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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection**A** For the 2007 calendar year, or tax year beginning **May 1**, 2007, and ending **Apr 30**, 2008**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization**GEN. CONF. OF GR CHAPTERS HRAM AND GR COURTS H of J Foundation**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

c/o Arthur Parrott 727 E. 60TH ST P.O. BOX 1104

City or town, state or country, and ZIP + 4

CHICAGO**IL 60637****D** Employer identification number**32-0084536****E** Telephone number**(773) 744-6912****F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► **N/A****J** Organization type (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ► \$ **35,309.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	0.
	2	Program service revenue including government fees and contracts	2	4,000.
	3	Membership dues and assessments	3	0.
	4	Investment income	4	0.
	5a	Gross amount from sale of assets other than inventory	5a	0.
	5b	Less: cost or other basis and sales expenses	5b	0.
	5c	Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schd)	5c	0.
	EXPENSES	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	
6a		Gross revenue (not including \$ of contributions reported on line 1)	6a	29,100.
6b		Less: direct expenses other than fundraising expenses	6b	18,517.
6c		Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	10,583.
7a		Gross sales of inventory, less returns and allowances	7a	0.
7b		Less: cost of goods sold	7b	0.
7c		Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	0.
8		Other revenue (describe ► See Other Revenue Statement)	8	2,209.
9		Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	16,792.
EXPENSES		10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	10
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	0.
	13	Professional fees and other payments to independent contractors	13	0.
	14	Occupancy, rent, utilities, and maintenance	14	0.
	15	Printing, publications, postage, and shipping	15	0.
	16	Other expenses (describe ► Hotel and Convention Expense)	16	5,470.
	17	Total expenses (add lines 10 through 16)	17	10,970.
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 9	18	5,822.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20	Net assets or fund balances in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	5,822.

Part II Balance Sheet — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

ASSETS	22	Cash, savings, and investments	(A) Beginning of year	22	(B) End of year
	23	Land and buildings	0.	23	5,822.
	24	Other assets (describe ►)	0.	24	0.
	25	Total assets	0.	25	5,822.
	26	Total liabilities (describe ►)	0.	26	0.
	27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27	5,822.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2007)

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**

What is the organization's primary exempt purpose? To provide Scholarships, Student Aid and Charity
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	Funds were provided (2) colleges to aid needy students through scholarships and student aid Fox College \$2000.; Hampton University \$2000. (Grants \$ 4,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,000.
29	Charity donations were given to the Avon Foundation to help the poor and needy in local communities in the amount of \$1,500. (Grants \$ 1,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,500.
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	5,500.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See List of Officers, Etc. Statement				

Part V Other Information (Note the statement requirement in the instructions.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A

Part V Other Information (Note the statement requirement in the instructions.) (Continued)**40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958**d** Enter amount of tax on line 40c reimbursed by the organization**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		X
40c		
40d		
40e		X

41 List the states with which a copy of this return is filed ▶ Illinois**42 a** The books are in care of ▶ Arthur L. Parrott Telephone no ▶ (773) 744-6912
Located at ▶ 727 East 61st Street Box 1104 Chicago IL ZIP + 4 ▶ 60637**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check hereand enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

05/15/10

Date

Arthur L. Parrott

Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date
05/15/10Check if self-employed ▶ ☐Preparer's SSN or PTIN (See General Instruction X)
P-26616

Firm's name (or yours if self-employed), address, and ZIP + 4

JAMES H. BLACK AND ASSOCIATES, INC.

9201 SOUTH MICHIGAN AVENUE

CHICAGO

ILL 60619-7224

EIN 36-3103744

Phone no ▶ (773) 660-1277

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Form 990-EZ (2007)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2007

Name of the organization

GEN. CONF. OF GR CHAPTERS HRAM AND GR COURTS H of J Foundation

Employer identification number

32-0084536

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE			0.	0.
Total number of other employees paid over \$50,000 ▶		NONE		

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) See Line 3a Stmt

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

0.

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
N/A					
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	0.	0.	0.	0.	0.
16 Membership fees received	0.	0.	0.	0.	0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,582.	0.	0.	0.	8,582.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	0.	0.	0.	0.	0.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See L-22 Stmt	957.	0.	0.	0.	957.
23 Total of lines 15 through 22	9,539.	0.	0.	0.	9,539.
24 Line 23 minus line 17	957.	0.	0.	0.	957.
25 Enter 1% of line 23	95.	0.	0.	0.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines: 18 19 22 26b

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	
26b	
26c	
26d	
26e	
26f	%

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) 957. (2005) 0. (2004) 0. (2003) 0.

c Add: Amounts from column (e) for lines: 15 16 17 20 21

d Add: Line 27a total 0. and line 27b total 957.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 9,539.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	8,582.
27d	957.
27e	7,625.
27f	9,539.
27g	79.94 %
27h	0.00 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

m 5-4

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment to Affiliate Charity Donation

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
<u>Charity</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Avon Foundation</u>	<u>None</u>	
			<u>1,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<u>Rebate from Hotel</u>	<u>957.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>957.</u>
Total	<u>957.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>957.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part IIILine 3aExplanation of: How We Determine Which Recipients Qualify to Receive Payments

By a scholarship committee which reviews applications for scholarships
Grade point averages and student need

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
PROGRAM SERVICE:	
Scholarship Donations	4,000.
Total	<u>4,000.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
PROGRAM SERVICE:	
Scholarship Donations	4,000.
Total	<u>4,000.</u>

Form 990-EZ, Part I, Line 6

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Awards Banquet	29,100.		29,100.	18,517.	10,583.
For Scholarships					
And Charity Donations					
Total	<u>29,100.</u>		<u>29,100.</u>	<u>18,517.</u>	<u>10,583.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment to Affilate Scholarships

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Scholarship	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Fox College	None	
			2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment to Affilate Scholarship

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Scholarship	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Hampton University	None	
			2,000.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

Venders Exhibit Fees 1,575.Rebates and Refunds 634.Total 2,209.

Form 990-EZ, Page 2, Part IV

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> James A.L. Myers 6021 Trenholm Road Columbia SSC 29206	Chairman of	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Anthony K. Wells, Sr 2340 Kirby Dr Temple Hills MD 20748	President	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Billye L. Peeples 3684 Arbor Dr AD Lexington KY 40517	Vice Pres	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> James W. Johnson 2940 Wakefield Ct Hephzibah GA 30815	1st Vice Pres	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Roosevelt Huggins 1811 Kirk Ave Killeen TX 76543	2nd Vice Pres	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Arthur L. Parrott 727 East 60th street Box 1104 Chicago IL 60637	Treasurer	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Carolyn Anderson-Thomas 188 Moss Road Springfield MA 01119	Secretary	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Damon P. Anderson 7725 So. Troy Avenue Chicago IL 60637	Asst Secy	0.	0.	0.