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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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
InspectionA For the 2008 calendar year, or tax year beginning **May 1**, 2008, and ending **Apr 30**, 2009

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 527K 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 returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **49,026.**

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

1 Contributions, gifts, grants, and similar amounts received	1 340.
2 Program service revenue including government fees and contracts	2 6,000.
3 Membership dues and assessments	3 0.
4 Investment income	4 0.
5a Gross amount from sale of assets other than inventory	5a 0.
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) (att sch)	5c 0.
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ 340. of contributions reported on line 1)	6a 42,000.
b Less direct expenses other than fundraising expenses	6b 35,485.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 6,515.
7a Gross sales of inventory, less returns and allowances	7a 0.
b Less cost of goods sold	7b 0.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0.
8 Other revenue (describe ► Refunds and Rebates)	8 686.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 13,541.
10 Grants and similar amounts paid (attach schedule)	See L-10 Stmt 10 4,000.
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	15 224.
16 Other expenses (describe ► See Other Expenses Statement)	16 3,996.
17 Total expenses (add lines 10 through 16)	17 8,220.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,321.
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 5,822.
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 11,143.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

25 See the instructions for Part II)	(A) Beginning of year	(B) End of year
26 MAY 24 2010	5,822.22	11,143.
27 Cash, savings, and investments	0.23	0.
28 Land and buildings	0.24	0.
29 Other assets (describe ► OCEN, UT)	5,822.25	11,143.
25 Total assets	0.26	0.
26 Total liabilities (describe ► OCEN, UT)	5,822.27	11,143.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		

< BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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

Expenses

What is the organization's primary exempt purpose? **To Provide Scholarships, Student Aid & Charity**

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

28. Scholarships were provided for two college students:

Scholarships were provided for two college students
Destiny Bratt \$3000.00 & Hope Henderson \$2000.00

(Grants \$ 4,000.) If this amount includes foreign grants, check here

28a 4,000.

29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

List of Officers, Directors, Trustees, and Key Employees. (List

Compens

(b) Title and average hours **(c) Compensation (If** **(d) Contributions to** **(e) Expense account**

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

(a) Name and address (b) Title and average hours per week devoted (c) Compensation (If not paid enter 0)

(a) Name and address	per week devoted to position	not paid, enter -0-.)	employee benefit plans and deferred compensation	and other allowances
James A. L. Myers	Chairman of Board	0.	0.	0.
6021 Trenholm Road				
Columbia	SC 29206			
James W. Johnson	President	0.	0.	0.
2920 Wakefield Court				
Hephzibah	GA 38015			
Shirley Lassiter	Vice Pres	0.	0.	0.
3000 Driftwood Drive				
Durham	NC 27707			
Roosevelt Huggins	1st Vice Pres	0.	0.	0.
1811 Kirk Avenue				
Killeen	TX 76543			
Bettye Spencer	2nd Vice Pres	0.	0.	0.
1916 Elizabeth Oaks Avenue				
Charlotte	NC 28216			
Arthur L. Parrott	Treasurer	0.	0.	0.
727 East 60th Street				
Chicago	IL 60637			
Carolyn Anderson-Thomas	Secretary	0.	0.	0.
188 Moss Road				
Springfield	MA 01119			
Damon P. Anderson	Asst Secy	0.	0.	0.
7725 So. Troy Avenue				
Chicago	IL 60637			

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		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

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

35a	X
35b	

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

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

► 37a 0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

36	X
37b	X

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?

38a	X
38b	

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

► 39a 0.

b Gross receipts, included on line 9, for public use of club facilities

► 39b 0.

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.

40a	
40b	X

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,' 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

► 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? If 'Yes,' complete Form 8886-T

► 40e 0.

41 List the states with which a copy of this return is filed ► Illinois

42a The books are in care of ► Arthur L. Parrott Telephone no ► (773) 744-6912
Located at ► 727 East 60th Street Box 1104 Chicago IL ZIP + 4 60637

	Yes	No
42b		X

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 ► _____

42c	X
42d	

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 0.

	Yes	No
44		X

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

45	X
46	

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

50 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'

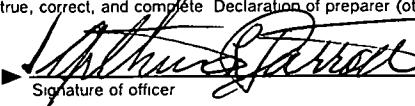
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000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

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 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

► 
Signature of officer

05/15/10

Date

► Arthur L. Parrott
Type or print name and title

Treasurer

Paid Preparer's Use Only

Preparer's signature

► 
Firm's name (or yours if self-employed), address, and ZIP + 4 ► JAMES H. BLACK AND ASSOCIATES, INC.
9201 SOUTH MICHIGAN AVENUE
CHICAGO

Date

05/15/10

Check if self-employed ►

Preparer's Identifying Number (SIN)
P-26616

EIN

36 3103744

Phone no.

► (773) 660-1277

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

BAA

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GEN. CONF. OF GR CHAPTERS HRAM AND GR COURTS H ofJ Foundation

Employer identification number

32-0084536

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 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 exempt 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)**. (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the organizations the organization supports

Total

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► **b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► **17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► **b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	0.	0.	0.	0.	0.	0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	0.	0.	8,582.	29,100.	42,000.	79,682.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0.	0.	0.	0.	0.	0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
6 Total. Add lines 1-5	0.	0.	8,582.	29,100.	42,000.	79,682.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						79,682.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0.	0.	8,582.	29,100.	42,000.	79,682.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12)						79,682.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
<u>PROGRAM SERVICE:</u> Scholarship Donations	6,000.
Total	<u>6,000.</u>

Supporting Statement of:

Form 990-EZ/Line 6, Amts on Line 1a

Description	Amount
<u>Individual Donations:</u>	
	20.
	20.
	40.
	10.
	20.
	20.
	20.
	25.
	20.
	20.
	20.
	25.
	20.
Total	<u>340.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
<u>Franchise Tax Filing Fees</u>	150.
<u>Office Supplies, Postage & Mailings</u>	74.
Total	<u>224.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Awards Banquet</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	42,000.			42,000.
	2 Less Charitable contributions	0.			0.
	3 Gross revenue (line 1 minus line 2)	42,000.			42,000.
DIRECT EXPENSES	4 Cash prizes	0.			0.
	5 Non-cash prizes	0.			0.
	6 Rent/facility costs	35,485.			35,485.
	7 Other direct expenses				
	8 Direct expense summary Add lines 4- through 7 in column (d)				35,485.
	9 Net income summary Combine lines 3 and 8 in column (d)				6,515.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes ____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain _____

YES NO

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain _____

10a

11 Does the organization operate gaming activities with nonmembers?

11

X

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12

X

13. Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	%	

14. Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address: ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If 'Yes,' enter name and address.

Name ► _____

Address: ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided: ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ _____

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Hotel Convention Expense 3,656.Other Convention Expense 340.

Total

3,996.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

Scholarships To College Students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarships</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Destiny Pratt</u>	<u>None</u>	
			<u>2,000.</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

Purpose of Payment

Scholarship to College Student

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

Supporting Statement of:

Sch. G, page 2/Event 1 Rent/Fac. Costs

Description	Amount
<u>COST OF MEALS FOR AWARDS BANQUET FOR SCHOLARSHIP FUND RAISING</u>	<u>35,485.</u>
Total	<u>35,485.</u>