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Form **990**

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)

OMB No 1545-0047

Department of the Treastiry Internal Revenue Service

SCANNED JAN 0-3 2010

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

2009

Open to Public Inspection

		For the	2009 calen	dar year,	or tax year beg	inning <u>5/0</u>	1	, 2009,	and endin	ng 4/3	30	, 20	10				
	В	Check if a	applicable		С						D Employe	r Identificatio	n Number				
		Addr	ess change	Please use IRS label	ORU GOLDE	N EAGLE C	LUB, INC				23-7164698						
		Nam	e change	or print or type.	<i>7777</i> SOUI	H LEWIS,	PB-209				E Telephone number						
		Initia	ıl return	See specific	TULSA, OK	74171					918-495-6424						
		Term	nnation	Instruc- tions.													
		\vdash	nded return							ļ	G Gross red	ceints \$	594.	786.			
		\vdash	cation pending	F Name a	and address of princi	pal officer				H(a) Is this a	group return		Yes	X No			
					AS C ABOVE	=					affiliates inclu		Yes	No			
		Tax-e	xempt statu			(insert no)	49470	a)(1) or	527	If 'No,'	attach a list (see instruction	ıs) 🗀				
	J				OLDENEAGL			<u> </u>		H(c) Group e	exemption nun	nher ►					
	K	Form o		X Corpora		Association	Other ►	Ly	ear of Format	tion 1971		ate of legal do	micile OK				
	Pe										1						
					janization's mis	sion or most s	gnificant act	vities. SU	PPORT	FOR OR	AL ROBE	RTS UN	IVERSI'	TY			
			THLETIC														
	auc	_															
	Governance	_	- -														
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<u>></u>	8					erning body (P					_	3		24			
⊋ \	69				-	ers of the gover	ning body (P	art VI, line	1b)			4		24			
<u> </u>	Activities				yees (Part V, Iı eers (estımate	•						6		0			
<u>آ</u> ﴿	Act		otal flumber otal gross ur		-	7a	-	45 0.									
- \			et unrelated		-	7b		- 0.									
SCANNED JAIN					10.100.10						ior Year		urrent Ye				
<u></u>	1	8 C	ontributions	and gran	ts (Part VIII, lır	ne 1h)					672,35			644.			
ᇳ	Revenue		rogram serv	_		114,86			081.								
Z	Ver		vestment in			40,05			465.								
Z	œ		ther revenue			11.		622.									
さ	/					1 (must equal I		-	e 12).		827,61			812.			
K)		13 G	rants and si	mılar amo	ounts paid (Par	t IX, column (A), lines 1-3)				550,00	0.	554,	926.			
		14 B	enefits paid	to or for i	members (Part	IX, column (A)	, line 4)										
		15 S	alaries, othe	er compen	sation, employ	ee benefits (Pa	rt IX, column	(A), lines	5-10)		2,00	0.	2,	000.			
=	Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)											-	437.			
2011	Pe		b Total fundraising expenses (Part IX, column (D), line 25) ► 95,848.										*				
9	ă	17 0	ther evenes	os (Bort I	·	unas 11a 11d		7,040.		96,23	24	0.0	639.				
0						lines 11a-11d, t equal Part IX,		CEIXEI	D 1		648,23			002.			
Z		10 II	ovonuo loca	OVERENCE CO	es 13-17 (IIIus	19 from loss 1	Column (A),	mie 25)	ာပ္တ		179,37						
JAN		19 R	everiue iess	expenses	s. Subtract line	18 from line 12	₩ 550	20 201				1	-177,				
	Assets or Balancos						שם שבי	40 201	U \		ning of Ye		End of Ye				
ED	80		otal assets (-					띄	<u> </u>	,155,07 5,30		912,	585.			
Z	5		otal liabilitie:	-	•		OG	DEN. U	IT	_		1		0.			
A	103	AND DESCRIPTION OF THE PARTY.				line 21 from lir	ie*20			lL	,149,77	2.	972,	<u>585.</u>			
۲	_			re Bloc													
V.	•		Under penalties true, correct	s of perjury, I pd complete	declare that I have Declaration of prepared	examined this return arer (other than offic	n, including accor er) is based on a	npanying sched Il information o	lules and stat f which prepa	ements, and t rer has any k	to the best of r nowledge	my knowledge	and belief, it	ıs			
	Sig	ın	//	ant 1	4. Bella	_				1	12/15/	110					
	He	jii re	Signature	of officer						Date	<u> </u>	/					
				SELLERS	•					TREAS	מממוז						
			KOD 3	int name and						IKEAS	UKEK	-					
	_					<u> </u>		Da	ate	Ch	eck if	Preparer's	identifying n	umber			
	Pai	id								set			ictions)				
	Pre		Preparer's signature	>						"	pioreo [سينو الد					
		rer's	Firm's name (o	· ·													
	Us	-	yours if self- employed),							EIN							
	On	ıy	address, and ZIP + 4								one no						
	May	the IR	S discuss this return with the preparer shown above? (see instructions)								one no	П	Yes	No			

