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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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 980 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	ne 2009 calendar year, or tax year beginning and ending		
В	Check is applicat	Tole Please C Name of organization D E	mployer	identification number
7	Addre	S Use RS THE ANCIENT & FEFFDVFSCENT ODDED OF THE		
Ē	Name chang		20-8	611258
Ē	Initia	Number and street (or P.O. hox, if mail is not delivered to street address) Room/cuite F.	Telephone	
F	Term	IIII- Specific 515 DAVONTA CUREET	•	293-4292
F	lated Ame	nded lyons City or town state or country and 7IP + 4	Group Exe	
È	retur Applic pendi]	Number	
		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting		
	- 060	Schedule A (Form 990 or 990-EZ).		71001441
	Wehei	te: ►N/A H Check ►		the organization is not
				Tule B (Form 990, 990-EZ, or 990-PF)
	Check			
	OHOUN	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return		.0,000. AT 01111 330 LZ 01
_	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	• \$	26,525.
	art L			rt1)
12	1	Contributions, gifts, grants, and similar amounts received	1	26,525.
	2	Program service revenue including government fees and contracts	2	20,323.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	1 -			
	5a		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	ן ו	Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
۵	ا ا		5c	
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
e Ve	a	Gross revenue (not including \$ of contributions		
	١.	reported on line 1)		
2010	!	Less: direct expenses other than fundraising expenses	- 3 x -√	
70	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
2	Ь	Less: cost of goods sold		
Z	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
\exists	8	Other revenue (describe) 8	06 505
<u> </u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	26,525.
	10	Grants and similar amounts paid (attach schedule) STMT 1	10	26,525.
3	11	Benefits paid to or for members	11	
:05.	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors RECEIVED	13	
EXPENSE TON	14	Occupancy, rent, utilities, and maintenance	14	
_	15	Printing, publications, postage, and shipping Other expenses (describe	15	
	16	Chief expenses (deserbe)) 16	
_	17	Total expenses, Add lines to introduct to	17	26,525.
Ø	18	Excess or (deficit) for the year (Subtract line 17 from line 9) OGDEN, UT	18	0.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	1 1	
As	ĺ	(must agree with end-of-year figure reported on prior year's return)	19	0.
ě	20	Other changes 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	0.
Pa	<u>irt II</u>	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 9	990-EZ.	
		(See the instructions for Part II.) (A) Beginning of year	r	(B) End of year
22	Casl	h, savings, and investments	22	
23	Land	d and buildings	23	
24	Othe	er assets (describe)	24	
25	Tota	Il assets	0.25	0.
26	Tota	I liabilities (describe)	0.26	0.
_27		·	0.27	0.

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

THE ANCIENT & EFFERVESCENT ORDER OF THE

Form 990-EZ (2009) LITTLE YELLOW DOG			<u> 20-</u>	<u>-86112</u>	258 Page 2
Part'III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		_ E:	xpenses
What is the organization's primary exempt purpose? RAISE FUNDS FO	OR CHARITY			1 ' '	or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pu	rposes In a clear and cond	use manner, desci	nbe		 organizations and trusts, optional
the services provided, the number of persons benefited, and other releva				for others)	
28 AUCTION OFF A DOG TO THE PUBLIC TO	RAISE FUNDS F	FOR			
THE SIOUX CITY JOURNAL'S GOODFELLOW					
A 501(C)3 ORGANIZATION				1 1	
(Grants \$ 26,525.) If this amount includes foreign	grants check here	•	$\neg \neg$	28a	
29	granto, orioon note	·	لسط		
				1 1	
(Grants \$) If this amount includes foreign	grante chack hara			29a	
30	grants, check here			234	
					
					
(Grants \$) If this amount includes foreign	granto aback hara		_	30a	
	grants, check here		ليسار	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign	grants, check here		누	31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key I	Employees			32	0.
Part IV List of Officers, Directors, Trustees, and Key i	Imployees. List each one e	ven if not compensated	· · ·		
	(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		efrt plans &	account and
	position	-0-)	d	leferred	other allowances
	 	_	com	pensation	
RON PETERSON	CHAIRMAN				1
SIOUX CITY , IA 51101	1.00	0.	ļ	0.	0.
CHARLES WOLFE	V-CHAIRMAN			1	
SIOUX CITY, IA 51101	1.00	0.		0.	0.
DARLENE ERICKSON	TREASURER				
SIOUX CITY, IA 51101	1.00	0.		0.	0.
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932 172 92-08-10				Form \$	990-EZ (2009)

