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Form , 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

OMB No 1545-0047 2009

Open to Public Inspection

lung benefit trust or private foundation)

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

Α	For the	2009 calendar year, or tax year beginning Apr 01, 2009, ar	ıd endir	g	Mar 3	31,2010
В	Check if	Please C Name of organization, number and street, city, town, state, and ZIP co	ode D	Employer i	dentification	number
\Box	applicable Address ch	use IRS ange label or		63.	-032148	₹1
Н	Name chan	print of Deviction Control of Device	F	Telephone		
Н		type DIKG TODGD 100	-	•		0.00
Н	Initial return		-		6-236-9	7 8 8 7
Ц	Terminated	linstruc-		Gross receipts	<u> </u>	
Ш	Amended re	tions ANNISTON AL 36202-0817	^	(a) Is this	a group retur	
	Application pending	F Name and address of principal officer ED BENTON		for affil	iates?	Yes X No
		PO BOX 817 ANNISTON AL 36202-08	17 H		filiates included?	
T	Tax-exen	npt status X 501(c)(8) ◀ (insert no) 4947(a)(1) or 527		If "No", at (see instr	ttach a list ructions)	☐ Yes ☐ No
J	Website:		н	•	emption number	▶ 1156
K	Form of orga	inization X Corporation Trust Association Other L Year	of formation	3.0.5.1	M State of le	
	art I	Summary	Or tollinate		1 0.0.0 0. 10	gai dominio 1123
			_			
		riefly describe the organization's mission or most significant activities	TNIC	DDDC		
Ф	· -	ERVE AS THE FUNDING AGENCY FOR COUNTY SPELL				
Activities & Governance	<u> </u>	ROVIDE DICTIONARIES TO ELEMENTARY SCHOOL CH				
L I		RUG AWARENESS TO OLDER CHILDREN AND ADULTS/	AWA	ARD SCI	HOLARSI	HIPS
Š	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of more	e than 2	5% of its ne	t assets	
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)			. 3	291
•ජ ග	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	
ţį	4	otal number of employees (Part V, line 2a)			5	7
ξ		otal number of volunteers (estimate if necessary)			6	15
Ac	1	otal gross unrelated business revenue from Part VIII, column (C), line 12	• •	•	7a	
	1	et unrelated business taxable income from Form 990-T, line 34			7b	
	+ 5 14	et unielated business taxable income from Form 990-1, life 34	T	Prior Year		urrent Year
			<u> </u>			
ē		ontributions and grants (Part VIII, line 1h)		5279	94.	24766.
Revenue	l l	rogram service revenue (Part VIII, line 2g)	L			
ě	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		-721		3562.
u.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19409	92.	178935.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1747	09.	207263.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)				
	14 B	enefits paid to or for members (Part IX, column (A), line 4)				
10	15 S	enefits paid to or for members (Part IX, column (A) fire #) alaries, other compensation employee benefits (Part IX, column (A), lines 5-10)		7610	00.	73018.
Expenses		rofessional fundraising fees Part IX, column (A), line 11e)				
ĕ	b T	otal fundraising expenses, (Fax x, chilling fb) 2 in the control of the control o	1		ı	
EX	17 0	the corporate (Port IX column) has 11a 11d 11f 240	г——	1929	101	124380.
_		ther expenses (Part IX, column A), lines 11a-11d, 11f-24f)	<u> </u>	2690		
	10 10	otal expenses - Add lines 13 17 (mest equal Part IX, column (A) line 25)	<u> </u>			197398.
_	19 R	evenue less expenses Subtract line 8 from 12 12	ļ	-9430		9865.
5 6			Begi	nning of Ye		nd of Year
sets	20 T	otal assets (Part X, line 16)		<u> 37585</u>		382165.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	<u></u>	2220		18647.
2 2	22 N	et assets or fund balances Subtract line 21 from line 20	1	35365	53.	363518.
P	art II	Signature Block				
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme	ents, 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 w	hich prepa	rer has anv kno	wledge	
Sig	an	Edward Denton		106	5/15/20	110
He	-	Signature of officer				
	0	· · · •	חווד ה	Da ^r	le	
			RULE	K		
_		Type or print name and title			-	
Pai	id	Preparer's Date	Checl self-			
	parer's	signature	emplo	yed ► X		
	e Only	Furms name (or yours of self-employed),		EIN D		37800
_		address, and ZIP+4 307 SOUTH ANNISTON AL 36201		Phone no	256-2	38-5178
Ma	y the IRS	discuss this return with the preparer shown above? (See instructions)			[7]	Yes No
_		Act and Paperwork Reduction Act Notice, see the separate instructions.			F	orm 990 (2009)

