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Form **990-EZ**

Change of Accounting Period

f Accounting Period Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury Internal Revenue Service

CONNED MAY 1 9 2010

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

OMB No 1545-1150

Α	For ti	he 2009 cal	lendar	year, or tax year beginning $5/01$, 2009, and ending $12/31$, 2009
<u>B</u>	Check	if applicable		C	D Emp	loyer	identification number
	Addres	s change	Please use IRS	GENTLEMENS A & A CLUB INC	72	2-14	118518
	Name	channe	label or	P. O. BOX 651	_		number
	Initial r		print or type.	ALEXANDRIA, LA 71309		•	
	Termin		See Specific	,,,	44	15-1	7117
	Amend	led return	Instruc- tions.		F Gro	up E	xemption
П	Applica	ation pending	uons.		Nur	mber_	<u> </u>
		Section 5	01/cY3	organizations and 4947(a)(1) nonexempt charitable trusts G Accounting	methor	d: X	Cash Accrual
		mı	ust atta	ch a completed Schedule À (Form 990 or 990-EZ). Other (spec	ıfy) ►		
				H Check ► X	[] if ti	ne or	ganization is not
ı	Webs	site: > N	/A	required to	attach	Sche	dule B (Form 990,
.1	Тах-е	xempt status	Ccheck o	$\frac{1}{1}$ $\frac{1}$	}90-PF)	
ĸ	Chec			anization is not a section 509(a)(3) supporting organization and its gross receipts a	re norr	nallv	not more than
				or Form 990 return is not required, but if the organization chooses to file a return, be sure			
	Add I	lines 5h 6h	and 7	b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990			
-		ad of Form				▶\$	25,675.
Pa	rt I	Reve	nue. I	expenses, and Changes in Net Assets or Fund Balances (See the	nstru	ctio	ns for Part I.)
	1			ts, grants, and similar amounts received		1	25,675.
	2		_	revenue including government fees and contracts		2	
	3	•		s and assessments		3	
	4	Investmen	•		F	4	·····
	-			\mathbf{I}_{-}	-	-	
	l			om sale of assets other than inventory 5a	-	ł	
_				er basis and sales expenses			
E	l -	-	•	alle of assets other than inventory (Subtract In 5b from In 5a)	\neg \vdash	5c	
Ě	l	•		tivities (complete applicable parts of Schedule G). If any amount is from gaming, check here	\sqcup		
RE>E2UE	a	Gross reve	enue (n	ot including \$ of contributions			
Ĕ		reported o	on line	. 6a			
	b	Less: dire	ct expe	nses other than fundraising expenses 6b			
	c	Net income of	or (loss) f	from special events and activities (Subtract line 6b from line 6a)		6c	
	7 a	Gross sale	es of in	ventory, less returns and allowances 7a	Γ	\Box	
	ı	Less: cost					
	l		_	oss) from sales of inventory (Subtract line 7b from line 7a)		7с	
	ł	Other revenu	•	,	\	8	
			•		╌╴		25 675
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	25,675.
	10			ar amounts paid (attach schedule) See Statement 1		10	22,425.
Ε	11			or for members	—	11	
X	12	Salaries, o	other co	ompensation, and employee benefits.	_ <u>_</u>	12	
EXPENSE	13	Profession	nal fees	ompensation, and employee benefits. and other payments to independent contractors utilities, and maintenance LECEIVED		13	600.
S	14	Occupanc	y, rent,	utilities, and maintenance	_	14	
E	15			ions, postage, and shipping		15	301.
-	16	Other expens	es (desci	Add lines 10 through 16) [16	512.
	17	Total expe	enses.		. ►	17	23,838.
	18	Excess or	(defici	f) for the year (Subtract line 17 from line 9)		18	1,837.
A	19	Not accets	s or fun	d balances at beginning of year (from held Column (A)) (Trust agree with end-of	.vear		
N S E E	"	figure repo	orted o	n prior year's return)	yeu.	19	-4,107.
	20			net assets or fund balances (attach explanation)		20	
S	21		-	d balances at end of year Combine lines 18 through 20 .	▶	21	-2,270.
Pa	rt II			heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990) instea	ad of	
				(See the instructions for Part II) (A) Beginning			(B) End of year
22	Cas	sh, savinos	and in	· · · · · · · · · · · · · · · · · · ·	393.		2,730.
23		nd and build				23	
24		ner assets (-	pe ►)		24	
25		tal assets			393.	25	2,730.
26			s (desc		500.	26	5,000.
27					107.	27	-2,270.
_	_			Paperwork Reduction Act Notice, see separate instructions.			Form 990-EZ (2009)