•Page 3

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 34. Were any changes made to the organization or governing documents? If "Yes," attach a conformed copy of the changes 35. If the organization had income from business activities, such as those reported on fines? So, and 7a famong planters), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 36. If the organization had income from business activities, such as these reported on fines? So, and 7a famong planters), but not reported on Form 990-T. 37. In the answer of the organization in the previous of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 38. If "Yes," has a filled a fax return on Farm 990-T for this year? 39. If "Yes," has a filled a fax return on Farm 990-T for this year? 39. If "Yes," has a filled a fax return on Farm 990-T for this year? 30. If the organization to forw flow, or make any board in the previous of the organization form of the previous of the organization for the previous of the organization for the previous of the organization for the previous of the previous of the organization for the previous of the organization for the previous of the organization for the previous of the previous of the organization for the previous of the previous of the organization for the previous of the previous of the organization for the previous of the organization for the previous of the previous of the organization for the previous of the organization for the previous of the organization for the organization for the previous of the organization for the organization for the previous of the organization for the organ	<u> </u>	art V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
34. Were any changes made to the organization or governing documents? If "Yes," attach a conformed copy of the changes 18 ff the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, tatch a statement explaining why the organization did not report the income on Form 990-1. 2 but the organization undergo a diquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 25 but "He's," has it field a fax return on Form 990-1 for the year? 35 but "He's," has the did a fax return on Form 990-1 for the year? 36 but the organization undergo a diquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 26 complete applicable parts of Sch. N. 37 a	22	Oid the organization engage in any activity not previously reported to the IRS2 if "Vec." attach a detailed description of each activity	23	163	
35 If the organization had income from business activities, such as those reported on fiver 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, Nas the filed a tax return on Form 990-T for this year? b If Yes, Year the filed a tax return on Form 990-T for this year? b If the organization and ergo a high district of the year? complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N did the organization for Form 1120-POL for the year? a bid the organization the Form 1120-POL for the year? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year and still outstanding at the end of the period covered by this return? b If Yes, Year the thin the inscitor of the firm of the year under section 4912 which we have a propagation of the year under section 4912 which we have a solid an excess benefit transaction with a disqualified person and properly and that the transaction during the year under section 4912 which year under the period of year year, and that the tr		·	_	-	
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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 Yes No 1 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 1 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	U		420		
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ls 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	77	·	,,	Ì	Y
completed instead of Form 990-EZ	AE		44		
	40		1 42		v

THE ANCIENT & EFFERVESCENT ORDER OF THE Form 990-EZ (2009) LITTLE YELLOW DOG .Page 4 20-8611258 Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 46. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No X office? If "Yes," complete Schedule C, Part I 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's 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." (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position other allowances deferred compensation NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 eclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, alters of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here

Form 990-EZ (2009)

No

Yes

Preparer's identifying number (See instr.)

Paid

Preparer's

Use Only

Preparer's signature

Firm's name (or yours

address and 7IP + 4

if self-employed).

ASSOC (

IA

4240 HICKORY LANE,

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

P.C.

51106

SUITE 100

Check if self-

employed 🛌 (

EIN >

no.

