Form 990
Department of the Tress
Internal Revenue Berrior

EXTENDED TO JULY 15, 2019

Return of Organization Exempt From Income Tax

Under section \$01(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

2017

| |)eper | iment of | the Tressury | · - | | _ | | | _ | e made public _i | XIX | And the second | |
|----------|--------------------------|--|----------------|---|-------------------|-------------------|---------------------------------------|-----------------|---------------|----------------------------|--------------|-----------------------------|--|
| | | d Reven | ue Bervice | | www.lrs.gov | | | | | | <u>VI_/V</u> | | |
| | A F | or the | 2017 calend | ar year, or tax year be | ginning S | EP 1, 2 | 017 | and e | nding A | UG 31, 2 | 018 | | |
| Ī | B @ | neck if plicable Address change | ASSO | rogenization CIATION OF : ES | Fratern | AL LEAD | ersh: | P ANI | | D Employer I | dentificat | ion number | |
| | 严 | Name change | | usiness as | | | | | | 34-1348463 | | | |
| | 〒 | initial return | | and street (or P.O. box | if malf is not de | livered to street | address) | Ī | Room/suite | E Telephone | | | |
| | | Final | | W CARMEL DR | | | | | 16 | | | 72-1174 | |
| • | | termin- sted | | own, state or province | , country, and | ZIP or foreign | postal c | ode | | G Grace receipts | | 1,729,975. | |
| | Amended CARMEL, IN 46032 | | | | | | | | | H(a) is this a (| roup retu | | |
| | | Applies tion pendin | . 1 | nd address of princips | l officer: JOH | N R O'R | OURK | E | 1 | | dinates? | | |
| | | | SARE | AS C ABOVE | | | | | A) | H(b) An all subc | | | |
| | | | | X 501(c)(3) 50 AFLV. ORG | D1(c) () | (insert no. | 1 4 | 947(a)(1) o | 527 | 1 | | t. (see instructions) | |
| | | | | | Trust A | sociation | Other | $\overline{}$ | I Veer | H(c) Group ex | | State of legal domicile; CO | |
| - 1 | | rm br | Summary | A Corporation | IIUst A | BOCKEDON . | Culo | + | IL TON | UI IVI II MAUVII. 4- | | SEED OF TOUR POSTURAIS. SO | |
| | | | | e the organization's m | ission or most | significant ac | tivities: | THE A | SSOCI | ATION OF | FRAT | ERNAL | |
| | 8 | | LEADERS | HIP & VALUE | S (AFLV | EXIST | S TO | ACCE | ERATE | PROGRE | S IN | | |
| | 뤨 | 2 | Check this bo | x 🕨 🛄 if the orga | nization disco | ntinued its op | erations | | | | net asset | 8. | |
| | 累 | 3 | Number of vot | ting members of the g | overning body | (Part VI, line 1 | | | CEIV | ED 1 | . 3 | 9 | |
| | ğ | 4 | Number of Inc | dependent voting mem | ibers of the go | verning body | Part VI, I | in <u>e 1b)</u> | | ပူ၊ | . 4 | 9 | |
| | | 5 | Total number | of individuals employe | d in calendar y | rear 2017 (Par | t V, lin e , | 24) | A. &. | -2019 JÖL | . 6 | 0 | |
| | 죟 | 6 | Total number | of volunteers (estimate | e if necessary) | | | | ՍԱ 0 5 | 2013 18 | . 8 | 100 | |
| | 힣 | 7a ' | Total unrelate | d business revenue fro | om Part VIII, co | ilumn (C), line | 12 | <u>ပ</u> ု | | | . 7a | 0. | |
| | _ | b | Net unrelated | business taxable inco | me from Form | 990 T, line 34 | | | | ليسستلليانيا | . 70 | 0. | |
| | | | | | | | 1 | | <u> </u> | Prior Year | 40 | Current Year | |
| | | | | and grants (Part VIII, I | | , | · · · · · · · · · · · · · · · · · · · | •••••• | | | 118. | 166,122. | |
| | 통 | | - | ice revenue (Part VIII, I | | | | | | 40, | | 1,531,479. -978. | |
| | 3 | | | come (Part VIII, column | | | | | | 11,2 | 0. | 30,552. | |
| ₹ | _ | | | e (Part VIII, column (A), | | | | •• | | 52, | | 1,727,175. | |
| 2019 | _ | _ | | - add lines 8 through | | | | | | | 0. | 0. | |
| 8 | | 1 | - | miler amounts paid (Pr to or for members (Pa | - | | | | | | 0.1 | 0. | |
| ~ | _ | | • | r compensation, empl | - | | | | | | 0. | 325,550. | |
| ہم | į | | | fundraising fees (Part I | • | | | | | | 0. | 0. | |
| SEP | Ę | | | sing expenses (Part IX, | | _ | | 3,61 | 1. | | | | |
| | 5 | | | es (Part IX, column (A) | | , | - | | | 107, | 72. | 1,406,605. | |
| U | | | • | ss. Add lines 13-17 (mu | | | | | | 107, | 72. | 1,732,155. | |
| | | _ | | expenses. Subtract Ir | • | | | | | -55, | 328. | -4,980. | |
| Z | 5 | | | | | | | - | Be | ginning of Curre | | End of Year | |
| SCAN | t Assets or | 20 | | Part X, line 16) | | | | | L | 993, | | 966,064. | |
| Ø | \$ | 21 | | s (Part X, line 26) | | | | | | 491, | | 468,431. | |
| | | 22 | Net assets or | fund balances. Subtra | ict line 21 from | line 20 | | | | 502, | 13. | 497,633. | |
| | <u>.</u> | | Signatur | | | Indudic a sec- | | | | anta 'and to the h | | noudedge and holist is in | |
| | | | | i declare that I have exam Declaration of preparer | | | | | | | | iluwiguga ami dalisi, il 15 | |
| | <u>true,</u> | correc | and complete | Tagaración or preparer | Constanting | er) 15 D2560 ON | ali illiOfiti | accil of Wil | ien habse | IISA GIIY KITOWISO | <u>- 15-</u> | 14 | |
| | O ! | _ | Sloren | re of officer | | · · · · · · | | | | Date | | | |
| | Sig: | | 1 - | R O'ROURKE | . EXECT | TIVE DI | RECT | OR | | | | | |
| | | _ | | print name and title | , | <u>-</u> | | | | | | | |
| | | | Print/Type pre | oparer's name | | Preparer's sig | nature | | | Date | Check | PTIN | |
| | Pald | ı | | N. CRAWFORD | , CPA | angela | | RAWFC | RD, (| 7/12/19 | | P00573197 | |
| | Prep | | Firm's name | BLUE & CO |)., LLC | | | | | Firm's | | 35-1178661 | |
| | Use | Only | | 12800 N. | MERIDIA | | T, S | UITE | 400 | | _ | | |
| | | | | CARMEL. I | N 46032 | | | | | Phone | ng. 317 | -848-8920 | |