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

TEEA0113L 12/29/09

Form 990 (2009)

	990 (2009) ORU GOLDEN EAGLE CLUB, INC.	<u> 23-7164</u>	1698	Page 2
Par				
1	Briefly describe the organization's mission: SUPPORT: FOR ORAL ROBERTS UNIVERSITY ATHLETIC DEPARTMENT			_
			-	-
			- -	
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior		-
_	Form 990 or 990-EZ?	ιε ριτοι Γ	Yes X	No
	If 'Yes,' describe these new services on Schedule O	L	c.s <u>[x.</u>	, 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	-es7 [Yes X	No
•	If 'Yes,' describe these changes on Schedule O		_ ics K	,
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	oy expenses allocations to	Section 501(others, the t	c)(3) otal
4 a	(Code) (Expenses \$ 378,026. Including grants of \$ 378,026.) (Red DISTRIBUTION TO ATHLETIC DEPARTMENT FOR PROJECTS INCLUDING A TV PROJECT INDOOR PRACTICE FACILITY, MABEE CENTER SUITES, SCOREBOARD COVER, A GOALS.	ODUCTION	SET,	000.)
4 b	(Code) (Expenses \$ 166,500. including grants of \$ 166,500.) (RegOLDEN_EAGLE_SCHOLARSHIP_FUND	evenue \$_		500.)
40	: (Code) (Expenses \$20,377. including grants of \$) (Re		21,	 776.)
	PROVISION OF MEALS AND REFRESHMENTS FOR MEMBER EVENTS			
	Other program services (Describe in Schedule O) (Expenses \$ 34,247. including grants of \$ 10,400.) (Revenue \$ 599,150.	3	2,995.)	
-46	Total program service expenses ► 599, 150.			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
	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,' 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, VIII, IX, or X as applicable	11		<u>X</u>
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? 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 separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
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		Х
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

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(Park IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 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 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 employees? If 'Yes,' complete 23 Х Schedule 1 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a 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 Х b 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 990-EZ? If 'Yes,' complete Schedule L. Part I 25b Х 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X Schedule L, Part III. 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c 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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 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, III, IV, and V, 34 X 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 Х 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 Х 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 Х

BAA Form **990** (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

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	Totalements regarding other mornings and rax compliance									
	• •		Yes	No						
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable									
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		х						
2	a 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									
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)									
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х						
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b								
4	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)?									
	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									
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c								
6	a 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?	6a		Х						
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	00		\$.						
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services									
	provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a 7b	X							
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	<u> </u>								
	Form 8282?	7 c		Х						
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	ه رک								
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X						
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g								
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h								
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business									
9	Sponsoring organizations maintaining donor advised funds.	8								
-	a Did the organization make any taxable distributions under section 4966?	9a								
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	30								
	a Initiation fees and capital contributions included on Part VIII, line 12									
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter									
•	a Gross income from other members or shareholders									
	b Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b									

BAA

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Part VI 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.

