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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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.*

OMB No 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUNE 1, , 2007, and ending MAY 31, , 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: Bluegrass Eagles Aerie 964

Number and street (or P.O box, if mail is not delivered to street address) Room/suite: P.O. Box 73053

City or town, state or country, and ZIP + 4: Bellevue Ky 41073

D Employer identification number: 61 : 070 4592

E Telephone number: (859) 261 0244

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:** ▷

J **Organization type** (check only one)— ☐ 501(c) (10) ◁ (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 . ▷ $

SCANNED JAN 05 2010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received		1	0
2	Program service revenue including government fees and contracts		2	0
3	Membership dues and assessments		3	1075
4	Investment income		4	0
5a	Gross amount from sale of assets other than inventory	5a 0		
b	Less: cost or other basis and sales expenses	5b 0		
c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)		5c	0
6	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▷ ☐			
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 0		
b	Less: direct expenses other than fundraising expenses	6b 0		
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a		6c	0
7a	Gross sales of inventory, less returns and allowances	7a 48972		
b	Less: cost of goods sold	7b 36760		
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a		7c	12212
8	Other revenue (describe ▷ _____)		8	0
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▷		9	13287
10	Grants and similar amounts paid (attach schedule)		10	0
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	10943
15	Printing, publications, postage, and shipping		15	272
16	Other expenses (describe ▷ _____)		16	0
17	**Total expenses.** Add lines 10 through 16 ▷		17	11215
18	Excess or (deficit) for the year. Subtract line 17 from line 9		18	2072
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	99980
20	Other changes in net assets or fund balances (attach explanation)		20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▷		21	101072

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

(See page 60 of the instructions.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	980	22	2072
23	Land and buildings	99000	23	99000
24	Other assets (describe ▷ _____)	0	24	0
25	**Total assets**	99980	25	101072
26	**Total liabilities** (describe ▷ _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	99980	27	101072

9-4

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose?

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.

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

28 (Grants $) If this amount includes foreign grants, check here ▷ ☐ — 28a

29 (Grants $) If this amount includes foreign grants, check here ▷ ☐ — 29a

30 (Grants $) If this amount includes foreign grants, check here ▷ ☐ — 30a

31 Other program services (attach schedule)
(Grants $) If this amount includes foreign grants, check here ▷ ☐ — 31a

32 **Total program service expenses.** Add lines 28a through 31a ▶ — 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the 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 & deferred compensation	(E) Expense account and other allowances
TOM NORMAN 215 Lindsey, Dayton, Ky 41074	PRESIDENT 30 HRS	0	0	0
WALT WHERRY 334 Foote, Bellevue, Ky 41073	V. PRESIDENT 20 HRS	0	0	0
JERRY BARDIN 152 Foote, Bellevue, Ky 41073	SECRETARY 30 HRS	0	0	0
PHIL HALL, ~~Bellevue, Ky 41073~~ 162 S. Riverside, Bellevue, Ky 41073	TREASURER 10 HRS	0	0	0

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

			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		X
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			
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 X			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

Part V Other Information (Note the statement requirement in General Instruction V.) *(Continued)*

40a *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

		Yes	No
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 . .	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		X

41 List the states with which a copy of this return is filed. ▶ Kentucky

42a The books are in care of ▶ Terry Reddin SR. Telephone no. ▶ (859)261-0244
Located at ▶ 152 Foote Ave - Bellevue, Ky 41073 ZIP + 4 ▶ 41073

		Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	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.?	42c		X
	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 here . . . . . ▷ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

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

Daniel J. Blanchet — Signature of officer — Date: 11-20-09

Daniel J. Blanchet Secretary — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▷ ☐	Preparer's SSN or PTIN (See Gen. Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▷	
		Phone no. ▷ ( )	

AUDITOR'S REPORT

PART I
ASSETS

1. CASH BALANCES:
   (a) Benefit Fund.....$ Ø
   (b) General Fund.....$ 10,289—
   (c) Social Fund. TRUSTEE....$ 1639—
   (d) B.M. Fund .....$ Ø
   (e) Other.....$ Ø
2. TOTAL CASH BALANCES.....$ 11,928—
3. INVESTMENTS:
   (a) Benefit Fund.....$ Ø
   (b) General Fund.....$ Ø
   (c) Social Fund.....$ Ø
   (d) B.M. Fund .....$ Ø
   (e) Other.....$ Ø
4. TOTAL INVESTMENTS.....$ Ø
5. TOTAL (Lines 2 & 4).....$ 11,928—
6. GAINS (+) OR LOSS (-)
   SINCE LAST REPORT.....$ 9850—
7. (a) Value of Real Estate.....$ 99000—
   (b) Insurance Value Real Estate $ 1,000,000—
8. (a) Furniture & Fixtures..... $ 25,000—
   (b) Value of Insurance on Furniture & Fixtures.....$ included in 1,000,000—
9. (a) Liability Insurance?.....Yes X No___
   (b) Liquor Liability Insurance? Yes X No___
   (c) Employees/Officers Bonded? Yes X No___
   (d) Auxiliary Bonded w/Aerie? Yes X No___
10. Petty Cash.....$ 500—
11. Buffet Merchandise.....$ 25000—
12. Office Supplies.....$ 10000—
13. TOTAL ASSETS
    (Lines 5,7a,8a,10,11 & 12)...$ 171,428—
14. LIABILITIES:
   (a) Indebtedness on Real Estate $ Ø
   (b) Indebtedness on Furniture...$ Ø
   (c) Other Indebtedness.....$ Ø
15. TOTAL LIABILITIES.....$ Ø
16. NET ASSETS
    (Line 13 less Line 15).....$ 171,428—
17. DUES Collected year to date:
    58 members $ 2200—
18. EARMARKED MONEY IN BENEFIT
    FUND FOR EMPLOYEE TAXES.....$ Ø

Return original and send IRS 990 with report.

PART II
ANALYSIS OF BUFFET SALES

1. Total Sales (Year to Date)....$ 125,863
   LESS
2. Cost of goods sold.....$ 80,978
3. GROSS PROFIT.....$ 44,885
4. Percentage of Total Sales.....% 36%

5. Total Direct Expenses.....$ 35,157—
   (Items 3,4,5,6,7 Trustees Weekly)
6. NET PROFIT.....$ 11,928
7. Percentage of Total Sales.....% 11%

ANALYSIS OF SOCIAL ROOM OPERATIONS

8. Other Social Room Receipts....$ Ø
   (Do not include Sales, Item 1)
9. Social Room Expenses.....$ Ø
10. Total Social Room Receipts....$ Ø
    (Deduct item 9 from item 8)

11. **TOTAL GROSS RECEIPTS FROM ALL SOURCES**
    (Year to Date)....$ 125,863

Please provide the following information:
Fundraising Activities:
Total Raised year to date $ 20,766
Total Distributed year to date
Local:$ 20,766
State:$ Ø
Grand Aerie:$ Ø

Date of last 990 Filed with IRS 2006
Is the Grand Aerie named as Additional Insured?
Yes X No___

Any paid employees? Yes___ No X
All Federal/State/Local taxes paid? Yes___ No X
Please provide explanation for any NO answers:
STILL WORKING WITH IRS ON 990 EZ FOR 2007 & 2008.

Auditor Signature Dan Blanchett

Worthy President's Signature