			TECTIVE ORDER OF	63-0321481	Page 2
Par		ment of Program Service	Accomplishments		
. 1		be the organization's mission.	OUD ODCANTGAMION AN	D COMMUNITARY IN CARRIAGE	
		TERNALLY PROMOTE TY AND PATRIOTIS		D COMMUNITY IN SERVICE,	
	FIDEDI	II AND FAIRIOITS			
				-	
2	Did the orga	nization undertake any significar	t program services during the year which	were not listed on	
	the prior For	m 990 or 990-EZ? .		Yes 🔀	No
		cribe these new services on Sch		П., Б	a
3	-	nization cease conducting, or ma cribe these changes on Schedul	ike significant changes in how it conducts e O	any program services? Yes	No
4	Describe the	exempt purpose achievements	for each of the organization's three larges	t program services by expenses	
		•	s and section 4947(a)(1) trusts are require		
	allocations to	o others, the total expenses, and	revenue, if any, for each program service	reported	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$	
					
		_ .			
					
		·			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	 -
	•	,,,,			•
					
					
			.		
					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					
					 -
	-				
			······································		
					
4d	Other progra	m services (Describe in Schedii	le O.)		
4d	Other progra (Expenses \$	m services (Describe in Schedu		(Revenue \$	

	1'990 (2009) BENEVOLENT & PROTECTIVE ORDER OF 63-	-0321	481	Page
Fai	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	. 1	<u></u>	X
2	is the organization required to complete Schedule B, Schedule of Contributors?	. 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			T
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,		i	
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? if "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	- 1		
	complete Schedule D, Part IV	9		_ X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	. 10		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete	<u></u>		
	Schedule D, Parts XI, XII, and XIII	. 12	Х	<u>l</u>
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes N			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	_	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	X

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Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Par	t IV Checklist of Required Schedules (continued)	101	_ rag	
7.	(commod)	T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1 1		
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"	1 1		
	complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		_	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1 1		
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization 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	1 1		
	990EZ? If "Yes," complete Schedule L, Part I	25b		l
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1 1		
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		
	III, IV, and V, line 1	. 34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schodule O and provide evaluations for Part VI. Inno. 11 and 102	38		

Form 990 (2009)

Γ¢	Statements Regarding Other IKS Fillings and Tax Compliance		
<u>.</u>		Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
h	U.S. Information Returns. Enter -0- if not applicable		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
Ŭ	gaming (gambling) winnings to prize winners?	: x	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	x	1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	'	ı
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
	this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	,	X
4a	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)? 4a	ŀ	X
b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	 	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		
_	Prohibited Tax Shelter Transaction?		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible?	X	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
7	gifts were not tax deductible?	<u> </u>	<u> </u>
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	1
•	and services provided to the payor?		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		$\frac{1}{x}$
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	+	
	required to file Form 8282?	ŀ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	'
	benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	1	1
_	have excess business holdings at any time during the year?	1	X
9	Sponsoring organizations maintaining donor advised funds.	1	1 37
	Did the organization make any taxable distributions under section 4966?		X
	Did the diganization make a destroy to a destroy, or related person	I	1 ^
_	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12		
a b	Initiation fees and capital contributions included on Part VIII, line 12		
	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources		
-	against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	•	x
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	•	•
		99/	(2000)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 291 1a Enter the number of voting members of the governing body 1h **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? 8a The governing body? . .. 8Ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (This Section B requests information about policies not required by the Internal Revenue Code) Nο 10a Does the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Χ 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 11 Х must describe in Schedule O the process, if any, the organization uses to review the Form 990 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? **b** Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website | Another's website | Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CYNTHIA MURPHR 1019 SO NO ANNISTON AL 36201 256-236-9687