	Schedule O. See instructions.										
<u>Sec</u>	tion A. Governing Body and Management										
			Yes	No							
	Enter the number of voting members of the governing body	_		1							
	Enter the number of voting members that are independent 2	4									
2	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?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х							
		6		<u>X</u>							
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the											
governing body?											
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?											
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	a The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b		X							
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internation										
Reve	enue Code)										
			Yes	No							
10 a	a Does the organization have local chapters, branches, or affiliates?	10 a		X							
t	of 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?	10 ь									
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х								
11 /	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O										
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X							
t	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c									
	Does the organization have a written whistleblower policy?	13		X							
14	Does the organization have a written document retention and destruction policy?	14		X							
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	a The organization's CEO, Executive Director, or top management official	15a		X							
t	Other officers of key employees of the organization	15 b		X							
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)	İ		-							
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	e 16a		X							
ł	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	n 16 b									
Sec	status with respect to such arrangements?	1 100	L								
	List the states with which a copy of this Form 990 is required to be filed > OK		<u></u> .								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply.	– – – . avaılab	le for	oublic							
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest p statements available to the public SEE SCHEDULE O	olicy, a	nd fina	incial							
	State the name, physical address, and telephone number of the person who possesses the books and records of the or ROB SELLERS ATHLETIC DEPT., 7777 S. LEWIS TULSA OK 74171 918-495-6424	ganızal — — — -	tion 	- - -							

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 organizations'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 employees.'
- List the organization's five current 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)	_			c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	check Officer	a Key employee	Highest compensated employee	Former	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
SEE SCHEDULE O		stee	ustee		2	ensated				
DR. STEVE GREENE								_		
PRESIDENT	1	_ X		Х				0.	48,586.	1,580
DR. STEVE_NUSSBAUM								_	_	
IMM. PAST PRES.	1	X		Х				0.	0.	0
ROB_SELLERS		ļ								
TREASURER	1	X		Х				0.	0.	0
JOLEEN MINYARD								'		
VP-AUCTION	1	X	_	X				0.	0.	0
SCOTT HIGGINS										
EXECUTIVE DIREC	2	X_						2,000.	133,572.	4,918
JASON_DOYLE										
VP-DEVELOPMENT	1	X		Χ				0.	0.	0
TERRY BLAIN										
VP-SPEC EVENTS	1	X		Х				0.	0.	0
GARY CROUCH										
VP-STRAT PLAN	1	X	Щ	_X				0.	0.	0
RHETT_BROOKS										
VP-VARSITY CLUB	1	X		Х				0.	0.	0
MIKE CARTER		ŀ								
DIRECTOR	1	X						0.	301,681.	6,244
DARRYL BASKIN										
DIRECTOR	1	X						0.	0.	0
JAY BETZ		ļ								
DIRECTOR	1	X	Ш					0.	0.	0
DON CROW		ŀ								
DIRECTOR	1	Х						0.	0.	0
BOB BROOKS										
DIRECTOR	1	Х						0.	0.	0
CASON_CARTER										
DIRECTOR	1	X	Ш					0.	0.	0
DANNY DANIELS										
DIRECTOR	1	X						0.	0.	0
RICK FENIMORE										
DIRECTOR	1	Х						0.	0.	0