May the IRS discuss this return with the preparer shown above? (see instructions)

782001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

X Yes No

Form **990** (2017)

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VALUES 34-1348463 Form 990 (2017) Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission THE ASSOCIATION OF FRATERNAL LEADERSHIP & VALUES (AFLV) EXISTS TO ACCELERATE PROGRESS IN FRATERNITY & SORORITY COMMUNITIES THROUGH CHANGE-ENABLING EXPERIENCES. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 1,533,813. including grants of \$ 1,531,479.) (Code) (Expenses \$) (Revenue \$ THE ORGANIZATION HOSTS TWO LARGER CONFERENCES WHICH INCLUDE EDUCATIONAL PROGRAMS, KEYNOTES, SPECIAL EVENTS, AND PROVIDE LEADERSHIP TRAINING AND DEVELOPMENT - AFLV CENTRAL, INCLUDING THE NATIONAL BLACK GREEK LEADERSHIP CONFERENCE, WAS HELD IN FEBRUARY IN INDIANAPOLIS FOR OVER 3,500 PARTICIPANTS - AFLV WEST, INCLUDING THE NATIONAL CULTURAL GREEK LEADERSHIP CONFERENCE , WAS HELD IN APRIL IN SAN DIEGO FOR 750 PARTICIPANTS AFLV ALSO HOSTED THE FRATERNAL HOUSING DIRECTOR CONFERENCE PROVIDING EDUCATIONAL TRAINING AROUND THE PROGRAMMING AREAS OF HOUSE MAINTENANCE, STUDENT DEVELOPMENT ISSUES, AND LEADERSHIP AND MANAGEMENT TECHNIQUES THIS CONFERENCE WAS HOSTED IN ST. PETERSBURG, FL IN SUMMER OF 2018 FOR APPROXIMATELY 50 PARTICIPANTS ADDITIONALLY, WE SUCCESSFULLY HELD SEVERAL INSTITUTE STYLE PROGRAMS, INCLUDING AFLV LEADERSHAPE (Code) (Expenses \$ including grants of \$) (Revenue \$ (Code _____) (Expenses \$) (Revenue \$ including grants of \$ 4d Other program services (Describe in Schedule O) including grants of \$ 1,533,813. Total program service expenses

Page 3

Form 990 (2017) VALUES
[Part IV] Checklist of Required Schedules

34-1348463

| | | | 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 | | <u> </u> |
| 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 | | <u> </u> |
| 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 | | | ŀ |
| | 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 temporarily 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 | | | |
| | as applicable | | | |
| 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 | 1 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | 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 | | | ۱ |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 37 | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | <u> </u> |
| f | , | | 3,7 | |
| | 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 | | 3.7 | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | 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 | | - |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | 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 | | | |
| 4.5 | 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 | 4.5 | | х |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | ^ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 46 | | х |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | <u> </u> |
| • • | | 47 | | х |
| 18 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | - ^`` |
| .0 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 18 | | х |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II 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 | | х |
| | COMPRES OCHEGINE G. FAIL III | | 990 | (2017) |
| | | | ' | ,,, |

Form 990 (2017) VALUES
Partity Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|----------|--------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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 | | X |
| 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 | | Х |
| 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 | | Х |
| 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 25a | 24a | | Х |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | | | |
| | transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | 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, | | | |
| | 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 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | l |
| | contributions? If "Yes," complete Schedule M | 30 | <u> </u> | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | 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 | | | |
| | Schedule N, Part II | 32 | ļ | 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 | | Х |
| 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 | | Х |
| Ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | 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? | | | ٦, |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | l | | 7.7 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| | Note. All Form 990 filers are required to complete Schedule O | 38_ | X ggn | (0047) |

VALUES

| Par | | | | _ | | | | | |
|-----|---|--------|-----|---------------|--|--|--|--|--|
| | 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 1a 11 | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | | |
| | (gambling) winnings to prize winners? | 1c | X | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | <u> </u> | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | ليبا | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 | 4a | | х | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | |
| ь | If "Yes," enter the name of the foreign country | | | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 5a | — | $\frac{1}{x}$ | | | | | |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | |
| | 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_ | | | | | | | |
| bа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | Oa . | | | | | | | |
| U | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 05 | | | | | | | |
| a | 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 | | X | | | | | |
| b | | | | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | A | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | A | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | L | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | ļ | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a | | | | | | | | |
| a | , | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | { | | | | | |
| 12- | amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | — | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | 120 | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | ' | | | | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| _ | organization is licensed to issue qualified health plans | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | | | |
| | | Form | 990 | (2017) | | | | | |

VALUES 34-1348463 Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI 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 X Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b 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? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12¢ X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 with a X taxable entity during the year? 162 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

