



General Grant Request Form

Choose ONE Fund listed below:		
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund
Cancer Fund	Heart Fund	Muscular Dystrophy Fund
Children's Fund	C.P.R (\$1,000)	Parkinson's Fund
Diabetes Fund	Orug Awareness (matched up to \$500)	Spinal Cord Injury Fund
Grant Type: State/Prov Funded Earn	marked Turn-Around* (DOES N	OT REQUIRE STATE/PROV APPROVAL
Research	Educational Materials	Equipment/Supplies
	9 7 4 7 3 9 OR Cana	ndian Registration
Department/Site: UF Health	State/Provincial F	Funds Requested \$
Address: 7118 W University Aver	nue	City: Gainesville
Florida Zip: 32607-10	610 Contact: Margaret Frien	d Phone: 352-265-7277
Email address for organization's contact: frie	nm@shands.ufl.edu	
Check Payable to: University of Florid	da Health	
Check Payable to: University of Florid	nt Club Name:	##
Check Payable to: University of Florid Submitted by:	da Health ont Club Name: within 90 days of issue date):	##
Check Payable to: University of Floric Submitted by:	da Health nt Club Name: rithin 90 days of issue date): Date://	## Amt provided by local AF/AX
Check Payable to: University of Floric Submitted by:	da Health nt Club Name: rithin 90 days of issue date): Date://	## Amt provided by local AE/AX \$ (if included) Amt approved
Check Payable to: University of Floric Submitted by: Aerie Auxiliary Join Presentation Date (checks must be cashed we Local Secretary: Local President: Date Approved by	da Health Int Club Name: Int Club Name: Int Club Name: Int Club Name: Int Date: Int Date: Int Date: Int Club Name: Int Date: Int Club Name: Int Date: Int	## Amt provided by local AE/AX \$ (if included) Amt approved by State/Prov
Check Payable to: University of Florida Submitted by:	da Health Int Club Name: Int Club Name: Int Club Name: Int Club Name: Int Date: In	Amt provided by local AE/AX \$ (if included) Amt approved by State/Prov AE \$ (if approved) Total Grapt \$





General Grant Request Form

Choose ONE Fund listed below:		
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund
Cancer Fund	Heart Fund	Muscular Dystrophy Fund
Children's Fund	C.P.R (\$1,000)	Parkinson's Fund
Diabetes Fund	Orug Awareness (matched up to \$500)	Spinal Cord Injury Fund
Grant Type: State/Prov Funded Earmarked	d Turn-Around* (DOES NO	OT REQUIRE STATE/PROV APPROVAL
▼ Research	Educational Materials	Equipment/Supplies
Proof of Exemption: FEIN 5909	7 4 7 3 9 OR Canad	lian Registration
Department/Site: UF Health	State/Provincial Fu	ınds Requested \$
Address: 7118 W University Avenue	Ci	ity: Gainesville
State/Prov. Florida Zip: 32607-1610	Contact: Margaret Frience	Description 2015 Phone: 352-265-7277
C.1	@shands ufl edu	
Email address for organization's contact: frienm(agoriariao.an.oaa	
Email address for organization's contact: Trienm(Check Payable to: University of Florida F	Health	
Check Payable to: University of Florida H	Club Name:	##
Check Payable to: University of Florida H	Club Name:90 days of issue date):	##
Check Payable to: University of Florida H Submitted by: Aerie Auxiliary Joint Presentation Date (checks must be cashed within	Health Club Name: 90 days of issue date): Date://	##_ Amt provided by local AF/AX
Check Payable to: University of Florida H Submitted by: Aerie Auxiliary Joint Presentation Date (checks must be cashed within *Local Secretary: Florida	Health Club Name: 90 days of issue date): Date://	####
Check Payable to: University of Florida H Submitted by: Aerie Auxiliary Joint Presentation Date (checks must be cashed within *Local Secretary: Florida	Club Name:	####
Check Payable to: University of Florida H Submitted by: Aerie Auxiliary Joint Presentation Date (checks must be cashed within *Local Secretary: *Local President: State/Prov. Florida Date Approved by State	Club Name: 90 days of issue date): Date: / Date: / Date: / Date: / Date: / Date: / Date: Date: Date:	###

