Less: rental expenses Rental income or (loss) 13.513 d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 201 assets other than inventory b Less: cost or other basis 0 and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 16). See Part IV, line 18 <u>821, 69</u> 090 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, ling 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions. 223,853 191.888 Form 990 (2017)

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon								
	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 domestic organizations			对的情况是 他	expenses				
	and domestic governments. See Part IV, line 21			語言語言語言語					
2	Grants and other assistance to domestic			一种经验的现在分词	の変形は大型である。				
	individuals. See Part IV, line 22			"是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	では、				
3	Grants and other assistance to foreign			是是是是自然的					
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16			的可能是一个					
4	Benefits paid to or for members			一年, 其 是 2 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	語が言うると言語				
5	Compensation of current officers, directors,								
	trustees, and key employees				<u> </u>				
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	54,593.							
8	Pension plan accruals and contributions (include				!				
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits			- <u></u>	· · · · · · · · · · · · · · · · · · ·				
10	Payroll taxes	4,457.			·				
11	Fees for services (non-employees):								
а	Management			L					
b	Legal								
C	Accounting	3,934.							
d	Lobbying	<u> </u>	- 15						
е	Professional fundraising services. See Part IV, line 17		· 是如此"阿斯克"等是	34.74.76.74.20.3°					
f	Investment management fees	5,068.		<u> </u>					
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion ,	3,488.			····				
13	Office expenses	6,959.			L				
14	Information technology								
15	Royalties	55.066							
16	Occupancy	55,066.							
17	Travel								
18	Payments of travel or entertainment expenses		,						
	for any federal, state, or local public officials	5 050							
19	Conferences, conventions, and meetings	5,050.							
20	Payments to affiliates	59,241.							
21		70,336.							
22	Depreciation, depletion, and amortization	14,314.							
23	Other expenses, Itemize expenses not covered	Market Constitution	· 医阿尔克斯氏征 [1] 2-126	1 35 T . To 1 - 50 T . TO 1 " T. O"					
24	above. (List miscellaneous expenses in line 24e. If line	国际发展的							
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	性。 一种的一种的一种	The state of the s						
_	ACCIDENT A C	580.	344 475 12 1 ml 31,62 1 1912 24	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Liver of the A. S. Salle of 1-5-11-17				
a	BANK CHARGES	120.		<u> </u>					
c	MISC	52.		 					
d									
	All other expenses		<u> </u>		 				
25	Total functional expenses. Add lines 1 through 24e	284,731.	 						
26	Joint costs, Complete this line only if the organization	204,131.	 						
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.		1						
	Check here If following SOP 98-2 (ASC 958-720)		}						
	11 Ideo attid cot. 30-2 (430 330-120)	L	<u> </u>						

Form 990 (2017)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	29,271.	1_	93,862.
2	Savings and temporary cash investments	10,733.	2	5,026.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	5,915.	4	7,195.
5	Loans and other receivables from current and former officers, directors.	The street of the street	15 15 Fef	
	trustees, key employees, and highest compensated employees. Complete	国际工作等等	# # 	
1	Part II of Schedule L	[12] (2) (2) (3) (4) (4) (4) (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	5	A change and make from the Till I had not a
6	Loans and other receivables from other disqualified persons (as defined under	· 通知 [10] [4] [4] [4] [4] [4]	N str	医基础 有事实现的
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	国务的经验 医二氏病		
	employers and sponsoring organizations of section 501(c)(9) voluntary		4 1 1 1 1 1 1	
1	employees' beneficiary organizations (see instr) Complete Part II of Sch L	The property of the property o	6	Test that it of the war of the
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	900.	8	900.
9	Descride augustus and defense is about a	500.	9	
1 -	Land, buildings, and equipment, cost or other	· · · · · · · · · · · · · · · · · · ·	7,5 2	27 112 - 2 127
IVa	basis. Complete Part VI of Schedule D 10a 3,369,524.) - 1, 1 1,-27	
.	2 700 071	625,493.	40-	570,453.
11"		666,077.		647,697.
1	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	219,479.		
12		219,479.	12	434,441
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1 557 060	15	1 557 300
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,557,868.	16	1,557,380
17	Accounts payable and accrued expenses	4,682.	17	6,190.
18	Grants payable	1,744.	18	72 070
19	Deferred revenue	1,/44.	19	72,978.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	The Section of the Se	21	200 5 64 4 6 5 7 64 6
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
1		الم المراجعة	50.5	是特別。20 (國際)(20 (國際)
	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 Other liabilities (including federal income tax, payables to related third		24	
25	, , ,]		1
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
000	Total liabilities, Add lines 17 through 25	6,426.	25	79,168.
26	Organizations that follow SFAS 117 (ASC 958), check here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26	19,100.
	complete lines 27 through 29, and lines 33 and 34.		37	
07	,	1,256,690.	ı	1 170 006
27		1,230,030.	27	1,178,096.
28	Temporarily restricted net assets	204 752	28	200 116
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	294,752.	29	300,116.
	- · · · · · · · · · · · · · · · · · · ·		130	
00	and complete lines 30 through 34.	Programme and the programme of the progr	15/c = 1	學學可以可以為語為
30	Capital stock or trust principal, or current funds	ļ	30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	1 551 440	32	1 470 010
33	Total net assets or fund balances	1,551,442.	33	1,478,212.
34	Total liabilities and net assets/fund balances	1,557,868.	34	1,557,380. Form 990 (2017