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's fivecurrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)	ensate any current officer, director, or t B) (C)			(D)	(E)	(F)		
Name and Title	Average hours per week		Institutional trustee	Officer	≅ Key employee	Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ED BENTON EXALTED RULER	10			х			0	0	0
CYNTHIA MURPHR	10			<u>^</u> _			<u> </u>	U	
TREASURER	20			X			3600.	0	0
BARBARA GANN	1 20			<u>^</u>			3000.		
SERETARY	20			x			3600.	О	0
				-					
				_					
				_		_	 	_	
								-	
				_					

services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Name and business address Description of services Compensation JANITORIAL BARBARA LO 2491 HWY 7 36203- AL OXFORD 2498. JAMES L WE 2491 W HWY 36203 AL OXFORD JANITORIAL 23615 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Form 990 (2009) BCA Copyright form software only, 2009 Universal Tax Systems, Inc. All rights reserved Rev 1 US990\$\$8

		2009) BENEVOLENT & PROTECTIVE (ORDER OF		63-03214	81 Page 9
Pan			(A) Total revenue	(B) Related or exempt function revenue	revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts,				
ontribund of the	g	grants, and similar amounts not included above				
	h	Total. Add lines 1a-1f ▶	24766.			
E		Business Code				
ě.	2a _					
ď	b_					
> Ճ	C _					
Ser	d _					
Program Service Revenue	e _					
j Bo	*	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f	Т	·		
	3	Investment income (including dividends, interest, and	25.62	25.60		
	١,	other similar amounts)	3562.	3562.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6-	(i) Real (ii) Personal				
	6a	Gross Rents 61000.				
	Ь	expenses Rental income or (loss) 61000				
	ر د	6. (1000)	61000	61000.	1	
	d 7a	Net rental income or (loss)	61000.	61000.		
	, a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	ь	Less cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
e	8a	Gross income from fundraising events (not including \$ 4213.				
Other Revenue		of contributions reported on line 1c)				
å		See Part IV, line 18 a 4213.				
ther	b	Less direct expenses b	1		ı	
Ō	С	Net income or (loss) from fundraising events ▶	4213.	4213.		
	9a	Gross income from gaming				
	١.	activities See Part IV, line 19 .a 749102.				
			5056	5056	ı	
	C	Net income or (loss) from gaming activities	-5856.	-5856.		
	TUA	Gross sales of inventory, less				
	١.	returns and allowances a 212157.				
	Ь	Less cost of goods sold b 92579.	110570 L	110570	ı	
	_ <u>c</u>	Net income or (loss) from sales of inventory ▶	1192/8.	119578.	I	
	44-	Miscellaneous Revenue Business Code	1	1	1	
	11a					
	b		-			
	C					
	d	All other revenue				
	e	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	- ,		_
	12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	207253	100407		
		9c, 10c, and 11e	207263.	182497.		
BÇA	Cop	yright form software only, 2009 Universal Tax Systems, Inc. All rights reserved	US990 \$\$ 9	Rev 1	F	om 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c				·
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part Vill.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
	trustees, and key employees	7200.	7200.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58922.	58922.		
8	Pension plan contributions (include section 401(k)			İ	
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6896.	6896.		
11	Fees for services (non-employees)				-
а	Management				
b	Legal				
С	Accounting	5950.	5950.		
d	Lobbying		<u></u>		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			_	
13	Office expenses	6532.	6532.		
14	Information technology				
15	Royalties [
16	Occupancy	17484.	17484.		_
17	Travel				
18	Payments of travel or entertainment expenses			ì	
	for any federal, state, or local public officials			_	_
19	Conferences, conventions, and meetings	4457.	4457.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	UTIL/PHONE	13798.	13798.		_
b	JANITORIAL CONTR SER	26113.	26113.		
C	LICENSE/TAXES	25067.	25067.		
d	OTHER OPERATING EXPE	24979.	24979.		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	197398.	197398.		
26	Joint Costs Check here ▶ If following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined			ļ	
	educational campaign and fundraising solicitation				