administrative use of funds





General Grant Request Form

Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund
Cancer Fund	Heart Fund	Muscular Dystrophy Fund
Children's Fund	C.P.R (\$1,000)	Parkinson's Fund
Diabetes Fund	Orug Awareness (matched up to \$500)	Spinal Cord Injury Fund
Grant Type: State/Prov Funded Earmarked	d Turn-Around* (DOES NO	OT REQUIRE STATE/PROV APPROVA
▼ Research	Éducational Materials	Equipment/Supplies
Proof of Exemption: FEIN 5909	7 4 7 3 9 OR Canad	dian Registration
Department/Site: UF Health		unds Requested \$
Address: 7118 W University Avenue	C	Gainesville
Address: 7118 vv University Avenue State/Prov. Florida Zip: 32607-1610	Contact: Margaret Friend	d Phone: 352-265-7277
Email address for organization's contact: frienm(@shands.ufl.edu	
Check Payable to: University of Florida H	lealth	
Theck Pavable to. Offiversity of Florida I		
Check Payable to:		
	Club Name:	##
Submitted by:	Club Name:90 days of issue date):	#
ubmitted by:	Club Name:	## Amt provided by local AF/AY \$
Submitted by:	Club Name:	## Amt provided by local AE/AX \$ (if included) Amt approved
Submitted by:	Club Name:	Amt provided by local AE/AX \$ (if included) Amt approved by State/Prov AE \$
Submitted by:	Club Name:	#





General Grant Request Form

Choose ONE Fund listed below:		
Alzheimer's & Neurological Fund	Golden Age Fund	_ Kidney Fund
Cancer Fund	Heart Fund	_ Muscular Dystrophy Fund
Children's Fund	C.P.R (\$1,000)	_ Parkinson's Fund
Diabetes Fund	Oprug Awareness O	_ Spinal Cord Injury Fund
	(matched up to \$500)	
Grant Type: State/Prov Funded Earmarked	Turn-Around* (DOES NOT REQ	UIRE STATE/PROV APPROVAL)
Research	Éducational Materials	quipment/Supplies
Proof of Exemption: FEIN 59 09	7 4 7 3 9 OR Canadian Reg	gistration
		quested \$
Address: 7118 W University Avenue	_{City:} <u>G</u> a	ninesville
Address: 7118 W University Avenue State/Prov. Florida Zip: 32607-1610	Contact: Margaret Friend	_ Phone: 352-265-7277
Email address for organization's contact: frienm@	gshands.ufl.edu	
Check Payable to: University of Florida H	ealth	
·		
Submitted by: Aerie Auxiliary Joint	Club Name:	#
Presentation Date (checks must be cashed within 9	0 days of issue date):	
*Local Secretary:	Date: / /	L
Local Secretary.		by local
*Local President:	Date:/	AE/AX \$ (if included)
State/Prov Date Approved by State/	Provincial Board:/	Amt approved
State/Provincial Secretary:		by State/Prov AE \$
State/110vinicial Sectorary.		(if approved)
State/Provincial President:	Date:/	Total Grant \$ Amount
	Exemption – 501(c)(3) IRS Determination	n BOGT
Canadia	statement of government exemption or n Charitable Registration number	Approval Request #
	esumé on recipient's letterhead detailing u within grant guidelines and affirming no	





General Grant Request Form

Choose ONE Fund listed below:			
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund	
Cancer Fund	Heart Fund	Muscular Dystroph	ny Fund
Children's Fund	C.P.R (\$1,000)	Parkinson's Fund	
O Diabetes Fund		Spinal Cord Injury	Fund
	(matched up to \$500)		
Grant Type: State/Prov Funded Earmarked	Turn-Around* (DOES NOT REQUI	IRE STATE/PROV	APPROVAL)
Research	Educational Materials	ipment/Supplies	
Proof of Exemption: FEIN 59 09	7 4 7 3 9 OR Canadian Regis	tration	
Department/Site: UF Health	State/Provincial Funds Requ		
Address: 7118 W University Avenue	_{City:} Gair	nesville	
State/Prov. Florida Zip: 32607-1610	Contact: Margaret Friend	Phone: 352-26	5-7277
Email address for organization's contact: frienm@)shands.ufl.edu		
Check Payable to: University of Florida He	ealth		
Submitted by:	Club Name:		#
Presentation Date (checks must be cashed within 9			
`			
*Local Secretary:	Date:/	Amt provided	
*Local President:	Date: / /	by local AE/AX (if included)	\$
State/Prov. ——— Date Approved by State/I	Provincial Board:/	Amt approved by State/Prov	Φ.
State/Provincial Secretary:	Date:/	AE (if approved)	\$
~	Data	Total Grant	\$
State/Provincial President:	Date/	Amount	
I etter or	Exemption – 501(c)(3) IRS Determination statement of government exemption or		BOGT
☐ Grant Form Signed and Dated Canadian Canadian	n Charitable Registration number		Approval Request #
	esumé on recipient's letterhead detailing us within grant guidelines and affirming no	e	





