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DLN: 93492141011000

OMB No 1545-1150

2009

# 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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 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 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

			ear, or	tax year beginning 01-01-2009	, and ending	12-31-20	09			
_		applicable PI	lease	C Name of organization KNIGHTS OF PYTHIAS - CUMBERLAND LOD				D Emplo	yer iden	ntification number
		change us	se IRS ibel or					23-75		
	ame ch ntial ret	pr	rint or	Number and street (or P O box, if mail is not of 210 EAST RUSSELL STREET	lelivered to stree	t address)	Room/suite	<b>E</b> Telepho	ne numb	per
	eminat	L L Y	/pe. ee							
		d roturn Sp	pecific struc-	City or town, state or country, and ZIP + 4				<b>F</b> Group I		n
$\Gamma_{A}$	pplicatio		ons.	FAYETTEVILLE, NC 28301				Numbe	r 🏴	۲
• Se	ction			ns and 4947(a)(1) nonexempt charitab mpleted Schedule A (Form 990 or 990-Ea			counting me her (specify		Cash	Accrual
T 14/	sheit o	. <b>►</b> WA				н	heck 🕨 🔽	ıf the c	rganıza	ition
J Ta	x-Exer	mpt status (check		e)— 501(c) (8) <b>4</b> (insert no ) 4947(a)	. ,	9		orm 990	990-	EZ, or 990-PF)
				s not a section 509(a)(3) supporting orga n 990 return is not required, but if the org						
				etermine gross receipts, if \$500,000 or more, file F				<u>►</u> \$	o me u	77,573
Pā	rt I	Revenue, I	Exper	ses, and Changes in Net Assets	or Fund Ba	alance	<b>S</b> (See the in	structio	ns for P	art I )
	1	Contributions,	gıfts, g	rants, and similar amounts received .					1	2,624
	2	Program servic	e revei	nue including government fees and contra	cts				2	889
	3	Membership du	ies and	assessments					3	3,556
	4	Investment inc	ome					.	4	70,007
	5a	Gross amount f	from sa	le of assets other than inventory		5a				
<u>o</u>	ь	Less costoro	ther ba	sis and sales expenses		5b				
1	c			e of assets other than inventory (Subtrac	t line 5b from	line 5a)			5c	
Revenue	6	, ,		tivities (complete applicable parts of Sch		•	nt is from <b>ga</b> i	<u> </u>		
	а	Gross revenue	(not in	cluding \$ of contributions						
	"	reported on line			_	6a				
	ь	•		other than fundraising expenses .	•	6b				
	-		•	rom special events and activities (Subtra	· · ·				.	
	c				ct fille ob from	1	, I	·  -	6c	
	7a			ory, less returns and allowances		7a				
	b	Less cost of g				7b				
	C			rom sales of inventory (Subtract line 7 b fi ক্ৰ	rom line /a)				7c	
	8	O ther revenue						<u> </u>	8	497
	9			es 1, 2, 3, 4, 5c, 6c, 7c, and 8			•		9	77,573
	10	Grants and sım	ıılar am	ounts paid (attach schedule) 🕏 🛚				<u> </u>	10	4,612
	11	Benefits paid to	o or for	members				<u> </u>	11	
	12	Salaries, other	compe	nsation, and employee benefits				· [_:	12	2,235
φ φ	13	Professional fe	es and	other payments to independent contracto	rs			· [_:	13	1,450
Expenses	14	Occupancy, rer	nt, utılı	ties, and maintenance				- L:	14	
<del>С</del>	15	Printing, public	ations,	postage, and shipping				[:	15	
	16	Other expenses	s (desc	ribe 🏲 🚟				[:	16	68,851
	17			nes 10 through 16				<b>▶</b>	17	77,148
<u></u>	18	Excess or (defi	cıt) for	the year (Subtract line 17 from line 9)					18	425
Net.Assets	19	•		ances at beginning of year (from line 27,	column (A )) (r	nust agr	ee with			
a S				orted on prior year's return)				.	19	262,234
Š	20			assets or fund balances (attach explanati	on) 📆			-	20	13,480
	21			ances at end of year Combine lines 18 th			<b>.</b>		21	276,139
Рa	7.1 11.111			—If Total assets on line 25, column (B) ar		or more	file Form 9			
	A # T T	Daidilee Sil		2 otal assets on fine 25, column (b) al	- 41,250,000	11101				<u> </u>
			(See th	e instructions for Part II )	Γ	<b>(A)</b> Beg	ınnıng of yea	r	( <b>B</b> ) E	nd of year
22	Cash	, savings, and in	vestme	nts	$\lceil$		194,4	54 <b>22</b>		221,842
23	Land	and buildings			[			23		
24	Other	r assets (describ	oe ► 💯				67,7	'80 <b>24</b>		54,297
		assets					262,2	234 <b>25</b>		276,139
26	Total	liabilities (descr	rıbe 🟲					26		
27	Net a	ssets or fund ba	lances	(line 27 of column (B) <b>must</b> agree with line	e 21) .		262,2	234 <b>27</b>		276,139