	1990 (2017) SCOTTISH RITE BODIES VALLEY OF S IL	37-05	08086	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	223	,853.
2	Total expenses (must equal Part IX, column (A), line 25)	.2		,731.
3	Revenue less expenses. Subtract line 2 from line 1	3		,878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,551	,442.
5	Net unrealized gains (losses) on investments	5		,352.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
6	column (B))	10	1,478	<u>,212.</u>
Pa	Ti XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> .		<u> </u>
			Y	res No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	3.7	第一方面
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	···· ··· ····	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		10 2 4 2 7 1 2 1
	separate basis, consolidated basis, or both:			
	Separate basis Both consolidated and separate basis		255	
þ	Were the organization's financial statements audited by an independent accountant?	·	. 2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		200 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	•		3 3
	review, or compilation of its financial statements and selection of an independent accountant?		2c	শুলাসভুন
20			(*as* 7	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	igia Audit	90	X
h	Act and OMB Circular A-133?	ived audė	<u>3a</u>	- ^-
Ŋ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	neu auuil	3b	
	or addita, explain why in obligation of and describe any steps taken to diludigo short addits			90 (2017)
				(11)

732012 11-28-17

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public 🗽 Inspection 🖯 🖖

Name of the organization **Employer identification number** SCOTTISH RITE BODIES VALLEY OF S IL 37-0508086 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of 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? 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? Part If Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply), Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 turtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 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 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		H RITE BOD						<u> 37-05</u>	08086	Page 2
Pa	till Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	at are a siç	gnificant i	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	. 🗀	Loan or exc	hange progr	ams				
ь	Scholarly research	е								
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how t	hev further t	he organizat	ion's exen	not purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,.,,,	
_	to be sold to raise funds rather than to be m								Yes	☐ No
Pai	t'IV Escrow and Custodial Arran	dements Comple	ate if the	e omanizatio	n answered	"Vor" on	Form 000	Dort IV		
[,	reported an amount on Form 990, Pa		3te 11 ti 16	e organizatio	ii alisweleu	res on	-01111 330	, ran iv,	iii le 5, 01	
10			lion: for		o or other or					
14	Is the organization an agent, trustee, custod on Form 990, Part X?								7	
					··········				_l Yes	Ll No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table:						
	Daniel San Estate								Amount	
	Beginning balance									
đ	Additions during the year			···· · · · · · · · · ·						
е	Distributions during the year						1e			
f	Ending balance					· · · · · · · · · · · · · · · · · · ·	. <u> 1f </u>			
	Did the organization include an amount on F							ــا	J Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	(planati	on has been	provided or	Part XIII				
Hai	Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Par	t IV, line 1	0.		,	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four ye	ars back
	Beginning of year balance									
þ	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships								<u> </u>	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	lg, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u>~~~</u>					•			
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for th	e organiz	ation		
	by:	J							Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
ь	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	• • • • • • • • • • • • • • • • • • • •			••••	3b	\top
4	Describe in Part XIII the intended uses of the								· [
Pai	tVI Land, Buildings, and Equipn				·					
	Complete if the organization answere		D. Part I	V. line 11a. S	See Form 99	0. Part X. I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulate	w	(d) Book v	value
	besofip item of property	basis (investr		1 ''	(other)		reciation	1	(u) Dook (uiue
10	Land				9,322.		o lation		10	,322.
					8,584.		82,6			, 903.
	Buildings			4,00	0,504.	4,3	04,00	<u> </u>	403	,303.
	Leasehold improvements	.		13	E 001	A	16 20	00	10	601
	Equipment	.			$\frac{5,081}{6}$		16,3	7 • -		<u>,691.</u>
_	Other		V = '		<u>.6,537.</u>	<u> </u>		_+		<u>,537.</u>
iota	. Add lines 1a through 1e (Column (d) must e	equai romi 990, Part	A, COIU	mn (B), line 1	UC.)				3 / U	<u>,453.</u>

2. Llability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🛚

Schedule D (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SCOTTISH RITE BODIES VALLEY OF S IL

Employer identification number 37-0508086

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ITS MEMBERS THROUGH RELEVANT PROGRAMS. INSPIRE MEN TO SUPPORT THE
PRINCIPLES OF FREEMASONRY AND PROMOTE FAMILY AND COMMUNITY VALUES.
SERVE MANKIND THROUGH THE IMPACT OF EXTENSIVE CHARITABLE OUTREACH.
FORM 990, PART VI, SECTION A, LINE 7A:
GOVERNING BOARD ELECTED BY MEMBERS ANNUALLY.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBERS APPOVE BOARD DECISIONS ON A REGULAR BASIS.
FORM 990, PART VI, SECTION B, LINE 11B:
EXECUTIVE DIRECTOR REVIEWS 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
GOVERNING BODY PERIODICALLY REVIEWS LIST OF OFFICERS AND CONSIDERS ANY
CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15B:
GOVERNING BOARD APPROVES COMPENSATION OF KEY EMPLOYEE. GOVERNING BOARD
MEMBERS ARE NOT COMPENSATED.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING BODY PROVIDES ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS TO ANY INDIVIDUAL WHO REQUESTS THEM.