# Nest Activity Questionnaire

Nest Activity for 12-Month Period Ending December 31, 2025

Polish Falcons of America

| _____ | _____ | _____ |
|---|---|---|
| Nest No. | City | State |

This form is being submitted by:

| _____ | _____ |
|---|---|
| Name | Position in Nest |
| _____ | _____ |
| Phone No. | Date Submitted |

**Deadline – Form must be submitted at National Headquarters by February 28, 2026.**

Polish Falcons of America, 1016 Green Tree Road, Suite 201, Pittsburgh, PA 15220

**FraternalSupport- Calendar Year 2025**

This category includes activities of local Nest Members in the calendar 2025 year that supported or sponsored by the Polish Falcons of America or one of its local Nests for social, educational, religious, cultural, recreational or fraternal purposes. Generally speaking, fraternal support involves Member participation in activities necessary to maintain the local Nest as an organizational unit, activities undertaken for the personal development of Members, activities that advance one of the purposes of the society or activities that build fellowship among Members.

**Events**

Reports as a "fraternal support event" Polish Falcon functions or a gathering of two or more Nest Members that conduct the business of the local Nest, promote fellowship among Members, advance the purposes of the Polish Falcons or assist in the personal development of local Nest Members. If an event involves activities that meet the definitions of both a fraternal event and a "community service event" and a "fraternal support event."

Total Events: _____

**Hours**

Rounding off to whole numbers, report the personnel hours devoted to local Nest Members to Nest functions and activities devoted to the business and affairs of the local Nest. Estimate hours based on time actually spent by Members attending, organizing, planning or working at fraternal events. If an activity has features of both community service and fraternal support and the time devoted to each can be separately identified, allocate hours devoted to each type of activity. If an activity involves both community service and fraternal support and the time devoted to Each cannot be separately identified, report the total hours for the activity as BOTH "community service" hours and "fraternal support" hours. **Do not report hours of home office or field personnel who are paid for their work**.

Total Hours: _____

Expenditures

Using whole numbers, report total dollars spent to maintain and operate the Nest, carry out Nest activities or conduct fraternal events. Include expenditures which are necessary to maintain the local Nest as an organizational unit, including hall rent, postage, utilities, insurance, office supplies, etc. Also include expenditures related to the sponsorship of specific fraternal events of functions, including expenditures for advertising, entertainment, refreshments, etc. **Do not include expenditures which constitute "community service disbursements" as defined above**.

Total Expenditures: _____

**Community Service - Calendar Year 2025**

This category includes activities of Nest Members on behalf of the Polish Falcons of America in the calendar year 2025, which assists needy individuals or improves the community at large. The following are examples of activities which fall within the meaning of "community service:" Join Hand Day participation, blood drives, scholarships to needy students, Habitat for Humanity builds, food and clothing collections, nursing home visits, Arbor Day tree plantings, recycling drives and literacy tutoring.

**Events**

Report as a "community service event" any function or gathering of two or more Members where action is taken to assist needy individuals or improve the community at large. The function or gathering to assist others must be organized, sponsored or under the auspices of the Polish Falcons or one of its Nests to qualify as a "community service event."

Total Events: _____

**Hours:**

Rounding off to whole numbers, report the total personnel hours contributed to community service projects by volunteers who are local Nest Members or others who work on projects directly sponsored by the local Nest. The community service project must be an undertaking organized, sponsored or under the auspices of the Polish Falcons or one of its local Nests which assists needy individuals or improves the community at large. Estimate hours based on time actually spent performing a service to others, including time spent in preparation and travel. If an activity has features of both community service and fraternal support and the time devoted to each can be separately identified, allocate actual hours devoted to each type of activity. If an activity involves both community service and fraternal support and the time devoted to each cannot be separately identified, report the total hours for the activity as BOTH "community service" hours and "fraternal support" hours. **Do not report hours of home office or field personnel who are paid for their work.**

Total Hours: _____

**Disbursements**

Rounding off to whole numbers, report the total dollars spent by the local Nest to assist needy individuals or improve the community at large. Include all funds disbursed by the local Nest as a spending unit for these purposes, including funds dispersed as a result of local Nest fundraising activities. Do not include direct contributions of Nest Members in their private capacities to assist needy individuals or to support charitable causes. **Do not include disbursements made directly from the Polish Falcons Home office for these purposes**.

Total Disbursements: _____

POLISH FALCONS OF AMERICA

# 2026 LIST OF NEST OFFICERS

**PLEASE CHECK ONE:** ☐ 1 Year Term ☐ 2 Year Term

Please type or print.