46032

JOHN R O'ROURKE - 970-372-1174

865 W CARMEL DRIVE, NO. 116, CARMEL,

Form 990 (2017) VALUES 34-1348463

| Part ₂ VII | Compensation of Officers, Directors, | Trustees, Key Employees, | Highest Compensated |
|-----------------------|--|--------------------------|---------------------|
| | Employees, and Independent Contract | tors | |

| Check if Schedule O contains a response or note to any line in this Part VII | |
|--|--|
| Check it Schedule O contains a response or note to any line in this Part VII | |
| Chical in Concedit C Contains a response of hote to any line in this fact th | |
| | |

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

| (A) Name and Title | (B) Average | | not c | Pos heck | more | than c | | (D) Reportable | (E) Reportable | (F) Estimated |
|-----------------------------------|--|--------------------------------|-----------------------|--|--------------|--|----------|--|----------------------------------|--|
| | hours per week | offı | | | | s both or/trust | | compensation from | compensation from related | amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) SONJA ARDOIN | 1.00 | | | | | | | | | |
| MEMBER/DIRECTOR | | X | L | | L_ | ļ | | 0. | 0. | 0. |
| (2) DHANFU ELSTON, PHD | 1.00 |] | | | | | | | | |
| MEMBER/DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (3) JEREMIAH SHINN, PHD | 1.00 | | | | | | | | _ | _ |
| MEMBER/DIRECTOR | | X | <u> </u> | | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (4) MIKE HAYES | 1.00 | ļ | | | | | | | | |
| MEMBER/DIRECTOR | 1 00 | Х | _ | | _ | _ | _ | 0. | 0. | 0. |
| (5) TOM JELKE, PHD | 1.00 | ļ | | | | | ĺ | | | |
| MEMBER/DIRECTOR | 1 00 | X | | | - | | | 0. | 0. | 0. |
| (6) LINDSAY SELL | 1.00 | ١,, | | | | | | | | _ |
| MEMBER/DIRECTOR | 1 00 | X | | _ | - | ├ | ├- | 0. | 0. | 0. |
| (7) LISA FEDLER SWIONTEK CHAIR | 1.00 | x | | х | | | | 0. | 0. | 0. |
| (8) DAVID WESTOL | 1.00 | ^ | | Δ | | \vdash | - | | 0. | ٠. |
| VICE CHAIR | 1.00 | X | | Х | | | | 0. | 0. | 0. |
| (9) GEOF BROWN | 1.00 | ╇ | ├─ | _ | - | \vdash | - | | 0. | <u>.</u> |
| TREASURER | 1.00 | x | | Х | | | | 0. | 0. | ο. |
| (10) JOHN R O'ROURKE | 15.00 | 1 | | | _ | | | • | • | • |
| EXECUTIVE DIRECTOR | 23100 | 1 | | x | | | | 31,000. | 0. | 0. |
| (11) MICHAEL WILSON | 1.00 | | | - | | \vdash | | , | • | |
| CFO | | 1 | | х | | | 1 | 0. | 0. | 0. |
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VALUES

| . 41 | T VII Section A. Officers, Directors, Trus | I | JIOY | ees, | | <u>1 Hi</u> C) | gnes | st C | | | | T | <i>(</i> E) |
|------|---|----------------------|---------------------|-----------------------|----------|-------------------|------------------------------|----------|---------------------------------------|---------------------------|--------|---------------|------------------|
| | (A) | (B) | | | Pos | | 1 | | (D) | (E) Reportable | | | (F) |
| | Name and title | Average hours per | | not c | heck | more | than | | Reportable compensation | | | | mated ount of |
| | • | week | | | | | ıs boti or/trus | | from | compensation from related | | | other |
| | | (list any | je | | | | | | the | organization | | | ensation |
| | | hours for | trustee or director | | | 1 | E . | | organization | (W-2/1099-MIS | | | m the |
| | | related | tee or | ustee | | l | ensati | | (W-2/1099-MISC) | | • | orga | nızatıon |
| | | organizations | l trus | nal tr | | oye | dino. | | | | | and | related |
| | | below | Individual t | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orgar | nizations |
| | | line) | 르 | Ξ | 8 | , Š | 물통 | 호 | | | | | |
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| | | | 1 | | | | | 1 | | | | | |
| 1b | Sub-total Sub-total | · · | | | | | 1 | • | 31,000. | | 0. | | 0. |
| | Total from continuation sheets to Part V | II. Section A | | | | | | | 0. | | 0. | | 0. |
| | Total (add lines 1b and 1c) | , 000 | | | | | | | 31,000. | | 0. | | 0. |
| 2 | Total number of individuals (including but r | ot limited to th | 080 | liste | d at | 201/6 | a) wh | o re | · · · · · · · · · · · · · · · · · · · | 000 of reportable | | | |
| - | compensation from the organization | iot illinited to th | 030 | 11310 | u u. | ,,,, | ., ··· | | ,ocived more than \$100, | ooo or reportable | • | | C |
| | compensation from the organization | -· | | | | | | | · · · · · · | | | T, | Yes No |
| 3 | Did the organization list any former officer | director or tri | ictor | o ka | v en | nnlo | 11/00 | or l | highest compensated er | nnlovee on | 1 | | |
| Ŭ | line 1a? If "Yes," complete Schedule J for s | | 20101 | o, 110 | .y C. | ···pic | ycc, | · · · | ingriest compensated et | iipioyee oii | | 3 | X |
| 4 | For any individual listed on line 1a, is the si | | e co | mne | anca | tion | and | l oth | per compensation from t | he organization | | | |
| • | and related organizations greater than \$15 | | | | | | | | | ne organization | | 4 | X |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | fual for senuces | | | |
| 3 | rendered to the organization? If "Yes." con | • | | | | • | | Jaco | sa organization or individ | dal for services | | 5 | X |
| Sec | tion B. Independent Contractors | ipiete Schedui | e J T | OF SL | icn j | oers | ion | | | | | <u> </u> | 1 22 |
| 1 | Complete this table for your five highest co | mnenested inc | lene | nda | nt or | n++ | anto | re +L | nat received more than [©] | 100 000 of com | | tion from | n |
| • | the organization Report compensation for | • | | | | | | | | | 70119d | aon noi | ** |
| | (A) | trie Caleridar y | 541 C | Hull | ig w | itti | JI WI | <u> </u> | (B) | ear | - | (C) | |
| | Name and business | address | NIC | NC | 7 | | | - { | Description of s | ervices | c | (C) Compen | sation |
| | | | 111 | 7141 | | | | \dashv | | | | | |
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| | | | | | | | | 1 | . | | | | |
| 2 | Total number of independent contractors (| - | ot lin | nited | d to | _ | _ | ted | above) who received mo | ore than | | | |
| | \$100,000 of compensation from the organi | zation | | | | (| J | | | | | | |
| | | | | | | | | | | | | - 0 | 90 (2017 |