Form 990-E	Z (2009) GENTLEMENS A & Z	A CLUB INC		72	-141	.8518 Page 2
Part III	Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)	_	Expenses
What is the org	ganization's primary exempt purpose? See	Statement 4			501 <i>6</i>	uired for section c)(3) and (4)
Describe wil	hat was achieved in carrying out the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orgai	nizations and section (a)(1) trusts, optional
program titl	e services provided, the number of le	persons benefited, or other	relevant information for	eacn	for of	(a)(1) trusts, optional thers)
	PLY EQUIPMENT AND PLAY	TNG FIELD UPKEEP F	OR YOUTH SPORT	S:		
	DREDS OF YOUTH ARE ABL					
	NG ON A TEAM INVOLVED					
					28 a	
(Gran	(5.5)	is amount includes foreign gi	ants, check here		20 a	
29						
						
(Gran	ts\$) If th	is amount includes foreign gi	rants, check here	P	29 a	
30						
			. 			
(Gran	ts\$) If th	is amount includes foreign gi	rants, check here	<u> </u>	30 a	
	program services (attach schedule	2)				
(Gran		is amount includes foreign gi	rants, check here	-	31 a	
	program service expenses (add lin				32	
Part IV	List of Officers, Directors,	Trustees, and Key Em	ployees. List each or	ne even if not com	pens	ated (See the instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	deferred compensa		and other allowances
POREDT	LEAVINES	President	0.	uoion ou onniponou	0.	0.
P.O. BO		rrestaene	0.		٠.	0.
		U				
	ORIA, LA 71309	Company / Marco			_	0.
JAMIE C		Secretary/Treas	0.		0.	0.
	NNEYSON_OAKS	U				
-	ORIA, LA 71301					
JIM VII		Board Member	0.		0.	0.
746 WLW	YN WAY	0				
ALEXANI	DRIA, LA 71303					
JEFF SE	EILER	Board Member	0.		0.	0.
5112 BI	UEBIRD	0				
	RIA, LA 71303					
	ALLEN JR.	Board Member	0.		0.	0.
	TY PARK AVE.	0				·
	RIA, LA 71301	· ·				
ROBERT		Board Member	0.		0.	0.
	-	DOBIG Member	0.		٥.	· ·
	VAHO TRAIL	0				
ALEXAND	DRIA, LA 71301					
	-					
					!	
		_	L	<u></u>		
			· -			
						
						
			<u> </u>	l		
BAA		TEEA0812L (01/30/10			Form 990-EZ (2009)

Form	1 990-EZ,(2009) GENTLEMENS A & A CLUB INC 72-141851	8	Р	age 3
Par	t V Other Information (Note the statement requirements in the instrs for Part V.)			
			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	33		X
34	Were any changes made to the organizing or governing documents? 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, 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?	35 a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	-	
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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
t	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	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 outstanding at the end of the period covered by this return?	38 a		Х
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities N/A	4		
	o Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	4		
400	section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.			
t	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	40 ь		x
c	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			
	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	40 e		Х
41	List the states with which a copy of this return is filed ► None			
	The organization's books are in care of ROBERT LEAVINES Located at P. O. BOX 651, ALEXANDRIA, LA ZIP + 4 71309 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	42 b	Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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:	42 c		X
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 .			N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	
	of Form 990-EZ	44_		<u>X</u>
45 RAA	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

Form 990-EZ (2009)	GENTLEMENS	Α	æ	Α	CLUB	TNC

72-1418518 Page 4

Part VI	501(c)(3)	01(c)(3) organizations organizations and second complete the tables	ction 4947(a)(1) noi	nexempt charita	pt charitable trusts onlible trusts must answer	questions
		<u></u>	<u> </u>			tatement 5
46 Did t	the organization	i engage in direct or indire Yes,' complete Schedule (ct political campaign ac	tivities on behalf of	or in opposition to candidate	es Yes No
•		engage in lobbying activit		Schedule C. Part II		47 X
	-	a school as described in se	•	•	chedule F	48 X
	-	make any transfers to an		•		49a X
	-	ated organization a section	•	Total or gar nacho.	•	49b
50 Com	plete this table	for the organization's five	highest compensated e	mployees (other the from the organization	an officers, directors, trustee on. If there is none, enter 'N	s and key
) Name and address	of each employee paid \$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						
f Tota	I number of oth	er employees paid over \$1	00,000			
51 Com	plete this table pensation from	for the organization's five the organization. If there is	highest compensated in s none, enter 'None.'	ndependent contract	tors who each received more	e than \$100,000 of
None.	(a) Name and	address of each independent contri	actor paid more than \$100,000		(b) Type of service	(c) Compensation
None_						
						
		••			-	
		- -				
d Tota	I number of other	er independent contractors	each receiving over \$1	00,000	>	
	Under penalties of true, correct, and	perjury, I declare that I have exam complete. Declaration of preparer (o	ined this return, including accor other than officer) is based on a	npanying schedules and s Il information of which pre	tatements, and to the best of my know parer has any knowledge	rledge and belief, it is
Sign	Y	1	<u>. </u>		X 4/14/10	
Here	Signature of o				Date /	
	► ROBERT Type or print i	LEAVINES			President	
Paid Pre-	Preparer's signature	STEPHEN ANDERSON			Check if self- employed ► N/	parer's Identifying Number e instructions) A
parer's	Firm's name (or	KOLDER CHAMPAGNE	E SLAVEN & COMP	ANY		_
Use	yours if self- employed), address, and	621 Main Street		·		I/A
Only	ZIP + 4	Pineville, LA 71			Phone no ► (318	
May the IF	RS discuss this i	return with the preparer sh	own above? See instruc	ctions	·	►X Yes No