Nest No. _____

City _____

State _____ District _____

Election Meeting Date: _____

## *THESE OFFICERS ARE REQUIRED.*

**PRESIDENT**

Name _____

Address _____

_____

Home Phone (_____)_____

Work Phone (_____)_____

Email _____

**VICE PRESIDENT**

Name _____

Address _____

_____

Home Phone (_____)_____

Work Phone (_____)_____

Email _____

**FINANCIAL SECRETARY**

Name _____

Address _____

_____

Home Phone (_____)_____

Work Phone (_____)_____

Email _____

**RECORDING SECRETARY**

Name _____

Address _____

_____

Home Phone (_____)_____

Work Phone (_____)_____

Email _____

**TREASURER**

Name _____

Address _____

_____

Home Phone (_____)_____

Work Phone (_____)_____

Email _____

## *THESE OFFICERS ARE OPTIONAL.*

**PHYSICAL INSTRUCTOR/INSTRUCTRESS**

Name _____

Address _____

_____

Home Phone (_____)_____

Work Phone (_____)_____

Email _____

**SECOND VICE PRESIDENT**

Name _____

Address _____

_____

Home Phone (_____)_____

Work Phone (_____)_____

Email _____

**PERSON TO RECEIVE CORRESPONDENCE**

Name _____

Address _____

_____

Phone (_____)_____

Email _____

**WHERE ARE MEETINGS HELD?**

Address _____

_____

Phone (_____)_____

Date & Time of Meetings _____

**NUMBER OF NEST MEETINGS HELD IN 2025:** _____

**DATES OF ACTIVITIES FOR 2026:**

_____

_____

_____

_____

_____

Does the Nest have an Audit Committee? _____

**NEST FINANCIAL INFORMATION**

Nest Tax Identification (EIN) No. _____

| | |
|---|---|
| Cash Account: | |
| Balance as of January 1, 2025 | $_____ |
| Income for the year Expenses | $_____ |
| for the year | $_____ |
| Gain/Loss | $_____ |
| Balance as of December 31, 2025 | $_____ |
| Savings Account | $_____ |
| Polish Falcons Trust Account | $_____ |
| Property Value | $_____ |
| Total Assets | $_____ |

**SUBMIT ONE COPY TO HEADQUARTERS AND ONE TO YOUR DISTRICT SECRETARY. DEADLINE TO SUBMIT IS FEB. 28, 2026.**

Polish Falcons of America National Headquarters,
1016 Green Tree Road, Suite 201, Pittsburgh, PA 15220

**SIGNATURE**

_____

NEST PRESIDENT

**POLISH FALCONS OF AMERICA**
1016 GREENTREE ROAD, SUITE 201
PITTSBURGH, PENNSYLVANIA 15220-3125
Phone: 412-922-2244 - Fax 412-922-5029 - Toll Free 1-800-535-2071
**WWW.POLISHFALCONS.ORG**

# Insurance Questionnaire

*Please indicate which type of insurance coverage is currently in place in your Nest.*

| Coverage Type | Yes | No |
|---|---|---|
| General Liability | | |
| Liquor Liability | | |
| Excess Liability (Umbrella) | | |
| Directors & Officers | | |
| Workers Compensation | | |
| Employment Practices Liability | | |
| Property | | |
| Other (Describe) | | |

Attach copies of the certificate of Insurance, or Declaration page which outlines the coverages in force, for all insurance coverages held by your Nest. Please do not send a copy of the entire policy.

_____
Date

_____
Signature of Nest Officer

_____
Nest #

_____
City, State

_____
Email Address

**POLISH FALCONS OF AMERICA**
1016 GREENTREE ROAD, SUITE 201
PITTSBURGH, PENNSYLVANIA 15220-3125
Phone: 412-922-2244 - Fax 412-922-5029 - Toll Free 1-800-535-2071
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# IRS Form 990 Filing Status Report
## FISCAL YEAR 2025 (JANUARY 1, 2025 TO DECEMBER 31, 2025)

Nest #: _____

Nest President: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the Nest have a website? ☐ Yes ☐ No

If yes, please provide the website address (if applicable): _____

Employer Identification Number (EIN): _____

**Form 990 Filing Status**

The gross receipts of our Nest for 2025 are: (You must check one.)

☐ Less than $50,000 (Nest is required to file Form 990N. National Headquarters will file form.)
☐ More than $50,000 (Nest is required to file Form 990 or 990 EZ. Nest will file form.)

**PFA National Headquarters will file Form 990N for all Nests that are required to do so. In order for us to complete the filing for each Nest, this form must be completed, signed and returned by April 12, 2026. It is the responsibility of Nests to complete and file Form 990 or 990EZ if they do not file Form 990N.**

I hereby certify that all the information is correct and accurate.

Signature: _____

Print Name: _____

Tile: _____

Date: _____

**The deadline for submitting this form to PFA National Headquarters is April 12, 2026. No Exceptions.**