Form **990** (2017)

ALUES

| | | Check if Schedule O cont | aine a reenonce | or note to any lin | e in this Part VIII | | | |
|--|------|---|---|--------------------|----------------------|---|---|--|
| | | Check if Schedule O cont | anis a response o | or note to any lin | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 : | a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribut f All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f | 1c 1d 1e 1s, and 1f 1f 1f 1f 1f 1f 1f 1 | 26,848. | 166,122. | | | |
| <u></u> | | Total / I do who i a i i | | Business Code | | | | |
| Program Service Revenue | 2 a | REGISTRATION FE | | 611710 | 1,531,479. | 1,531,479. | · · · · · · · · · · · · · · · · · · · | |
| ram S Reven | | ; I | | | | | | |
| rog | (| · | | | | · | | |
| ъ. | | All other program service reve | nue | | 1 521 470 | | | 1 |
| | 3 | Total. Add lines 2a-2f Investment income (including other similar amounts) | dıvıdends, ıntere | | 1,531,479. 1,822. | | . | 1,822. |
| | 4 | Income from investment of tax | k-exempt bond p | roceeds | | | | |
| | 5 | Royalties | | <u> </u> | | | | |
| | | Less rental expenses | (i) Real 30,552. 0. 30,552. | (II) Personal | | | | |
| | | Rental income or (loss) Net rental income or (loss) | 30,332. | . | 30,552. | | | 30,552. |
| | | Gross amount from sales of | (i) Securities | (II) Other | 30,332. | | | 30,332. |
| | | assets other than inventory Less cost or other basis | (i) Cecumies | (ii) Other | | | | |
| | | and sales expenses | | 2,800. | | | | |
| | | Gain or (loss) | | -2,800. | | · | | |
| | | Net gain or (loss) | | <u>P</u> _ | -2,800. | | | -2,800. |
| Other Revenue | 8 4 | including \$ contributions reported on line Part IV, line 18 | of 1c) See | | | | | |
| her | | Less direct expenses | a b | | | | | |
| δ | | : Net income or (loss) from fund | | <u> </u> | | | | |
| | | Gross income from gaming ac | - | | | | | |
| | ŀ | Part IV, line 19 Less direct expenses | a b | | | | | |
| | | : Net income or (loss) from gam | = | | | | | |
| | | Gross sales of inventory, less and allowances | | | | | | |
| | | Less cost of goods sold | b | | | | | |
| ł | | : Net income or (loss) from sale: Miscellaneous Revenue | | Business Code | | | | |
| | 11 8 | | | pasmess code | | | | |
| | t | | | | | | | |
| | • | | | | | | | |
| | • | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 1 727 175 | 1.531.479. | 0. | 29.574. |
| | 12 | Total revenue See instructions | | | ル・/ | 1.531.479.1 | U. | 79.574. |

Form 990 (2017) VALUES
Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | nplete column (A). | |
|-------------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| Do 1 7b, | 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 | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | ' |
| | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | 40.040 | | |
| | trustees, and key employees | 90,422. | 40,813. | 48,868. | 741. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 002 100 | 01 000 | 100 603 | 1 660 |
| 7 | Other salaries and wages | 203,192. | 91,920. | 109,603. | 1,669. |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 22 722 | | 22 722 | |
| 9 | Other employee benefits | 22,722. 9,214. | | 22,722. 9,214. | |
| 10 | Payroll taxes | 9,214. | | 9,214. | |
| 11 | Fees for services (non-employees) | 62,195. | 24,383. | 37,812. | |
| a | Management | 772. | 24,303. | 772. | |
| Ь | Legal | 13,645. | | 13,645. | |
| | Accounting | 13,043. | | 13,045. | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees Other (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0) | 32,209. | 19,556. | 12,593. | 60. |
| 12 | Advertising and promotion | 18,747. | 11,107. | 7,640. | |
| 13 | Office expenses | 47,159. | 27,195. | 19,954. | 10. |
| 14 | Information technology | 49,687. | 5,300. | 44,387. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 46,843. | 1,997. | 44,846. | |
| 17 | Travel | 60,530. | 19,218. | 41,312. | |
| 18 | Payments of travel or entertainment expenses | | | ==,-== | |
| - | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 921,971. | 888,436. | 33,436. | 99. |
| 20 | Interest | 18,347. | | 18,347. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 18,394. | | 18,394. | |
| 23 | Insurance | 4,705. | 894. | 3,811. | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) | | | | |
| а | BANK FEES | 51,855. | 252. | 51,507. | 96. |
| b | BAD DEBT | 25,326. | | 25,326. | |
| c | ALLOCATED EXPENSES | 24,383. | 396,385. | -372,938. | 936. |
| d | MISCELLANEOUS | 9,837. | 6,357. | 3,480. | |
| | All other expenses | - , , , , , , | | -, | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,732,155. | 1,533,813. | 194,731. | 3,611. |
| 26 | Joint costs. Complete this line only if the organization | | | • | |
| | reported in column (B) joint costs from a combined | | - | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | - | |

VALUES

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 208,646. 244,839. Cash - non-interest-bearing 1 108,758. 110,564. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 37,701. 71,629. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net Inventories for sale or use 8 1,959. 3,656. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 697,254. basis Complete Part VI of Schedule D 10a 573,266. 123,988. 591,660. 10c 10b b Less accumulated depreciation Investments - publicly traded securities 11 11 2,800 0. Investments - other securities See Part IV, line 11 12 12 13 13 Investments · program-related See Part IV, line 11 14 14 Intanoible assets 4,505. Ō. 15 15 Other assets See Part IV, line 11 993,919. 966,064. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 46,298. 66,644. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 10,630 11,810. Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 iabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 414.032. 390,242. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 20,081. 0 Schedule D 25 491 306 468,431. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. or Fund Balances 502,613. 497,633. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 497,633. 966,064. 502,613. Total net assets or fund balances 33 33

993,919.

