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### Expenses

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

- |    |   |  |     |        |
|----|---|--|-----|--------|
| 28 | Held a Mardi Gras ball in February 2009 for the organization's 190 members and their guests.      | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 51,246 |
| 29 | Held a Mardi Gras parade in Daphne, AL in February 2009 with 170 members participating on floats. | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 28,059 |
| 30 | Held a "summer party" in August 2008 for the organization members and guests.                     | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 8463   |
| 31 | Other program services (attach schedule) <u>meeting expenses, including food &amp; drink</u>      | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 2514   |
| 32 | Total program service expenses (add lines 28a through 31a)  |  | 32  | 90,282 |

(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
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[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b Did the organization file Form 1120-POL for this year?		
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 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," complete Schedule L, Part I		
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? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed.		
42a The books are in care of <u>Daniel J. Ford</u> Telephone no <u>(251) 450-4637</u> Located at <u>16559 County Rd 3 Fairhope, AL</u> ZIP + 4 <u>36532</u>		
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)?		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, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 48–49 and complete the tables for lines 50 and 51.

- |            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>46</b>  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .   | <b>46</b>  | Yes | No |
| <b>47</b>  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |     |    |
| <b>48</b>  | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |     |    |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  | <b>49a</b> |     |    |
| <b>b</b>   | If "Yes," was the related organization(s) a section 527 organization? . . . . .  | <b>49b</b> |     |    |
| <b>50</b>  | Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |            |     |    |

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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.

**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 \_\_\_\_\_ Date 11-15-10

Daniel T. Ford  
Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identification number (see instructions)
Firm's name (or yours if self-employed)	EIN		State

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SEQ. NO.: BMF 2011060021730

SC CODE: 29

NAME CONTROL: SHAD

MFT: 67

CHRGOUT193

DLN: 29492-022-10909-1

TRANSCRIPT DATE: 2011-03-07

TIN: 63-1227233

TAX PERIOD: 200903

IRS RECEIVED DATE: 2011-02-07

DESTINATION LITERAL: ADJUSTMENTS

(709)

THE SHADOW BARONS, INC.  
EIN 63-1227233  
BALANCE SHEET LINE 24

Form 990-EZ  
Page 1, Part 2 Line 24 - Other Assets

	Beginning <u>of Year</u>	End <u>of year</u>
Deposits	1,240	2,395
Receivables	174	72
Inventory	<u>880</u>	<u>880</u>
	<u>2,294</u>	<u>3,347</u>

Form 990 - EZ  
Fiscal Year Ended March 31, 2009  
The Shadow Barons, Inc.  
EIN: 63 - 1227233

Part IV List of Officers, Directors, Trustees and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Damon Henderson 13 Lee Circle Spanish Fort, AL 36527	President / Board Member 3 hrs	0	0	0
Jeff Walding 128 Durnford Hill Court Daphne, AL 36526	Vice President / Board Chairman 1.5 hrs	0	0	0
Daniel Ford 9611 Hucknall Drive Fairhope, AL 36532	Treasurer / Board Member 2 hrs	0	0	0
Winn Barnette 8148 Bishop Road Fairhope, AL 36532	Board Member 1 hr	0	0	0
Steve Barker 244 Rolling Hill Drive Daphne, AL 36526	Board Member 1 hr	0	0	0
James Hamrick 4309 Aldebaran Way Mobile, AL 36693	Board Member 1 hr	0	0	0
Paul Strickland 8850 Nichols Ext. Fairhope, AL 36532	Board Member 1 hr	0	0	0