Pai	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			34094.	1	35715.
	2	Savings and temporary cash investments	_	[193494.	2	198133.
	3	Pledges and grants receivable, net		1		3	
	4	Accounts receivable, net		[-	4	50.
	5	Receivables from current and former officers, dir	ectors	, trustees, key			
		employees, and highest compensated employee				5	
	6	Receivables from other disqualified persons (as		•			
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L				6	
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			9929.	8	9929.
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other		1			-
		basis Complete Part VI of Schedule D	10a	332641.			
	ь	Less accumulated depreciation	10b		138338.	10c	138338.
	11	Investments - publicly traded securities	L			11	
	12	Investments - other securities See Part IV, line 1	1	1		12	-
	13	Investments - program-related See Part IV, line		· · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets	•			14	<u> </u>
	15	Other assets See Part IV, line 11				15	· · · · · · · · · · · · · · · · · · ·
	16	Total assets Add lines 1 through 15 (must equa	Lline 3		375855.	16	382165.
	17	Accounts payable and accrued expenses			21000.	17	17500.
	18	Grants payable		·· · · ·		18	<u> </u>
	19	Deferred revenue	•			19	<u> </u>
	20	Tax-exempt bond liabilities				20	P
	21	Escrow or custodial account liability Complete P	art IV	of Schedule D	- · · · · · · · · · · · · · · · · · · ·	21	
les	22	Payables to current and former officers, directors		-		I	-
Liabilities		employees, highest compensated employees, ar		=			
La	i	persons Complete Part II of Schedule L	ia aisq	damed		22	
	23	Secured mortgages and notes payable to unrelate	 ed thir	rd narties		23	
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities Complete Part X of Schedule D			1202.	25	1147.
	26	Total liabilities Add lines 17 through 25	•	· ·	22202.	26	18647.
	-	Organizations that follow SFAS 117, check her	e. >	and			10017.
	Į	complete lines 27 through 29, and lines 33 and		□ •			
Ses	27	Unrestricted net assets		1		27	
au	28	Temporarily restricted net assets				28	
Ba	29	Permanently restricted net assets				29	
2		Organizations that do not follow SFAS 117, che	eck he	re ▶ ⊠			-
Ę	ŀ	and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		1		30	
set	31			ot fund		31	
As	32	Paid-in or capital surplus, or land, building, or eq			353653.	32	363518.
Net		Retained earnings, endowment, accumulated inc	-	F	353653.	33	363518.
_	33			· · · ·	375855.	34	382165.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	3/3033.	34	382165.

Form 990 (2009)

	990 (2009) BENEVOLENT & PROTECTIVE ORDER OF 63-03214	81	Pag	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 📗 Accrual 📗 Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	Separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		
		Form	990	(2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990.

▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization Employer identification number BENEVOLENT & PROTECTIVE ORDER OF 63-0321481 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only No No for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2h 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations. and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items **▶** \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

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

Schedule D (Form 990) 2009

Га		zations maintaining	Collections of Art,	nistorical freasure	s, or Other Similar A	Assets		
	(continue							
3		n's accession and other re	ecords, check any of the	following that are a signi	ficant use of its collection	items (check all that		
	apply)			. 🗆				
	a Public exhibition d Loan or exchange programs							
b	Н			e Other				
C	Preservation for f							
4	Provide a description	of the organization's colle	ections and explain how t	hey further the organizat	ion's exempt purpose in f	Part XIV		
5	- •	ne organization solicit or re				old blo		
		han to be maintained as p		collection?		. Yes No		
Pa	rt IV Trust, i	scrow and Custodi	al Arrangements.	Complete if organizati	on answered "Yes" to Fo	rm 990, Part IV, line 9,		
	or reporte	ed an amount on Form 99	0, Part X, line 21					
1a	Is the organization an	agent, trustee, custodian	or other intermediary for	r contributions or other as	ssets not included			
	on Form 990, Part X?	••••				. Yes No		
b	If "Yes," explain the a	rrangement in Part XIV an	nd complete the following	table				
						Amount		
c	Beginning balance				1c			
d	Additions during the y	rear			1d			
е	Distributions during th	ne year			1e			
f	Ending balance				1f	-		
2a	Did the organization in	nclude an amount on Forr	m 990, Part X, line 21?			Yes X No		
b	If "Yes," explain the a	rrangement in Part XIV				<u>.</u> .		
_			lete if organization answ	ered "Yes" to Form 990,	Part IV, line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1a	Beginning of year			· · · · · · · · · · · · · · · · · · ·				
	balance							
b	Contributions .			-				
	© Investment earnings							
	or losses							
d	Grants or scholarships			 -		 ·		
	·							
·	Other expenditures							
	for facilities and							
	programs .							
T	Administrative			,				
	expenses					<u> </u>		
_	End of year balance							
2		percentage of the year e						
a		quas⊩endowment ▶	<u>0.00</u> %					
	Permanent endowme							
	Term endowment ▶_	<u>0.00</u> %						
3a	Are there endowment	funds not in the possessi	on of the organization the	at are held and administe	ered for the organization I	· — —		
	(i) unrelated organiz	ations				3a(i)		
	(ii) related organizati	ons				3a(ii)		
b	If "Yes" to 3a(II), are the	he related organizations li	sted as required on Sche	edule R?		. 3b		
4		he intended uses of the or						
Pa	rt VI Investm	nents - Land, Buildir	ngs, and Equipmen	 See Form 990, F 	Part X, line 10.			
	Description of	investment	(a) Cost or other	(b) Cost or other	(c) Depreciation	(d) Book value		
			basis (investment)	basis (other)				
1a	Land							
			111,457.		111,457.	-		
	Leasehold improvement		23,476.		,	23,476.		
_						114,862.		
	• •			-	3=,3.00			
		umn (d) should equal For	n 990. Part X. column (B	i), line 10(c))		138,338.		
	7.00 miles 10-10 (00m	(a) anadia equal i on	550, 1 4117, 00141111 (D			ule D (Form 990) 2009		

			321481 Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	207,263.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	197,398.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,865.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	9,865.
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r R	eturn
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u> </u>
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line ¹		
	· · · · · · · · · · · · · · · · · · ·		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		14-1
_C	Add lines 4a and 4b	•	4c 5
5	Total revenue Add lines ³ and ^{4c} (This should equal Form 990, Part I, line 12)		
	<u> </u>	per	
1	Total expenses and losses per audited financial statements	•	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		4c
5	Total expenses Add lines ³ and ^{4c} (This should equal Form 990, Part I, line 18)		5
Pa	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines X Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any ad		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,

OMB No 1545-0047

2009

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Department of the Treasury Internal Revenue Service

or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ➤ Attach to Form 990 or Form 990-EZ.