34

Total liabilities and net assets/fund balances

| Form | 990 (2017) VALUES | 34-13 | 348463 | Pa | ge 12 | | | |
|------|--|------------|--------|-----------|----------------|--|--|--|
| Pa | t XI 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 | 1,72 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,732,155 | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -4,980 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | |
| 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, | | | | | | | |
| | column (B)) | 10 | 49 | 7,6 | <u>33.</u> | | | |
| Pa | t XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | Yes | 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 | 0 | | | | | | |
| 2a | 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 | l on a | | | | | | |
| | separate basis, consolidated basis, or both | | | | 1 | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | <u>X</u> | ļ, | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs, | | | | | | |
| | consolidated basis, or both | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | 1 | | | |
| Ċ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | | لـــــا | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | , | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | لــــا | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red audit | | | | | | |
| | ar audita, avalain why in Schadula O and decarba any stone taken to undergo such audita | | 26 | | 1 | | | |

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

ASSOCIATION OF FRATERNAL LEADERSHIP AND

OMB No 1545-0047

Open to Public Inspection

Employer identification number

34-1348463 VALUES Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (vi) Amount of other (i) Name of supported (v) Amount of monetary ning document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

34-1348463 Page 2

Schedule A (Form 990 or 990-EZ) 2017 VALUES 34-1348

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec | Section A. Public Support | | | | | | | | | | |
|------|---|----------------------|----------------------|-------------------------|---------------------|----------------------|--------------------|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | | |
| | Gifts, grants, contributions, and | | | | | | | | | | |
| | membership fees received (Do not | ! | | | | | | | | | |
| | include any "unusual grants ") | 161,565. | 142,597. | 163,666. | 33,593. | 166,122. | 667,543. | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | | | |
| | ization's benefit and either paid to | l | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | | |
| | the organization without charge | | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 161,565. | 142,597. | 163,666. | 33,593. | 166,122. | 667,543. | | | | |
| | The portion of total contributions | | | | | | | | | | |
| | by each person (other than a | | | | | | | | | | |
| | governmental unit or publicly | | | | | | | | | | |
| | supported organization) included | | | | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | | | | |
| | amount shown on line 11, | | | | | | | | | | |
| | column (f) | | | | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 667,543. | | | | |
| Sec | ction B. Total Support | | | <u> </u> | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | | |
| | Amounts from line 4 | 161,565. | 142,597. | 163,666. | 33,593. | 166,122. | 667,543. | | | | |
| | Gross income from interest, | | | | | | | | | | |
| - | dividends, payments received on | | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | | |
| | and income from similar sources | 26,608. | 20,924. | 23,199. | 11,250. | 32,374. | 114,355. | | | | |
| 9 | Net income from unrelated business | | | | - | | | | | | |
| - | activities, whether or not the | ! | | | | | | | | | |
| | business is regularly carried on | | 2,547. | 5,085. | | | 7,632. | | | | |
| 10 | Other income Do not include gain | | • | | | | | | | | |
| - | or loss from the sale of capital | 1 | | | | | | | | | |
| | assets (Explain in Part VI) | | 24,258. | 19,427. | | | 43,685. | | | | |
| 11 | Total support. Add lines 7 through 10 | | • | | | | 833,215. | | | | |
| | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 5 | ,793,714. | | | | |
| | First five years. If the Form 990 is for | • | • | d, fourth, or fifth tax | x year as a section | | · | | | | |
| | organization, check this box and stor | here | | , , | • | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | | | | | |
| 14 | Public support percentage for 2017 (li | ne 6, column (f) di | vided by line 11, co | olumn (f)) | | 14 | 80.12 % | | | | |
| | Public support percentage from 2016 | | | | | 15 | 80.40 % | | | | |
| 16a | 33 1/3% support test - 2017. If the c | organization did no | t check the box or | n line 13, and line 1 | 4 is 33 1/3% or m | ore, check this box | k and | | | | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | $\triangleright X$ | | | | |
| b | 33 1/3% support test - 2016. If the c | organization did no | t check a box on li | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check the | s box | | | | |
| | and stop here. The organization quali | = | | | | | ightharpoons | | | | |
| 17a | 10% -facts-and-circumstances test | • | * * | | 13, 16a, or 16b, a | and line 14 is 10% o | or more, | | | | |
| | and if the organization meets the "fac- | _ | | | | | | | | | |
| | meets the "facts-and-circumstances" | | | - | | J | | | | | |
| b | 10% -facts-and-circumstances test | _ | | = - | - | 7a, and line 15 is | 10% or | | | | |
| _ | more, and if the organization meets th | - | | | | | | | | | |
| | organization meets the "facts-and-circ | | | | • | | | | | | |
| 18 | Private foundation. If the organization | | | • | | | ▶□ | | | | |
| | | | | | | dule A (Form 990 | | | | | |

34-1348463 Page 3 Schedule A (Form 990 or 990-EZ) 2017 VALUES Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization failed to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2017 Calendar year (or fiscal year beginning in) (d) 2016 (f) Total (a) 2013 (b) 2014 (c) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the forganization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) 15 % Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage/from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