Part VII Section A. Officers, Directors, Trus		\ey ⊤	En							
(A)	(B)	Por	tion (•	c)	lhat a	nnhA	(D)	(E)	(F)
Name and Title	Average hours per week		_		т —	T	-	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per meen	Individual or director	Institutional trustee	Officer	Key e	Highest compensated	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	İ	ctor in	T On a		employee	yee yee	*			organization and related
		trustee	1		yee	mpe				organizations
		1 %	stee			Rag				
		1				¤				
TIM GILL	1									
DIRECTOR	1	X						0.	0.	0.
ROGER HARTMAN									-	
DIRECTOR	1	Х						0.	71,859.	4,409
TIM HUGHES										-
DIRECTOR	1	Х						0.	0.	0
GEORGE CHEATHAM									- "	
DIRECTOR	1	X						0.	0.	0
JOHN NELSON										
DIRECTOR	1	X						0.	0.	0
JOEY ODOM								_		
DIRECTOR	1	X			<u> </u>	<u> </u>		0.	0.	0
JOHN PETERSON	_	<u>, ,</u>								_
DIRECTOR BRAD THOMAS	1	X			_		_	0.	0.	0
DIRECTOR	,	v							_	
CHRIS VANDENHENDE	1	X				_		0.	0.	0
DIRECTOR	1	X							0	
DEREK DUNCAN	 	_^					<u> </u>	0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
CRIS GILLMORE		Λ					-	<u> </u>		
DIRECTOR	1	Х						0.	0.	0.
ROBERT MORGENTHALER										
DIRECTOR	1	Х						o.	0.	0.
RICK GUILD										
DIRECTOR	1	X						0.	0.	0.
1 b Total							•	2,000.	555,698.	17,151
2 Total number of individuals (including but not limited	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in reporta	able compensation
from the organization 0										
										Yes No
3 Did the organization list any former officer, director	or trust	ee, l	key	emp	loye	ee, d	or hi	ghest compensate	ed employee	
on line Ta' It 'Yes,' complete Schedule J for such it	ndıvıdua	1								3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti	portable han \$15	cor	npe 107	nsat If 'Y	ion	and	oth	er compensation :	from	
individual	παι τ ψ ι σ	,,,,		., ,			pict	e ochedale 5 loi s	acii	4 X
5 Did any person listed on line 1a receive or accrue c	ompens	atio	n fro	om a	ภาบ	unre	elate	d organization for	services	
rendered to the organization? If 'Yes,' complete Sci	hedule .	l for	suc	h pe	rso	n			30111003	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization	ea inae	pend	ient	con	itrac	tors	tha	t received more ti	nan \$100,000 of	
(A)								(P)		(C)
Name and business addres	s							(B) Description of	f Services	(C) Compensation
								·		
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		lımı	ted 1	to th	ose	list	ed a	ibove) who receive	ed more than	

Total revenue Related or Green Control of Co	I ai	t viii Statement of Revenue	(A)	(B)	(C)	(D)
Table Tabl		•	Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
December December	S	1a Federated campaigns 1a		Tevende		312, 313, 01 314
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) b Less cast or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c Gothributions reported on line 1c) See Part IV, line 18 a 45,017. b Less: direct expenses c Net income or (loss) from fundrarsing events see Part IV, line 18 a Less direct expenses b C Net income or (loss) from gaming activities See Part IV, line 18 a Less: direct expenses c Net income or (loss) from gaming activities a Less cost of goods sold b C Net income or (loss) from sales of inventory Business Code 11a MISCELLANEOUS INCOME 25, 465. 25, 4	ANT					
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b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold control or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a MISCELLANEOUS INCOME 579. 579.	١	c Net income or (loss) from fundraising events	13,043.			13,043.
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a MISCELLANEOUS INCOME 579. 579.						
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 579. 579.		•				
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a MISCELLANEOUS INCOME 579. 579.		c Net income or (loss) from gaming activities				
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a MISCELLANEOUS INCOME 579. 579.		and allowances a				
Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 579. 579.						
11a MISCELLANEOUS INCOME 579. 579.	}				 	
	ŀ					ļJ
•		. =====================================	5/9.	5/9.		
		<u></u>				
d All other revenue		d All other revenue	-			
e Total. Add lines 11a-11d			570			
				23,660	0 .	38,508.

Part IX | Statement of Functional Expenses

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

. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		554,926.	554, 926.	general expenses	expenses
2		334, 320.	334, 320.		
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, trustees, and key employees	2,000.	0.	2,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	ı Management				
t	Legal				
(Accounting	645.		645.	
	i Lobbying.				
	Prof fundraising svcs See Part IV, In 17 Investment management fees	83,437.			83,437.
	Other				
12	Advertising and promotion	3,000.		3,000.	<u></u>
13	Office expenses	487.		487.	
14	Information technology				
15	Royalties	·			
16	Occupancy				-
17	Travel	3,663.			3,663.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.)	:			
5	BANQUETS/MEETINGS	31,580.	31,580.		
	CONTRACT LABOR	31,336.	31,300.	31,336.	
	CHAMPIONS CLUB	7,804.		31,330.	7,804.
	ATHLETES' UNIFORMS	5,697.	5,697.		7,004.
	BANK CHARGES	4,019.		4,019.	
	All other expenses	11,408.	6,947.	3,517.	944.
	Total functional expenses. Add lines 1 through 24f	740,002.	599,150.	45,004.	95,848.
26	Joint costs. Check here ► If following	<u>.</u>			
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