Name of the organization							
BENEVOLENT & PROTECTIVE ORDER OF						63-0321481	
omplete if the org	ganizatıo	n answe	red ``Yes" to Form 990,	Part IV, line 1	7		
or oral agreeme nection with prof dividuals or entiti Form 990-EZ fi	e f g ent with a essional es (fund lers are i	Solicit Solicit Specia iny indivi fundrais raisers) j not requi	ation of non-government ation of government grainal fundraising events idual (including officers, ding services?	grants directors, trus under which e	stees or key	Yes 🛛 No	
	raiser have custody or control of contributions?		from activity	retained by)) fundraiser	(or retained by) organization	
	Yes	No				<u> </u>	
		-					
	!						
			olicit funds or has been r	otified it is ex	cempt from r	egistration or licensing	
	aised funds thro or oral agreemenection with profividuals or entitive (ii) Activity	aised funds through any e f g or oral agreement with a nection with professional dividuals or entities (fund) Form 990-EZ filers are i (ii) Activity Yes Activity Yes	per	aised funds through any of the following activities. Check e Solicitation of non-government of Solicitation of government grain special fundraising events. It or oral agreement with any individual (including officers, in nection with professional fundraising services? dividuals or entities (fundraisers) pursuant to agreements. Form 990-EZ filers are not required to complete this table. (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No	omplete if the organization answered "Yes" to Form 990, Part IV, line 1 alised funds through any of the following activities. Check all that apply a solicitation of non-government grants. Solicitation of government grants. Solicitation of government grants. Special fundraising events. To or oral agreement with any individual (including officers, directors, trust nection with professional fundraising services? Dividuals or entities (fundraisers) pursuant to agreements under which it form 990-EZ filers are not required to complete this table. Which is a complete this table. The importance of the complete this table.	any politic of the organization answered "Yes" to Form 990, Part IV, line 17 alised funds through any of the following activities. Check all that apply Solicitation of non-government grants. Solicitation of government grants. Solicitation of government grants. Solicitation of government grants. Special fundraising events. are or oral agreement with any individual (including officers, directors, trustees or key inection with professional fundraising services? should be organized to agreements under which the fundraises form 990-EZ filters are not required to complete this table. (ii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Professional fundraiser from activity (iii) Activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Activity (iii) Did fundraiser from activity (iii) Activity (iii) Activity (iii) Did fundraiser from activity (iii) Did fundr	