S

| Sec | tion A. All Supporting Organizations | | | |
|-----|--|-----------------|------------------|---------------|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | . 1 |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | .] |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | 1 |
| | organization was described in section 509(a)(1) or (2) | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below | 3a | | — |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | لــــا |
| | organization made the determination | 3b | | - |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | <u> </u> | | لــــا |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | , |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | 4b | - | |
| _ | despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination | - 40 | | |
| C | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | i l |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | i l |
| | purposes | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." | | | |
| | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN | | | i l |
| | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, | ļ | | |
| | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | <u> </u> |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | 1 1 |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class | | | |
| | benefited by one or more of its supported organizations, or (III) other supporting organizations that also | | | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | <u> </u> | | |
| _ | Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | 7 | | - |
| 8 | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | <i>'</i> | | |
| 0 | If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | , |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| - | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | í I |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | 1 |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below | 10a | | <u> </u> |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | l | | لا |

10b

determine whether the organization had excess business holdings.)

| Sche | edule A (Form 990 or 990-EZ) 2017 VALUES 34 | -134846 | 3 Pa | age 5 |
|------|--|-----------------|--------------|--|
| | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| ь | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | • | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | 1 | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | - | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | ļ | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | <u> </u> | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | ļ | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | | <u> </u> | - |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | ļ | | |
| 500 | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc | tions). | | |
| a | The organization satisfied the Activities Test Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| C | The organization supported a governmental entity Describe in Part VI how you supported a government entity (so | ee instructions | | No |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 22 | | |
| h | that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 2a | | |
| J | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | 20 | <u> </u> | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | - | | İ |
| u | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | ļ |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 54 | | <u> </u> |
| _ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | | | | |

| Sche | dule A (Form 990 or 990-EZ) 2017 VALUES | | | 34-1348463 Page 6 |
|----------|--|----------------|--------------------------------|--------------------------------|
| Pa | | g Organi | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust on N | lov 20, 1970 (explain in l | Part VI) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Sec | tions A through E | |
| Sect | on A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| _5_ | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year) | | <u>-</u> <u>-</u> | |
| a | Average monthly value of securities | 1a | | |
| <u> </u> | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | • | |
| | see instructions) | 4 | | |
| _5_ | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| _3_ | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| _5_ | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integrate | d Type III supporting orga | anization (see |
| | instructions) | | | |

Schedule A (Form 990 or 990-EZ) 2017

| | dule A (Form 990 or 990-EZ) 2017 VALUES | | | 4-1348463 Page 7 |
|-------|---|-------------------------------|--|---|
| Par | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations (continued) | |
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI) See instructions | | | |
| 3_ | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| ь | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | j |
| е | From 2016 | | | 1 |
| f_ | Total of lines 3a through e | | | į |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2017 from Section D, | | | ì |
| | line 7 \$ | | | |
| а | Applied to underdistributions of prior years | | | <u> </u> |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder_Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any Subtract lines 3g and 4a from line 2 For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h | | | |
| | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI See instructions | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

| Schedule A (Form 990 or 990-EZ) 2017 VALUES | 34-1348463 Page 8 |
|---|---|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part I Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section II, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for (See instructions) | I, line 17a or 17b, Part III, line 12, on B, lines 1 and 2, Part IV, Section C, line 1, Part V, Section B, line 1e, Part V, |
| PART II, SHORT YEAR EXPLAINATION | |
| 2016 IS A SHORT YEAR FILING 7/1/2017 - 8/31/2017 | |
| 2013 -2015 ARE 12 MONTHS ENDING 6/30/2015 - 6/30/2017 | REPSECTIVELY |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

► 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

Name of the organization

ASSOCIATION OF FRATERNAL LEADERSHIP AND **VALUES**

Employer identification number 34-1348463

| [Pai | til■ Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|----------|--|--|---|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6 | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor o | r donor advisor, or for any other purpose | conferring |
| | impermissible private benefit? | | Yes No |
| [Pai | Till Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply) | |
| | Preservation of land for public use (e g , recreation or e | ducation) Preservation of a his | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied 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 |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stri | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and not on a historic structi | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | e organization during the tax |
| | year - | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | | └── Yes └── No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con- | servation easements during the year |
| | <u> </u> | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | ition easements during the year |
| _ | \$ | | g)/4)/P)/) |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the requirements of section 170 | |
| _ | and section 170(h)(4)(B)(ii)? | | ☐ Yes ☐ No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes | the organization's accounting for |
| Pai | conservation easements tillIII Organizations Maintaining Collections of | Art. Historical Treasures, or O | ther Similar Assets. |
| 1,0,000 | Complete if the organization answered "Yes" on Form | | |
| 10 | If the organization elected, as permitted under SFAS 116 (AS | | ment and halance sheet works of art |
| 14 | historical treasures, or other similar assets held for public exh | • | |
| | the text of the footnote to its financial statements that descri | | ince or public service, provide, in raire Am, |
| . | If the organization elected, as permitted under SFAS 116 (AS | | t and halance sheet works of art, historical |
| D | treasures, or other similar assets held for public exhibition, ed | ** * | |
| | • | ducation, or research in furtherance of pu | blic service, provide the following amounts |
| | relating to these items (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ € |
| | | | ► \$ ► \$ |
| 0 | (ii) Assets included in Form 990, Part X | actures or other cimilar secrets for francis | |
| 2 | If the organization received or held works of art, historical tre- | · | ii gaiii, provide |
| _ | the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1 | TO (AGO 300) relating to these items | • |
| a | Assets included in Form 990, Part Y | | |