BAA

Form **990** (2009)

Pai	t∗X	Balance Sheet			
	•	•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	326,579.	1	448,495.
	2	Savings and temporary cash investments	828, 493.	2	524,090.
İ	3	Pledges and grants receivable, net	, in the second	3	·
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
Š	7	Notes and loans receivable, net		7	
SETS	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. 10a			
Ì		Complete Part VI of Schedule D			
	þ	Less accumulated depreciation. 10b		10 c	
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,155,072.	16	972,585.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	5,300.	19	
	20	Tax-exempt bond liabilities		20	
B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
 - -	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			⇔
1 [of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties.		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities Complete Part X of Schedule D		25	
\dashv	26	Total liabilities. Add lines 17 through 25	5,300.	26	0.
N E T		Organizations that follow SFAS 117, check here and complete lines			,
-		27 through 29 and lines 33 and 34.			x
S	27	Unrestricted net assets		27	
Ĕ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here X and complete			
PZC		lines 30 through 34.			· · ·
Ď	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
BALANCES	32	Retained earnings, endowment, accumulated income, or other funds	1,149,772.	32	972,585.
Ë	33	Total net assets or fund balances	1,149,772.	33	972,585.
Ŝ	34	Total liabilities and net assets/fund balances.	1,155,072.	34	972,585.

TEEA0111L 01/30/10

			_
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		X
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		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
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		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

OMB No 1545-0047

ORU																					16469			
Parl	1	Reas	son	<u>for</u>	<u>Put</u>	olic	<u>Cha</u>	rity :	<u>Statı</u>	ıs (/	All or	rganı	zatio	ns i	must	com	ple	te this	part.) See	ınstruc	tions		
The c	r <u>ga</u> nı	zatıo	n is	not a	priv	ate	found	lation	beca	use i	tıs (F	For lir	nes 1 t	throu	ıgh 11,	chec	k o	nly one	box.)					
1		\ chu	rch,	conv	entic	n of	chur	ches (or ass	ocia	tion o	f chur	rches o	desc	ribed ii	n sec	tion	170(b)	(1)(A)(i).				
2		\ sch	ool d	descri	bed	ın s	ectio	n 170(b)(1)(A)(ii)). (Att	tach S	Schedu	ıle E	.)									
3	∏₽	hos	pital	or co	ope	ratıv	e hos	pital:	servic	e orç	ganıza	ation o	describ	oed i	n sect	ion 17	70(E)(1)(A)	iii).					
4	$\prod A$	Med med	lical	rese	arch	orga	anıza	tion o	perate	ed in	conju	unctio	n with	a ho	ospital	descr	ibe	d in sec	tion 17	70(b)(1)(A)(iii) E	nter the ho	spital'	S
				, and																			•	
5		n org 70(b)	ganı: (1)(.	zatıor A)(iv)	ope . (C	erate omp	d for lete f	the b	enefit	of a	colle	ge or	univei	rsity	owned	or o	pera	ated by	a gove	rnmenta	al unit de	scribed in	sectio	in
6 7	\square	n org	janı.	zatior	tha	t no	rmall		ives a	sub	stantı							70(b)(1) vernme			m the ge	neral publi	c desc	ribed
8	r			-							•	AYvi).	. (Com	nolet	e Part	ш								
	A community trust described in section 170(bX1)XAXvi). (Complete Part II) X An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross																							
•	fr	rom a	ctıvı mer	ties re it inco	lated ome	to r and	ts exe unrel	empt ful ated I	unctiói busine	ns – ess ta	subjec	ct to co e inco	ertain e ime (le	exce	otions.	and (2	2) n	o more i	than 33	-1/3 % o	f its sunn	ort from grother organization	555	after
10		n org	ganı	zatior	org	anız	ed ar	nd ope	erated	l excl	lusive	ly to t	test for	r pul	blic saf	ety S	See	section	1 509(a)(4) .				
11	n	nore	publ	ıclv s	uppo	orted	ora	anızat	ions (descr	ribed i	in sec	ction 5	09(a)(1) or	section	on !	509(a)(2	ictions 2) See	of, or ca section	arry out t 1 509(a)(3	he purpose 3). Check	es of o	ne or x that
	describes the type of supporting organization and complete lines 11e through 11h a Type I																							
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)																							
f	li C	f the heck	orga this	nızat box	ion r	ecei	ved a	writte	en de	term	ınatıoı	n fron	n the I	RS t	that is	а Тур	e 1,	Type II	or Typ	e III su	pporting	organizatio	n,	
g	S	Since	Aug	just 1	7, 20	006,	has t	he or	ganıza	ation	accep	pted a	any gif	t or	contril	oution	fro	m any	of the t	ollowing	person	5?		
																							Yes	No
	. (i		oelo	w, the	e gov	vern	ng b	ody of	the s	uppo	orted (organ	ızatıor	or to	ogethe	r with	ре	rsons d	escribe	d in (ii)	and (III)	11 g (i)		
	(i	ii) i	a fai	mily r	nem	ber	of a	perso	n des	cribe	d ın (ı	ı) abo	ve?									11 g (ii)	<u> </u>	
	(i	iii) i	a 35	% со	ntrol	led e	entity	of a p	perso	n des	scribe	d ın (ı	ı) or (ıı	ı) ab	ove?							11 g (iii)	
h	F	rovic	le th	e foll	owin	g in	forma	tion a	bout	the s	uppoi	rted o	rganız	atio	ns									
	1 (i)	Name o Orga		ported on			(ii)	EIN			(describ above	oed on I	anization lines 1-9 section ions))	י [organiza (i) liste gove	Is the tion in o d in you erning iment?	col ur	the organ	ou notify lization in (i) of upport?	lorganiza	Is the tion in col ized in the S ?	(VII) Amou	nt of Su	pport
										ļ					Yes	No	<u> </u>	Yes	No	Yes	No			
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Total														ĺ										