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

\neg						
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			((Add col (a) through
.			(event type)	(event type)	(total number)	col (c)
Revenue	1	Conservato		1		
Š	2	Gross receipts Less: (Charitable				
<u>.</u>	-	contributions)				
	3	Gross revenue (line 1			 	
		minus line 2)				
		minus inic 2)				
Direct Expenses	4	Cash prizes			.	
	5	Non-cash prizes				
	6	Rent/facility costs				-
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
	10	•	Add lines 4 through 9 in colu	ımn (d)	b	
	11		ombine lines 3 and 10 in colun		•	
Pa	rt III	Gaming. Comple	ete if the organization answere	ed "Yes" to Form 990, Part IV, lin	e 19, or reported more than	15,000 on Form 990-EZ
		line 6a				
ө			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (Add
Revenue				bingo/progressive bingo		col (a) through col (c))
Se Se		_	740 100			740 100
<u>ш</u>	1	Gross revenue	749,102.	· · · · · 		749,102.
- 1						
	2	Cook assess	512 618			512 618
ses	2	Cash prizes .	512,618.			512,618.
penses			512,618.			512,618.
Expenses	3	Cash prizes	512,618.			512,618.
rect Expenses		Non-cash prizes				
Direct Expenses	3		512,618. 93,040.			93,040.
Direct Expenses	3	Non-cash prizes				
Direct Expenses	3	Non-cash prizes	93,040.	Yes 0.0%	Yes 0.0 %	93,040. 63,796.
Direct Expenses	3	Non-cash prizes	93,040. 63,796.	Yes 0.0% No	Yes 0.0 %	93,040. 63,796.
Direct Expenses	3 4 5	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in colu	No		93,040. 63,796. 669,454.
Direct Expenses	3 4 5	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	93,040. 63,796. X Yes 100.0%	No	No ▶	93,040. 63,796. 6 669,454. 79,648.
	3 4 5 6 7 8	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in	umn (d)	No ▶	93,040. 63,796. 669,454.
9	3 4 5 6 7 8 Ent	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the control of	umn (d)	No	93,040. 63,796. 6 669,454. 79,648. Yes No
9	3 4 5 6 7 8 Enll	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the organization licensed to	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in	umn (d)	No ▶	93,040. 63,796. 669,454. 79,648. Yes No
9	3 4 5 6 7 8 Enll	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the control of	umn (d)	No	93,040. 63,796. 6 669,454. 79,648. Yes No
9	3 4 5 6 7 8 Enll	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the organization licensed to	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the control of	umn (d)	No	93,040. 63,796. 6 669,454. 79,648. Yes No
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9 3	3 4 5 6 7 8 Entire High State of the High State	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the organization licensed to the organization. Explain	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the organization operates gaming operate gaming activities in	umn (d)	No	93,040. 63,796. 6 669,454. 79,648. Yes No
9 10;	3 4 5 6 7 8 Entire High State of the High State	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summer ter the state(s) in which the he organization licensed to No," Explain	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the organization operates gaming operate gaming activities in	No umn (d) n column (d) ng activities AL each of these states?	No	93,040. 63,796. 6 669,454. 79,648. Yes No
9 10;	3 4 5 6 7 8 Entire in the second of the seco	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the organization licensed to the organization. Explain	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the organization operates gaming operate gaming activities in	No umn (d) n column (d) ng activities AL each of these states?	No	93,040. 63,796. 6 669,454. 79,648. Yes No
9 10;	3 4 5 6 7 8 Entire Graph of the control of the cont	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summer ter the state(s) in which the he organization licensed to No," Explain	93,040. 63,796. X Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the organization operates gaming operate gaming activities in the organization operate gaming licenses revoked, so	umn (d)	No	93,040. 63,796. 6 669,454. 79,648. Yes No
9 104	3 4 5 6 7 8 Entire Teacher Tea	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summer ter the state(s) in which the organization licensed to the organization licensed to the companization of the organization operates the	93,040. 63,796. Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the organization operates gaming operate gaming activities in the gaming licenses revoked, so the gaming activities with nonm	wmn (d)	No	93,040. 63,796. 6 669,454. 79,648. Yes No 9a X
9 10;	3 4 5 6 7 8 Enlist Wee	Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sum ter the state(s) in which the organization licensed to the organization licensed to the companization of the organization operation of the organization of the organization operation of the organization operation of the organization operation of the organization operation op	93,040. 63,796. Yes 100.0% No Add lines 2 through 5 in columnary Combine lines 1 and 7 in the organization operates gaming operate gaming activities in the gaming licenses revoked, so the gaming activities with nonminus beneficiary or trustee of a trustee.	umn (d)	ne tax year?	93,040. 63,796. 6 669,454. 79,648. Yes No 9a X

che	dule G (Form 990 or 990-EZ) 2009 BENEVOLENT & PROTECTIVE ORDER OF 63-032	1481	Page 3				
	•	Yes	No				
13	Indicate the percentage of gaming activity operated in						
а	The organization's facility						
b	An outside facility	<u>6</u>					
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ►						
	Address▶	ı					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	x				
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount						
	of gaming revenue retained by the third party > \$						
С	If "Yes," enter name and address						
	Name ▶						
	Address▶						
16	Gaming manager information						
	Name ► KEN SHROPSHIRE						
	Gaming manager compensation ▶ \$						
	Description of services provided ►BINGO CALLER/GAME MANAGER						
	☐ Independent contractor						
17	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state						
	gaming license?	17a X					
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 ▶\$ 54,200.						
	Schedule G (Form 990 o	r 990-EZ) 2	009				