| Sche | dule D (Form 990) 2017 VALUES | | | | | | | | | Page 2 |
|--|---|-------------------------|-------------|---------------|----------------|-------------|-------------|---------------|--------------|-----------|
| Pai | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | asures, or | Other | r Simila | r Assets | (continu | ed) |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check | any of the f | ollowing that | are a si | gnificant L | ise of its c | ollection it | ems |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | d | ı 🔲 1 | Loan or excl | hange progra | ıms | | | | |
| b | Scholarly research | е | . 🔲 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how the | ey further th | e organizatio | n's exer | npt purpo | se in Part | XIII | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | untained as part of the | he organ | ization's col | lection? | | | | Yes | No |
| Pai | t IV Escrow and Custodial Arrang | gements. Comple | ete if the | organizatio | n answered " | 'Yes" on | Form 990 |), Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Par | t X, line 21 | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | ary for c | contributions | or other ass | ets not | ıncluded | | _ | |
| | on Form 990, Part X? | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing ta | able | | | | | | |
| | | | | | | | | | Amount | |
| C | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | <u> </u> | _ | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for e | scrow or cu | istodial accoi | unt liabil | ıty? | L_ | Yes | No No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| Pai | t V Endowment Funds. Complete | | swered | "Yes" on Fo | rm 990, Part | IV, line | | | 1 | |
| | | (a) Current year | (b) P | rior year | (c) Two year | rs back | (d) Three | years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| þ | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | - | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | i | |
| | and programs | | | | <u> </u> | | | | | |
| f | Administrative expenses | | | | <u> </u> | | | | | |
| 9 | End of year balance | | <u> </u> | | <u> </u> | | | | l | |
| 2 | Provide the estimated percentage of the curr | • | | g, column (a) |) held as | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment | | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c show | • | | | | | | | | |
| За | Are there endowment funds not in the posse. | ssion of the organiza | ition tha | t are neid ar | id administer | ea for tr | ie organiz | ation | <u></u> | <u> </u> |
| | by | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(ı) | + |
| _ | (ii) related organizations | tions listed as require | d C | ahadula D2 | | | | | 3a(II) | |
| 4 | If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the | • | | | | | | | 3b | |
| _ | rt VI Land, Buildings, and Equipm | | willelit i | ulius | | | | | | |
| | Complete if the organization answered | |) Part IV | line 11a S | ee Form 990 | . Part X | line 10 | | | |
| | Description of property | (a) Cost or o | | | or other | | ccumulat | ed | (d) Book | value |
| | Description of property | basis (investr | | | (other) | ٠, | preciation | | (a) DOOK | value |
| 10 | Land | 223.0 (| , | 225.0 | · | | | | | |
| 1a h | Buildings | 681, | 367. | | | | 108,2 | 03. | 573 | ,164. |
| C | Leasehold improvements | | | | | | | | | <u>,</u> |
| d | Equipment | | | 1 | 5,887. | | 15,7 | 85. | | 102. |
| | Other | | | | _,, | | , | | | |
| | I. Add lines 1a through 1e (Column (d) must e | gual Form 990 Part | X. colum | n (B) line 1 | Oc.) | | | | 573 | ,266. |

Schedule D (Form 990) 2017

| | OF FRATERNA | L LEADERSHIP AND | 24 1240462 |
|--|---------------------------|---------------------------------------|---|
| Schedule D (Form 990) 2017 VALUES Part VII Investments - Other Securities. | | | 34-1348463 Page 3 |
| Complete if the organization answered "Yes" of | on Form 000 Bort IV Iv | no 11h Can Form 000 Dort V line : | 10 |
| (a) Description of security or category (including name of security) | (b) Book value | | st or end-of-year market value |
| | (b) Book value | (c) Mealed of Valdation Go | St Or Orld Or your market value |
| (1) Finançial derivatives | | | |
| (2) Closely-held equity interests (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation Co | st or end-of-year market value |
| (1) | <u> </u> | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | - |
| (7) | | | |
| | | | |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, lir | ne 11d See Form 990, Part X, line | 15 |
| (a) | Description | | (b) Book value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | · · · · · · · · · · · · · · · · · · · |
| (6) | | | · - · · · · · · · · · · · · · · · · · · |
| | | · · · · · · · · · · · · · · · · · · · | |
| (8) | | | · · · · · · · · · · · · · · · · · · · |
| (9) | <u></u> | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. | 15.) | | P.L |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, lir | ne 11e or 11f See Form 990, Part > | (, line 25 |
| 1. (a) Description of liability | | (b) Book value | *************************************** |
| (1) Federal income taxes | | | |
| (2) DUE TO CENTER FOR FRATERNA | \L | | |
| (3) EXCELLENCE, INC. | | 20,081. | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

▶ Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability 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

20,081.

(7) (8)

VALUES 34-1348463 Page 4 Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,727,175. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 24 e Add lines 2a through 2d 2e 727 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) 0. 4c c Add lines 4a and 4b 727 175 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,732,155. 1 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 24 2e e Add lines 2a through 2d 732,155. 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 732 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE ASSOCIATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND SIMILAR STATE LAW. THE EXEMPTION IS ON ALL INCOME EXCEPT UNRELATED BUSINESS INCOME. AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION IS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE OF ITS EXEMPT PURPOSE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ASSOCIATION AND RECOGNIZE A TAX LIABILITY IF THE ASSOCIATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

Schedule D (Form 990) 2017

732054 10-09-17

| Part XIII Supplemental Information (continued) |
|--|
| BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED |
| THE TAX POSITIONS TAKEN BY THE ASSOCIATION, AND HAS CONCLUDED THAT AS OF |
| AUGUST 31, 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE |
| TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR |
| DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. |
| |
| THE ASSOCIATION HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR |
| PERIODS THROUGH AUGUST 31, 2017 AND IS SUBJECT TO ROUTINE AUDITS BY TAXING |
| JURISDICTIONS. HOWEVER, AS OF THE DATE THE FINANCIAL STATEMENTS WERE |
| AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN |
| PROGRESS. THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY |
| THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER |
| OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCLUDING APPROVED |
| EXTENSIONS). |
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34-1348463 Page 5

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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