General Grant Request Form

Choose ONE Fund listed below:		
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund
Cancer Fund	Heart Fund	Muscular Dystrophy Fund
Children's Fund	$\bigcirc C.P.R (\$1,000)$	Parkinson's Fund
Diabetes Fund	Orug Awareness (matched up to \$500)	Spinal Cord Injury Fund
	(maichea up 10 \$300)	
Grant Type: State/Prov Funded Earmarked	Turn-Around* (DOES NOT R	REQUIRE STATE/PROV APPROVAL)
Research	Educational Materials	Equipment/Supplies
Proof of Exemption: FEIN 5909	74739 OR Canadian	Registration
Department/Site: UF Health	State/Provincial Funds	
Address: 7118 W University Avenue	City:	Gainesville
State/Prov. Florida Zin. 32607-1610	Contact: Margaret Friend	Phone: 352-265-7277
Email address for organization's contact: frienm(gshands.ufl.edu	
Check Payable to: University of Florida H	ealth	
Submitted by:	Club Name:	#
Presentation Date (checks must be cashed within 9	00 days of issue date):	
*Local Secretary:	Date://	Amt provided by local
*Local President:	Date: / /	AF/AX \$
		Amt approved
State/Prov Date Approved by State/	Provincial Board:/	by State/Prov
State/Provincial Secretary:	Date:/	AE \$ (if approved)
State/Provincial President:	Date: / /	Total Grant \$
State/110villolai 11esident.		Amount
	501/ 2/2 /70 /70	a di au
Letter o	Exemption – 501(c)(3) IRS Determing r statement of government exemption	
Canadia	nn Charitable Registration number resumé on recipient's letterhead detail	Request #
	within grant guidelines and affirming	





General Grant Request Form

Choose ONE Fund listed below:		
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund
Cancer Fund		Muscular Dystrophy Fund
Children's Fund	$\bigcirc C.P.R (\$1,000)$	Parkinson's Fund
O Diabetes Fund	Drug Awareness (matched up to \$500)	Spinal Cord Injury Fund
Grant Type: State/Prov Funded Earmarked	Turn-Around* (DOES NOT RE	EQUIRE STATE/PROV APPROVAL)
▼ Research	Educational Materials	Equipment/Supplies
Proof of Exemption: FEIN 59 09	7 4 7 3 9 OR Canadian I	Registration
Department/Site: UF Health	State/Provincial Funds I	Requested \$
Address: 7118 W University Avenue	City: _	Gainesville
State/Prov. Florida Zip: 32607-1610	Contact: Margaret Friend	Phone: 352-265-7277
Email address for organization's contact: frienm@	gshands.ufl.edu	
Check Payable to: University of Florida He	ealth	
Submitted by: Aerie Auxiliary Joint	Club Name:	#
Presentation Date (checks must be cashed within 9	0 days of issue date):	
*Local Secretary:	Date: / /	— Amt provided
Local Secretary.		by local
*Local President:	Date://	AE/AX \$ (if included)
State/Prov. Date Approved by State/	Provincial Board:/	Amt approved
		AE \$
State/Provincial Secretary:	Datc	
State/Provincial President:	Date:/	Total Grant \$ — Amount
	Exemption – 501(c)(3) IRS Determina	
☐ Grant Form Signed and Dated Canadia	r statement of government exemption on Charitable Registration number	Approval Request #
☐ Verification Per Capita is Paid ☐ Project r☐ Contribution Enclosed ☐ of funds	esumé on recipient's letterhead detailir within grant guidelines and affirming r	ng use