Phone >

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

THE ANCIENT & EFFERVESCENT ORDER OF THE

Employer identification number

Pa	rt I	Reason		rity Status (All organi	zations mu	ust comple	te this pai	rt.) See ins	structions		0-0011230_
				because it is: (For lines							
1			•	es, or association of chui	_		-		i).		
2	$\overline{\Box}$			70(b)(1)(A)(ii). (Attach So				- 1~11 1/11 1/11	.,-		
3	\Box						170(b)(1)(A)(iii).			
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 sta		,		-				,	,
5		• •		benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental un	nt describ	ed in
•		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 pu							public described in				
		-	(b)(1)(A)(vi). (Comple	•	• • •		-			•	•
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	X			ceives: (1) more than 33			from contr	ibutions, r	nembersh	ip fees, ai	nd gross receipts from
				nctions - subject to cert							
		income and	unrelated business t	taxable income (less sec	tion 511 ta	ax) from bu	ısinesses	acquired t	by the orga	anization :	after June 30, 1975.
		See section	509(a)(2). (Complet	e Part III)							
10		An organizat	ion organized and o	perated exclusively to te	est for publ	lic safety.	See sect io	on 509(a)(4).		
11		An organizat	on organized and o	perated exclusively for t	he benefit	of, to perf	orm the fu	nctions of	, or to can	ry out the	purposes of one or
		more publicly	y supported organiz	ations described in sect	ion 509(a)(1) or section	on 509(a)(2). See se	ction 509	(a)(3). Che	eck the box that
				organization and compl							1
		a Type			с 🔲 Тур					d L	Type III - Other
е		-	•	at the organization is not		-		-			•
			•	than one or more publicl	-	_				9(a)(1) or	section 509(a)(2)
f				tten determination from	the IRS th	at it is a Ty	/pe I, Type	II, or Typ	e III		ا ــــــا
		• • •	rganization, check to							_	<u> </u>
g		_		organization accepted ai			=				[]
		• •	•	directly controls, either a	ione or tog	ether with	persons o	described	ın (ii) and ((III) below,	
		-		upported organization?		•		-			11g(i)
				n described in (i) above?		•0					11g(ii)
_				person described in (i) o				٠			11g(iii)
h		Provide the f	ollowing information	about the supported or	ganization	(S)					
				(iii) Type of	that to the s		(a) Did		(vi) ls	e the	
(i) l		of supported	(ii) EIN	organization		organization sted in your		u notify the	Lorganizati	on in col. L	(vii) Amount of
	orga	nızatıon		(described on lines 1-9		document?		r support?	(i) organiz U.S	rea in the 5.7	support
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
							1.00	1		 	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990 EZ) 2009 ort II Support Schedule for	-		Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	· Page 2
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)	 			
Se	ction A. Public Support	_			,		
Cak	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009_	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1		\		
	include any "unusual grants ")						
2	Tax revenues levied for the organ-		}				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	,		, ,		·	
	by each person (other than a		ا ا ا		1 1	÷	
	governmental unit or publicly	45.72.6	· · · · · · · · · · · · · · · · · · ·	Frank Landing	1 19 10		
	supported organization) included	· 全国 经国际公司	图象数数1	Land Digital of	1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	on line 1 that exceeds 2% of the			[Adva \$164]		27.29 3 3 3 3 3 4 5	
	amount shown on line 11,	The state of the s		1. 大学学家	W. Calletter		
	column (f)	, , , , , , , , , , , , , , , , , , , ,	and the same	the first that I'm		3.75	
	Public support. Subtract line 5 from line 4	1、1946年1月1日	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	大震震 かい	38 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sec	tion B. Total Support				r		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	1		1	1	j	
	dividends, payments received on					j	
	securities loans, rents, royalties					Ì	
	and income from similar sources						
9	Net income from unrelated business				<u>'</u>	i i	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		<u>'</u>				
	assets (Explain in Part IV.)		at 5 v P6		<u> </u>		
11	Total support. Add lines 7 through 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 10 2 2 2 2 1	Killing the Control	G. J. Child	, "1) , m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stor			·			<u>▶</u>
	tion C. Computation of Publ						
	Public support percentage for 2009 (=	olumn (f)) .		14	%
	Public support percentage from 2008	•	•		i	15	%
16a	33 1/3% support test - 2009. If the o	•			4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		_			-	. ▶□
b	33 1/3% support test - 2008. If the o	-			line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	•					▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organi	zation
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization		
b	10% -facts-and-circumstances tes	t - 2008.If the orga	inization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization o	ualifies as a public	cly supported orga	nızatıon	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2009

THE ANCIENT & EFFERVESCENT ORDER OF THE

Schedule A (Form 990 or 990-EZ) 2009 LITTLE YELLOW DOG 20-8611258 Page 3 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 (b) 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008(e) 2009 (f) Total 1, Gifts, grants, contributions, and membership fees received. (Do not 37,900 include any "unusual grants") 20,405. 26.525. 84,830. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 37,900. 6 Total, Add lines 1 through 5 20,405. 26,525. 84,830. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 84.830. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 37,900. 20,405. 26,525 84,830. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 37,900. 20,405. 26,525. Total support (Add lines 9, 10c, 11, and 12) 830. 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, $\triangleright X$ check this box and stop here Section C. Computation of Public Support Percentage 100.00 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. 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 b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 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

Schedule A (Form 990 or 990-EZ) 2009

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ CASH GRANTS AND ALLOCATIONS		STATEMENT	1
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN'	r
JOURNAL GOODFELLOWS CHARITIES INC 515 PAVONIA STREET SIOUX CITY, IA 51101	NONE	26,5	25.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		26,52	 25.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STAT		PATE:	EMENT 2		
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO	
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. []	YES	[X]	NO	