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

ASSOCIATION OF FRATERNAL LEADERSHIP AND

Employer identification number 34-1348463

VALUES FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRATERNITY & SORORITY COMMUNITIES THROUGH CHANGE-ENABLING EXPERIENCES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: **JOURNEY** FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE SHALL ACT ON BEHALF OF THE BOARD OF DIRECTORS DURING THE INTERVAL BETWEEN BOARD OF DIRECTORS MEETINGS AND SHALL HAVE FULL PERSONNEL RESPONSIBILITIES OVER THE POSTION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE WILL DISCHARGE THE FULL BOARD OF DIRECTORS OVERSIGHT RESPONSIBILITIES. THE EXECUTIVE COMMITTEE WILL CONSIST OF THE CHAIR, VICE CHAIR, AND SECRETARY-TREASURER. ONE MEMBER OF THE EXECUTIVE COMMITTEE MAY APPOINT ONE OF THE OTHER DIRECTORS TO SERVE AS COMPLIANCE OFFICER SHOULD A CONFLICT APPLY TO A PARTICULAR SITUATION. THE EXECUTIVE COMMITTEE SHALL SERVE AS THE BUDGET & FINANCE COMMITTEE, THE BYLAWS AND RESOLUTIONS COMMTTEE AND THE PERSONNEL COMMITTEE. FORM 990, PART VI, SECTION A, LINE 3: THE ASSOCIATION OF FRATERNAL LEADERSHIP AND VALUES (AFLV) HAS A SERVICE AGREEMENT WITH CENTER FOR FRATERNAL EXCELLENCE, ASSOCIATION MANAGEMENT COMPANY, TO PERFORM MANAGEMENT DUTIES INCLUDING CFO SERVICES, HUMAN RESOURCES, ACCOUNTING, OFFICE AND IT FUNCTIONS, AND OTHER ADMINISTRATIVE THE CFO WAS PAID \$11,921 FOR SERVICES PROVIDED TO AFLY. SERVICES.

34-1348463

THE ASSOCIATION OF FRATERNAL LEADERSHIP & VALUES BUT DO NOT HAVE VOTING RIGHTS. ASSOCIATE MEMBERS ARE INDIVIDUALS, ORGANIZATIONS, MANUFACTURERS OR SUPPLIERS OF GOODS AND SERVICES THAT OPERATE FOR PROFIT AND SUPPORT OF POLICIES, PURPOSES AND ACTIVITIES OF THE ASSOCIATION, EDUCATIONAL ASSOCIATIONS, GOVERNMENTAL AGENCIES AND OTHER NON-PROFIT GROUPS ASSOCIATE MEMBERSHIP IS SUBJECT TO APPORVAL BY THE EXECUTIVE DIRECTOR ASSOCIATE MEMBERS DO NOT HAVE VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING WITH THE IRS. IN ADDITION A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS ALL OFFICERS, DIRECTORS, AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. EACH OFFICER, DIRECTOR AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS TAX-EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 |
|---|---|
| Name of the organization ASSOCIATION OF FRATERNAL LEADERSHIP AND VALUES | Employer identification number 34-1348463 |
| TAX-EXEMPT PURPOSES THE EXISTENCE OF ANY ACTUAL OR POTENTI | AL CONFLICT OF |
| INTEREST IS REVIEWED BY THE BOARD OF DIRECTORS SO THAT SAF | EGUARDS CAN BE |
| ESTABLISHED TO PROTECT ALL PARTIES IN CONNECTION WITH ANY | ACTUAL OR |
| POTENTIAL CONFLICT OF INTEREST AN INTERESTED PERSON MUST D | ISCLOSE THE |
| EXISTENCE OF THE CONFLICT AND BE GIVEN THE OPPORTUNITY TO | DISCLOSE ALL |
| MATERIAL FACTS THE TO THE BOARD OF DIRECTORS AFTER DISCLOS | URE OF THE |
| CONFLICT OF INTEREST AND ALL MATERIAL FACTS THE INTERESTED | PERSON SHALL |
| LEAVE THE BOARD OF DIRECTORS MEETING WHILE THE DETERMINATI | ON OF A CONFLICT |
| OF INTEREST IS DISCUSSED AND VOTED UPON IF THE BOARD OF DI | RECTORS HAS |
| REASONABLE CAUSE TO BELIEVE AN INTERESTED PERSON HAS FAILE | D TO DISCLOSE |
| ACTUAL OR POSSIBLE CONFLICTS OF INTEREST IT SHALL INFORM T | HE INTERESTED |
| PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERES | TED PERSON AN |
| OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, | AFTER HEARING |
| THE INTERESTED PERSON'S RESPONSE AND AFTER MAKING FURTHER | INVESTIGATION AS |
| WARRENTED BY THE CIRCUMSTANCES, THE BOARD OF DIRECTORS DET | ERMINES THE |
| INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSS | IBLE CONFLICT OF |
| INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRE | CTIVE ACTION |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. THE EXECUTIV | E DIRECTOR IS AN |
| EMPLOYEE OF THE ORGANIZATION'S MANAGEMENT COMPANY. THE MAN | AGEMENT COMPANY'S |
| FEES ARE NEGOTIATED AT FAIR MARKET VALUE. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVA | ILABLE TO THE |
| PUBLIC | |
| | |

| Sche | dule O (Form 990 | or 99 | 90-EZ) (2017) | | | | | | | | | Page |
|------|--------------------|-------|--------------------|------|-------------|-------------------|-------------|-------------|------|------|-------------|---------------------------------------|
| Nam | e of the organizat | tion | ASSOCIATION VALUES | 1 OF | FR | ATERNAL | LEAD | ERSHIP | AND | | Emplo 34 | yer identification numbe 1-1348463 |
| THE | PROCESS | FO | R SELECTION | OF | AN | INDEPE | NDENT | ACCOUN | TANT | HAS | NOT | CHANGED |
| FRO | M THE PR | IOR | YEAR. | | | | | | | | | |
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