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

GENTLEMENS A & A C	LUB INC						72-14	18518	<u> </u>		
Part I Reason for Pul	olic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ir	nstructi	ons		
The organization is not a priv	ate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box)					
1 A church, convention	on of churches or asse	ociation of churches des	cribed in	section	170(b)	(i)(A)(i)					
2 A school described	ın section 170(b)(1)(/	A)(ii). (Attach Schedule I	E)								
3 A hospital or coope	rative hospital service	e organization described	ın secti	on 170(l	χ1χΑχ	iii).					
4 A medical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(Ь)(1)(А	V(iii) En	iter the ho	spital's	
name, city, and sta		- -					<u>-</u> ,			,	
<u>└</u> 170(b)(1)(A)(iv). (C	omplete Part II)	of a college or university			_		rnmental	unit des	scribed in s	section	
		governmental unit descri							باطنيم امتما	- do	
in section 170(b)(1)	(A)(vi). (Complete Pa	•	•	_	verrine	illai uili	t or mon	i tile ger	ierai public	, uescrib	ieu
		170(b)(1)(A)(vi). (Comple		-							
from activities related investment income	d to its exempt function	more than 33-1/3 % of its is – subject to certain exce ss taxable income (less omplete Part III)	eptions, a	and (2) n	o more t	than 33-	1/3 % of	its suppo	ort from gro	SS	er
10 An organization org	janized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).				
more publicly suppl	orted organizations d	exclusively for the bene lescribed in section 509(cation and complete lines	a)(1) or	section	509(a)(2	ctions (2). See	of, or car section	rry out th 509(a)(3)	ne purpose). Check t	s of one he box t	or hat
a 🗍 Type I	b Type II	c 🗌 Type II	I — Fund	tionally	ıntegrat	ted		d 🔲	Type III-	Other	
e By checking this bo than foundation ma 509(a)(2)	x, I certify that the or inagers and other tha	ganization is not controll n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns other ection	r
f If the organization in check this box	received a written det	ermination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting c	organizatio	n,	
g Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
										Yes	No
(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)	\vdash	
(iii) a 35% control	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h Provide the following	ng information about t	he supported organization	ons.								
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your ment?	(v) Did y the organ col i your si	nzation in	(vi) I: organizati (i) organiz U S	on in col	(vii) Amour	it of Suppo	rt
			Yes	No	Yes	No	Yes	No			
			 								
			1						•		—
											
Total											

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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 96,699 50,841 112,328 61,685 321,553. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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 0. the public without charge. 112,328 96,699 61,685 50,841 0 321,553. Total. Add lines 1-through 3 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 0. shown on line 11, column (f) Public support. Subtract line 5 321,553. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🖻 7 Amounts from line 4 112,328 0 321,553. 96,699 61,685 50,841 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 0. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV.) 11 Total support. Add lines 7 321,553. through 10 Gross receipts from related activities, etc. (see instructions) 12 0. 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) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test – 2009. 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 - 2008. 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 - 2009 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 - 2008. 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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 Schedule A (Form 990 or 990-EZ) 2009 BAA

Schedule A (Form 990 or 990-EZ) 2009 GENTLEMENS A & A CLUB INC 72-1418518 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 Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12.) 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 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 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 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (Form 990 or 99	0-EZ) 2009	GENTLEMENS	A & A	CLUB	INC		72-1418518	Page 4
Part IV	Supplementa	l Informati	on. Complete	this par	t to pro	ovide	the explanations re	72-1418518 equired by Part II, lind ormation. See instruc	e 10:
-	Part II, line 1	7a or 17b;	and Part III, III	ne 12. F	Provide	any	other additional inf	ormation. See instruc	tions.
			-						
			·						
			·						
-									
-									
									
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							- -		

TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Cash Amount Given: Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Interest Office Expenses Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities	\$ Total \$	72-14185 1 22,425 487. 25. 512.
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Cash Amount Given: Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Interest Office Expenses Statement 3	\$	487. 25.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Interest Office Expenses Statement 3	\$	487. 25.
Form 990-EZ, Part I, Line 16 Other Expenses Interest Office Expenses Statement 3	•	25.
Office Expenses Statement 3	•	25.
Secured Mortgages and Notes Payable Total	\$ 6,500. \$ \$ 6,500.	5,000. 5,000.
Statement 4 Form 990-EZ, Part III Organization's Primary Exempt Purpose		
ASSIST YOUTH IN BECOMING PRODUCTIVE MEMBERS OF SOCIETY.		
Statement 5 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any fund indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, di indirectly, on a personal benefit contract?	_	No No