administrative use of funds





General Grant Request Form

Choose ONE Fund listed below:		
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund
Cancer Fund	Heart Fund	Muscular Dystrophy Fund
Children's Fund	\bigcirc C.P.R (\$1,000)	Parkinson's Fund
Diabetes Fund	Drug Awareness	Spinal Cord Injury Fund
	(matched up to \$500)	
Grant Type: State/Prov Funded Earmarked	Turn-Around* (DOES NOT	REQUIRE STATE/PROV APPROVAL
▼ Research	Educational Materials	☐ Equipment/Supplies
Proof of Exemption: FEIN 5909	7 4 7 3 9 OR Canadia	n Registration
		ls Requested \$
Address: 7118 W University Avenue	City	Gainesville
Address: 7118 W University Avenue State/Prov. Florida Zip: 32607-1610	Contact: Margaret Friend	Phone: 352-265-7277
Email address for organization's contact: frienm(@shands.ufl.edu	
Check Payable to: University of Florida H	lealth	
Submitted by: ☐Aerie ☐Auxiliary ☐Joint	Club Name:	#
Presentation Date (checks must be cashed within	90 days of issue date):	
*I 1 C	Date: / /	
*Local Secretary:	Date//	by local
*Local President:	Date://	AE/AX \$ (if included)
State/Prov Date Approved by State.	/Provincial Board://	Amt approved
		AE \$
State/Provincial Secretary:	Date/	"
State/Provincial President:	Date:/	Total Grant \$ Amount
	f Exemption – 501(c)(3) IRS Determ	
☐ Grant Form Signed and Dated Letter of Canadia	or statement of government exemption can Charitable Registration number	n or Approval Request #
	resumé on recipient's letterhead deta s within grant guidelines and affirmir	iling use

administrative use of funds





P.O. Box 100386, Gainesville, FL 32608 Phone: 352.265.7277 UFHealth.org

March 13, 2022

Mr. Charlie Sperrazza and Ms. Sherry Moore Florida State Aerie and Auxiliary, Fraternal Order of Eagles 7118 W. University Avenue, Gainesville, FL 32607-1610

Dear Members:

People Helping People. That's why all of us at the University of Florida (UF) are greatly appreciative of the support from the Fraternal Order of Eagles for many areas of research and educational programs. The year-long efforts of the 2022-23 State Worthy and State Madam President will help support research, education and equipment at the UF Norman Fixel Institute for Neurological Disease. Funds from the Fraternal Order of Eagles will support the research and education programs, and will not be allocated to administrative costs, with a focus on:

- Parkinson's Disease

- Frontotemporal dementia

- Pompe Disease

- Chronic inflammatory demyelinating polyneuropathy (CIPD)

UF Health is the Southeast's most comprehensive academic health center and part of one of the nation's top 5 public research universities. Academic health centers make discoveries that lead to breakthroughs in patient care. The UF Health network of hospitals and physician practices manages more than 3 million inpatient and outpatient visits each year and serves patients from all 67 Florida counties, from around the nation and from more than 40 countries. No matter how simple or complex their illness, and we offer hope — and results — for those who have been told elsewhere they have run out of options.

Under the umbrella of the Fixel Institute, clinical researchers seek to revolutionize discoveries in Parkinson's and other neurological diseases that will lead to new therapies and improve the quality of life for patients, and forever change how these conditions are treated. UF Health physicians are conducting a range of leading-edge treatments, such as deep brain stimulation and gene therapy, which are transforming patient care. Neurological conditions are no longer disease of the brain, as the impact the entire body. For example:

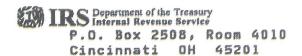
- ALS and neuromuscular conditions including spinal cord injury
- Myotonic dystrophy and muscular dystrophy which affect the heart and other muscles
- Cancer-related movement disorders, and auto-immune disorders such as paraneoplastic syndromes
- Understanding People with Type 1 and 2 Diabetes are at greater risk of Parkinson's Disease
- Parkinson's and Parkinsonism have been shown to affect the heart, and are thus multi-symptom conditions; heart issues can be used to diagnose Parkinson
- Sydenham's chorea, an involuntary movement disorder, where a third have rheumatic heart disease
- Genitourinary Disorders including kidney and bladder infections are common in neurodegenerative diseases
- Research into uric acid and the kidney stone pathways and how and how the kidney disfunction affect and relate to Parkinson's

Thank you for all that you do! Please let me know if I can be of service, and contact me at: frienm@shands.ufl.edu.

With sincere gratitude,

Margaret Friend

Senior Director of Development



In reply refer to: 4077967774 July 29, 2019 LTR 4168C 0 59-0974739 000000 00

00025962 BODC: TE

UNIVERSITY OF FLORIDA FOUNDATION INC
% CHRISTOPHER POST
PO BOX 14425
GAINESVILLE FL 32604-2425

010817

Employer ID number: 59-0974739 Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated May 28, 2019, about your tax-exempt status.

We issued you a determination letter in January 1979, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(l) and 170(b)(l)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1)
 Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

4077967774 July 29, 2019 LTR 4168C 0 59-0974739 000000 00 00025963

UNIVERSITY OF FLORIDA FOUNDATION INC
% CHRISTOPHER POST
PO BOX 14425
GAINESVILLE FL 32604-2425

1

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

stephen a martin

Stephen A. Martin Director, EO Rulings & Agreements