Part III Statement of Program		nents (See the instruction	s for Part III )		Expenses	
What is the organization's primary exempt	(Required for section 501 (c)(3) and 501(c)(4)					
TO PROVIDE INCOME ASSISTANCE TO		anizations and section				
Describe what was achieved in carrying ou describe the services provided, the number				494	7 (a)(1) trusts,	
program title				optı	onal for others)	
28 TO PROVIDE INCOME ASSISTANCE (Grants \$ 3,350) If th	28a	10,976				
29						
(Grants \$ ) If th	ıs amount ıncludes foreıgn (	grants, check here .	▶┌	29a		
30						
	ıs amount ıncludes foreıgn (	grants, check here .	▶┌	30a		
	ıs amount ıncludes foreıgn (		▶┌	31a		
32 Total program service expenses (add lir		<u> </u>	▶	32	10,976	
Part IV List of Officers, Directors, Tru					·	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ans &	(e) Expense account and other allowances	
WILLIAM SPADE 586 LONGWOOD DRIVE FAYETTEVILLE, NC 28314	TREASURER 0	1,050				
DAVID SIEVERS 306 OAKRIDGE AVE FAYETTEVILLE, NC 28305	SECRETARY 0	825				
MARVIN SMITH 2210 E RUSSELL STREET FAYETTEVILLE, NC 28301	FINANCIAL SE O	360				

Pa	Part V Other Information (Note the statement requirements in the instructions for Part V.)						
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Νο			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T						
а	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?	35a		Νο			
ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νo			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a						
Ь	Did the organization file Form 1120-POL for this year?	37b		Νo			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were						
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo			
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	]					
39	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on line 9	_					
Ь		-					
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь					
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 501(c)(3) and 501(c)(4) organizations 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	40e		Νo			
41	List the states with which a copy of this return is filed 🕨						
42a	210 EAST RUSSELL STREET			0653			
		28	301				
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	42b	Yes	<b>No</b> No			
	account)?  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 ?	42c		Νο			
	If "Yes," enter the name of the foreign country 🕨						
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	• •	<b>▶</b> Г			
		[	Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of						
	Form 990-EZ.	44		Νο			
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		Νο			
			_ = ==				

Part V	Section 501(c)(3) orga All section 501(c)(3) orga 46-49b and complete the	nizations and section	4947(a)(1) nonexe	-			-	stions		
<b>46</b> Dıd	the organization engage in direct	or indirect political camp	paign activities on beh	alf of or in opp	osition to		Yes	No		
candidates for public office? If "Yes," complete Schedule C, Part I										
<b>47</b> Did	47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
<b>48</b> Is t	48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
<b>49a</b> Dıd	49a									
<b>b</b> If"	49b									
	mplete this table for the organizati ployees) who each received more									
. ,	ne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n employee	tributions to benefit plans & compensation	a	e) Expe count er allowa	and		
50(f) To	otal number of other employees pa	nd over \$100,000 .								
of c	mplete this table for the organizati compensation from the organizatio Name and address of each indepe	n If there is none, enter	"None"		each received n		an \$10 Compen			
<b>51(d)</b> To	otal number of other independent o		<u> </u>							
Please Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and come   ******  Signature of officer  BILL SPADE TREASURER  Type or print name and title				on of which prepare					
Paid	Preparer's signature		010-05-20	Check if self- empolyed •	Preparer's identifications (See instructions)		nber			
Preparer' Use Only	ly if self-employed), address, and ZIP + 4 216 MASON ST									
May the I	FAYETTEVII  RS discuss this return with the pro-	LE, NC 28301	e instructions		Phone no	Гү	<u>е</u> , Г	- No		