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

	Complete only if you should	-				ia ivo(b)(יארי	(VI)
Sec	, (Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	(1)				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4							-
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.				**			
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						-	
11	Total support. Add lines 7 through 10			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
12	Gross receipts from related activ	ities, etc (see in	structions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth, o	or fifth tax year a	s a section	501(c)	(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by lii	ne 11, column (f)			14	%
15	Public support percentage from	2008 Schedule A,	Part II, line 14				15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and organization.	the line 14 is 33	-1/3 % or m	ore, c	heck this box ►
ł	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13, or 16a rganization	, and line 15 is 3	3-1/3% or n	nore, c	theck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain i	n Part	IV how
I	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies as	box and stop her a publicly suppo	r e. Explain i irted organia	n Part zation	IV how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a				
BAA					Sc	hedule A (F	orm 99	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 ORU GOLDEN EAGLE CLUB, INC.

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

	(Complete only if you che	cked the box on i	ne 9 of Part 1.)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	256,555.	351,777.	295,636.	787,240.	482,644.	2,173,852.
	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	17,804.	18,494.	10,533.	24,762.	68,677.	140,270.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	31,0000					0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	274,359.	370,271.	306,169.	812,002.	551,321.	2,314,122.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	89,048.	139,759.	76,776.	561,935.	275,020.	1,142,538.
t	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		0	0			0
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	89,048.	139,759.	76,776.	561,935.	275,020.	1,142,538.
8	Public support (Subtract line		, , , , , , , , , , , , , , , , , , ,		1		
	7c from line 6.)				3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		1,171,584.
^	Alam D. Takal Communik						
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005 274, 359	(b) 2006	(c) 2007	(d) 2008 812 - 002	(e) 2009 551, 321	(f) Total
Cale 9		274,359.	370,271.	306,169.	812,002.	551,321.	2,314,122.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	274,359. 11,919.	22,003.	306,169. 38,490.	812,002. 40,051.	25,465.	2,314,122. 137,928.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	274,359.	370,271.	306,169.	812,002.	551,321.	2,314,122. 137,928. 0. 137,928.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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	274,359. 11,919.	22,003.	306,169. 38,490.	812,002. 40,051.	25,465.	2,314,122. 137,928. 0. 137,928.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990	274,359. 11,919. 11,919.	22,003. 22,003.	38,490. 38,490.	40,051. 40,051.	25, 465. 25, 465.	2,314,122. 137,928. 0. 137,928. 0. 2,452,050.
Cale 9 10 a 1 1 1 1 1 2 1 3 1 4	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	274,359. 11,919. 11,919.	22,003. 22,003.	38,490. 38,490.	40,051. 40,051.	25, 465. 25, 465.	2,314,122. 137,928. 0. 137,928. 0. 2,452,050.
Cale 9 10 a 11 12 13 14 Sec	Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	11,919. 11,919. 11,919. Is for the organization here	22,003. 22,003. 22,003. ation's first, secondercentage	38,490. 38,490.	40,051. 40,051.	25, 465. 25, 465.	2,314,122. 137,928. 0. 137,928. 0. 2,452,050.
