

Grand Aerie Survey

Aerie No: _____ City: _____ State: _____

This survey is meant to be a guide for evaluating the proper operation of an Aerie. There are many more facets of an Aerie's operation which can lead to its success or failure. The completion of this survey should give you an overall picture of the Aerie's operation and indicate areas where improvements are required.

Please check the following to determine if the Aerie is operating in Compliance with our fraternal laws.

Worthy President (Section 82.1)(A)

(A) Committee Appointments (Section 82.1A, 100.1, 100.2)

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Appointment of Aerie Auditor (102.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Trial Committee (62.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | President appointed Chairman of the Trial Committee | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | President appointed Trial Committee Alternates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | By-Laws Committee (100.2) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Date Aerie By-Laws were last updated: _____ | | |
| 4. | Visiting Committee (100.2) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Membership Committee (100.2) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Finance Committee (101.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Attendance Committee (101.2) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Publicity Committee (100.2) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Interviewing Committee (100.2, 70.11) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Aerie Officers meeting with Ladies' Auxiliary at least quarterly (72.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Has the Affiliation Agreement been signed and sent to the Grand Aerie (82.1 (f)) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, the date they were sent: _____ | | |
| 12. | Have Affiliation Agreements been signed for all Internal Units? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Is the Ritual being conducted in Accordance with the Constitution & Statutes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Have all Officer positions been filled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(B) Bonding

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Are all Officers & Employees that are handling money bonded/insured? (94.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Has notice of bonding/insurance been forwarded to the Grand Aerie? (94.2) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation by the Worthy President of a particular Statute, By-Law or House Rule for all "NO" answers:

Secretary (Section 85.1)

(A) Records

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Minute Book up to date (85.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Using the MMS completely | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a. | Officers List Completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Payment History | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Batch Entry | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. | Initiation/Dropped | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. | Delinquent Report | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. | Dues Reminder Invoice(s) Paid | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. | Using Official Dues Receipts prescribed by the Grand Aerie | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Receipts for money received credited to the proper funds (85.8) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Total Balance of the Following Funds: General Fund \$_____ Social Fund \$_____ | | |
| | Building Fund \$_____ Benefit Fund \$_____ | | |
| | Is the balance of your Benefit Fund sufficient to cover Per Capita Taxes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Other Funds (please list each) \$_____ | | |
| 4. | Does your Aerie have Benefit Members? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If so, how many members are eligible to receive the benefit? _____ | | |
| | How much money does each receiptier receive? \$ _____ | | |
| 5. | Receipts provided for money turned over to the Treasurer (85.8) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Secretary's Cash Book up to date and signed by Treasurer (85.8) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | IRS Form 940 current (Quarterly) - If yes, date filed: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | IRS Form 941 current (Quarterly) - If yes, date filed: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | IRS Form 990 completed and current (Due Annually October 15th) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If no, has an extension been filed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | State Tax Forms completed and current - If yes, date filed: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Articles of Incorporation have been filed and current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Have Federal and State Tax ID Numbers been obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Is the Aerie Tax Exempt? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If no, has a 1024 been filed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Are the Aerie By-Laws posted on the Aerie Bulletin Board (122.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Is your fiscal year June 1-May 31? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If no, indicate your fiscal year: _____ | | |

(B) Reports

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|----|--|------------------------------|-----------------------------|
| 1. | Financial Reports made at every Aerie Meeting (85.13) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Was a copy of last year's IRS Form 990 or equivalent sent to the Grand Aerie | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Copy of annual Auditor Reports sent to the Grand Aerie | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Copy of annual Treasurer Reports sent to the Grand Aerie | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation by the Secretary of a particular Statute, By-Law or House Rule for all "NO" answers:

Secretary cont. (Section 85.1)

(C) Additional

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|-----|---|------------------------------|-----------------------------|
| 1. | Have Personal Property Taxes been paid? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, date filed: _____ | | |
| | If no, what year(s) are owed: _____ | | |
| 2. | Have Local Property Taxes been paid? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, date filed: _____ | | |
| | If no, what year(s) are owed: _____ | | |
| 3. | Do you have a mortgage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Are you current on your mortgage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If no, amount in arrears: \$_____ | | |
| | Name of the Mortgage Company: _____ | | |
| 5. | Are State Sales Taxes paid to date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If no, how much is owed? \$_____ | | |
| 6. | Is the Aerie on a payment plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | IRS | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | State | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | U.I.A. (Unemployment) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Property Taxes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Personal Property Taxes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Any loan payments against the Aerie? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, amount of loan? \$_____ | | |
| 8. | Is the Liquor License Current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Is it a Club License or is it owned by the Aerie? _____ | | |
| 10. | Is Gaming License Current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation by the Secretary of a particular Statute, By-Law or House Rule for all "NO" answers:

Treasurer (Section 86.1)

(A) Records

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|----|--|------------------------------|-----------------------------|
| 1. | Bank deposits being made by the Treasurer (86.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Money deposited within 48 hours of receipts with deposit slips shown | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Proper receipts endorsed/exchanged by Secretary and Treasurer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(B) Reports

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Treasurer's Annual Report properly maintained (86.3) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----|--|------------------------------|-----------------------------|

Explain specifically, the nature of the violation by the Treasurer of a particular Statute, By-Law or House Rule for all "NO" answers:

Trustees (Section 89.1)

(A) Duties

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Chairman and Secretary elected (89.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Secretary and/or Jr. PWP ex-officio members (in By-Laws) (89.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Are the House Rules posted in the Aerie (89.3, 122.4) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Date the House Rules were last revised: _____ | | |
| 4. | Is there a Harassment Policy in effect and posted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | All Trustees comply with Section 89.11? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Complaints being responded to within thirty (30) calendar days (89.3(h)) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Approval of Expenditures by the Finance Committee (89.2) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Checkout Meetings held weekly (89.4) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Trustees Meetings held weekly (89.4) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Is Insurance Coverage provided? (89.9) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Date the Insurance Policy Expires: _____ | | |
| | General Liability Amount: \$_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Is Employee Dishonesty listed on the General Liability Insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, what is the amount? _____ | | |
| | Liquor Liability Amount: \$_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Worker's Compensation Insurance: \$_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Hired/Non-Hired Auto Insurance: \$_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Aerie Home & Contents Amount: \$_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | D&O Insurance (Directors & Officers Insurance - not required) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | EPLI Insurance (Employee Practice Liability Insurance - not required) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Grand Aerie named as additional insured party (89.9) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Are all of the Internal Units included on the policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Is the Auxiliary included on the policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(B) Records

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Books Audited monthly by the Aerie Auditor? (102.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Minutes kept on each Board Meeting? (89.1) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Do By-Laws provide for a Manager of the Buffet & Social Rooms? (89.8) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Does the Manager have an agreement with the Aerie? (89.8) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are all employees in compliance with Aerie By-Laws, Statutes & Federal, State and Municipal Laws? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(C) Reports

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|----|--|------------------------------|-----------------------------|
| 1. | Weekly report of Buffet/Social Rooms completed and presented on Aerie Floor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Inventory of Buffet Goods? (Monthly) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Maintaining up-to-date Inventory on all real and personal property annually? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Monthly Profit and Loss Statement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation by the Trustees of a particular Statute, By-Law or House Rule for all "NO" answers:

Auditor (Section 102.1)

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|----|---|------------------------------|-----------------------------|
| 1. | Copy of the Constitution & Statutes made available to the Auditor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Monthly Audit of Records completed and reports made | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Secretary Records audited | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Treasurer Records audited | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Trustees Records audited | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Internal Unit Records being audited | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | All Committees handling Aerie money | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation by the Auditor of a particular Statute, By-Law or House Rule for "NO" answers:

Compliance Checklist

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Has the Affiliation Agreement been signed and sent to the Grand Aerie? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Last IRS 990 or equivalent has been filed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Copy of Insurance Policy on file with the Grand Aerie? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Are the Grand Aerie Per Capita Taxes Current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If not, what is their current balance? \$ _____ | | |
| | Are they currently on a payment plan with the Grand Aerie? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are the State/Provincial Aerie Per Capita Taxes Current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If not, what is their current balance? \$ _____ | | |
| 6. | Are all of the payroll and State Taxes paid? (IRS 940 & 941) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation of a particular Statute, By-Law or House Rule for "NO" answers:

YOUR RECOMMENDATIONS:

(If suspension is recommended, your report must be very specific in listing all violations to the Statutes, By-Laws, House Rules, etc. If these violations are too vague, the suspension or removal order cannot be issued.)

Add Additional Pages If Necessary

Completed By: _____ Date: _____