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DLN: 93492141011000

OMB No 1545-0172

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instruction	s. 🕨 Attach	to your tax retur	n.		Sequence No <b>67</b>
Name(s) shown on return		Business or a	ctivity to which	this form relates	Iden	t if y ing	g number
KNIGHTS OF PYTHIAS -	CUMBERLAND	LOD			23-7	75509	77
	•	Certain Property Un			•	3303	, ,
		sted property, comple			ete Part I.		
1 Maximum amount See						1	250,000
2 Total cost of section 1		·	·			2	
<b>3</b> Threshold cost of sect			•	uctions) .		3	800,000
4 Reduction in limitation						4	
<b>5</b> Dollar limitation for tax	•	line 4 from line 1 If zero	or less, enter -	0- If married filir	ng	_	
separately, see instruc	tions					5	
(a) [	Description of pr	onerty	(b) Cost	(business use	(c) Elected		
6 (a) l				only)	(c) Elected	COST	
6							-
71	11			<u>_</u>		1	
7 Listed property Enter				. [7]			
8 Total elected cost of s		•	ımn (c), iines 6	and /		8	
9 Tentative deduction E						9	
10 Carryover of disallowed		·		oo instructions)		10	
11 Business income limitation						11	
12 Section 179 expense of				_		12	
13 Carryover of disallowed				. 13			
Note: Do not use Part  Part  Special De		oelow for listea proper Allowance and Othe			sluda listad n	roporty	/ \ (Coo.instructions \
14 Special depreciation al	-					Горегсу	(See instructions)
tax year (see instruction		mica property (other than	mateu property	) placed in Service	ce during the	14	
15 Property subject to see	ction 168(f)(1) e	election				15	
16 Other depreciation (inc	luding ACRS)					16	
Part III MACRS De	preciation (I	<b>Do not</b> include listed p	property. <b>)</b> (Se	ee instructions.	)		
			ction A				
17 MACRS deductions for	-	•	_			17	13,481
<b>18</b> If you are electing t	- · ·	•	_	•			
general asset accou					▶□	<u> </u>	
Section B-Ass	ets Piaced in	Service During 200	os iax Year	Using the Ge	nerai Dep	recia	tion System
(a) Classification of	(b) Month and	depreciation	(d) December.				(m)D a n reactation
(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Convention	(f) Metho	od	<b>(g)</b> Depreciation deduction
, , ,	service	use only—see instructions)	•				
<b>19a</b> 3-year property		omy see matractions,					
<b>b</b> 5-year property							
<b>c</b> 7 - year property							
<b>d</b> 10-year property							
e 15-year property							
f 20-year property			2.5		C //		
g 25-year property			25 yrs 27 5 yrs	MM	S/L S/L		
<b>h</b> Residential rental property			27 5 yrs	MM	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property			·	ММ	S/L		
Sect io	n C—Assets Plac	ced in Service During 200	9 Tax Year Usin	g the Alternative	Depreciation	Syste	em
<b>20a</b> Class life					S/L		
<b>b</b> 12-year			12 yrs		S/L		
c 40-year	 	tions	40 yrs	MM	S/L		
	y (see instruc					7.	
21 Listed property Enter			nnd 20 m ==!	nn (a) and ! 2:	1 Entart	21	
<b>22 Total.</b> Add amounts fro and on the appropriate		urn Partnerships and So			· · ·	22	13,481
23 For assets shown abov portion of the basis att	•	service during the curren tion 263A costs		e 23			

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete <b>only</b>	24a, 24b, colui	mns (a	) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Deprec																
<b>24a</b> Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ <sub>No</sub>			<b>24b</b> If	"Yes," ı	s the ev	/ idence	written?		sГNo	)
										1						
(a) Type of property (list Distorbicles first)	( <b>b)</b> Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		<b>(g)</b> Method/ conventio		<b>(h</b> Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (	during the	tax year	and u	sed mo	re tha	in 25						
<b>26</b> Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ssuse													
		%							S/L	-						
		%							S/L					]		
20 0 dd		%	7 5-4			21			S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
<b>30</b> Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	<b>V</b> ehı	-	V e hı	f) cle 6
<b>31</b> Total commuting m	ıles drıven	during the year	.  -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			·  _													
<b>34</b> Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
<b>35</b> Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
<b>36</b> Is another vehicle a	avaılable f	or personal use?														
<b>Section</b> Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
<b>37</b> Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
<b>38</b> Do you maintain a vemployees? See the																
<b>39</b> Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
<b>41</b> Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
<b>42</b> A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
<b>43</b> A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

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# **TY 2009 Compensation Explanation**

Name: KNIGHTS OF PYTHIAS - CUMBERLAND LOD

Person Name	Explanation
WILLIAM SPADE	
DAVID SIEVERS	
MARV IN SMITH	

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-		

#### **TY 2009 Grants and Similar Amounts Paid Schedule**

Name: KNIGHTS OF PYTHIAS - CUMBERLAND LOD

Item No.	1
Class of Activity	
Donee's Name	GRAND LODGE
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

#### **TY 2009 Other Assets Schedule**

Name: KNIGHTS OF PYTHIAS - CUMBERLAND LOD

Description	Beginning of Year Amount	End of Year Amount
BUILDINGS AND EQUIPMENT	357,209	357,209
LESS ACCUMULATED DEPRECIATION		303,147
ACCUMULATED DEPRECIATION		
LESS ACCUMULATED DEPRECIATION	289,667	
DEPOSITS	238	235
	67,780	54,297



### **TY 2009 Other Changes in Net Assets Schedule**

Name: KNIGHTS OF PYTHIAS - CUMBERLAND LOD

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	13,480

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# **TY 2009 Other Expenses Schedule**

Name: KNIGHTS OF PYTHIAS - CUMBERLAND LOD

Description	Amount
FROM CSA IMPORT	
SPECIAL EVENTS DIRECT EXP	1,560
OFFICES	
PROPERTY MANAGEMENT FEES	3,135
INSURANCE	1,451
REPAIRS	10,321
PROPERTY TAX	5,408
UTILITIES	13,140
NON-INVESTMENT DEPRECIATION	13,481
BANK CHARGES	122
INVESTMENT DEPRECIATION	13,480
EXPENSES	
SUPPLIES	1,182
POSTAGE AND SHIPPING	562
PRINTING AND PUBLICATIONS	205
TELEPHONE - PROGRAM SERVI	527
AWARDS	999
FOOD AND MEETINGS	3,278



#### **TY 2009 Other Revenues Schedule**

Name: KNIGHTS OF PYTHIAS - CUMBERLAND LOD

Description	Amount
50/50	497