Cale 9 10 a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	11,919. 11,919. 11,919. Is for the organization here	22,003. 22,003. 22,003. ation's first, secondercentage	38,490. 38,490.	40,051. 40,051.	25, 465. 25, 465.	2,314,122. 137,928. 0. 137,928. 0. 2,452,050.
Cale 9 10 a 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	11, 919. 11, 919. 11, 919. s for the organization here blic Support P	22,003. 22,003. 22,003. ation's first, secondercentage of (f) divided by line	38,490. 38,490.	40,051. 40,051.	25, 465. 25, 465.	2,314,122. 137,928. 0. 137,928. 0. 2,452,050. (3) ► □
Cale 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage from	11, 919. 11, 919. 11, 919. s for the organizatop here blic Support P 009 (line 8, columna 2008 Schedule A,	22,003. 22,003. 22,003. ation's first, secondercentage of (f) divided by line Part III, line 15.	38,490. 38,490. 38,490.	40,051. 40,051.	25, 465. 25, 465. 25, 465.	2,314,122. 137,928. 0. 137,928. 0. 2,452,050. (3) ► □
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Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from those the percentage from the support income percentage from the support percentage from the sup	11, 919. 11, 919. 11, 919. 11, 919. 10, 919. 11, 919. 11, 919.	22,003. 22,003. 22,003. 22,003. ation's first, secondercentage of (f) divided by line Part III, line 15. one Percentage column (f) divided	38,490. 38,490. 38,490. d, third, fourth, one 13, column (f))	40,051. 40,051.	25, 465. 25, 465. 25, 465. 15 16	2,314,122. 137,928. 0. 137,928. 0. 2,452,050. (3) ► □ 47.8% 49.7%
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Putlon D. Computation of Invition D. Computation of Invition D. Computation of Invition 1.	11, 919. 11, 919. 11, 919. 11, 919. 2008 Schedule A, restment Incorror 2009 (line 10c, from 2008 Schedule norganization did not proganization did not	22,003. 22,003. 22,003. 22,003. ation's first, secondercentage of (f) divided by line Part III, line 15. me Percentage column (f) divided le A, Part III, line check the box on le	38,490. 38,490. 38,490. 38,490. d, third, fourth, one 13, column (f)) d by line 13, column 17. ine 14, and line 15	812,002. 40,051. 40,051. or fifth tax year as	25, 465. 25, 465. 25, 465. 25, 465. 15 16 17 18 %, and line 17 is no	2,314,122. 137,928. 0. 137,928. 0. 2,452,050. (3) 47.8% 49.7% 5.6% 5.4%
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Putlic support percentage from the support percentage from 1.0 Computation of Investment income percentage fins 133-1/3 support tests — 2009. If the 6	11, 919. 11, 919. 11, 919. 11, 919. 11, 919. 2008 Schedule A, restment Incorror 2009 (line 10c, or 2008 Schedule A) or 2008 Schedule A, or 20	22,003. 22,003. 22,003. 22,003. 22,003. ation's first, secondercentage (f) divided by line Part III, line 15. The Percentage column (f) divided le A, Part III, line check the box on I check the box on I check the box on I check the box on I check the box on I check the box on I check the box on I check the box on I check the box on I check the organization d not check a box phere. The organ	38,490. 38,490. 38,490. 38,490. 38,490. ind, third, fourth, of the 13, column (f)) d by line 13, column 17. ine 14, and line 15 in qualifies as a pure con line 14 or 19 in ization qualifies a	40,051. 40,051. 40,051. ar fifth tax year as the supported of a and line 16 is me a publicly supported of a publicly suppor	25, 465. 25, 465. 25, 465. 25, 465. 15 16 17 18 %, and line 17 is norganization are than 33-1/39 orted organization are designed organization.	2,314,122. 137,928. 0. 137,928. 0. 2,452,050. (3) 47.8% 49.7% 5.6% 5.4% bt X

Schedule /	A (Form	990 or	990-EZ	2009	ORU	GOL	DEN	EAGI	E	CLUB	, I	NC.		23-716	1698	Page 4
Part IV	Supp Part	lemen I, line	tal Inf 17a o	ormat r 17b;	t ion. C	Comp Part I	lete II, lır	this pane 12.	art Pr	to pro	ovide any	e the	e explanations red er additional info	quired by F rmation. S	Part II, line ee instruc	e 10; tions.
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

	f the organization					Employer identifi	
ORU	GOLDEN EAGLE CLUB, IN					23-71646	98
Part	Fundraising Activities. Comp Form 990EZ filers are not req	lete if the orgai uired to comple	nization ar ete this pa	nswered 'Y rt	es' to Form 990, Part I'	V, line 17.	
1	Indicate whether the organization	raised funds the	rough any	of the foll	lowing activities Check	all that apply	
	Mail solicitations				X Solicitation of non-	government grants	
	Internet and email solicitations	5			Solicitation of gove		
	X Phone solicitations	_			X Special fundraising	=	
	X In-person solicitations				M Special fullularising	events	
23	Did the organization have written	or oral agreeme	ant with an	w individu	ial (including officers, di	ractors trustage or ke	3 V
24	employees listed in Form 990, Pai	rt VII) or entity	in connect	ion with p	rofessional fundraising	services?	X Yes No
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndıvıduals or en ne organization	tities (fund	Iraisers) p	eursuant to agreements	under which the fundi	raiser is to be
		<u>×</u>		-		(v) Amount paid to	T
	(i) Name of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
	or entity (fundraiser)			y or control butions?	from activity	fundraiser listed in col (i)	(or retained by) organization
		 	Yes	No	· · · · · · · · · · · · · · · · · · ·		- Gameanan
		SEE	162	NO			
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	Total List all states in which the organiz			•	236,500.	80,561	.] 155, 939.
3	cr licensing	ation is registe	rea or lice	nsed to so	olicit funds or has been	notified it is exempt f	rom registration
	OK						
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Schedule G	(Form 990)	or 990-F7) 2009	ORU	GOLDEN	FACLE	CLUB.	TNC

23-7164698

Page 2

Pai		reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered Yes to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ne 18, or ater than	\$5,00	0.
R		•	(a) Event #1 BREAKFAST BRAC (event type)	(b) Event #2 GEC GOLF TOURN (event type)	(c) Other Events 3 (total number)	(d) Tota (Add col	I Even	nts
REVERUE	1	Gross receipts	33,100.	31,095.	70,320.	1	34,5	15.
Ĕ	2	Less: Charitable contributions	20,791.	9,775.	59,307.		89,8	173.
	3	Gross income (line 1 minus line 2)	12,309.	21,320.	11,013.		44,6	542.
	4	Cash prizes					<u>-</u>	
	5	Noncash prizes.	1,131.	800.			1,9	931.
D I R E C T	6	Rent/facility costs		. 5,760.			5,7	60.
	7	Food and beverages	11,466.	1,767.	558.		13,7	91.
E X P	8	Entertainment			5,938.		5,9	38.
EXPENSES	9	Other direct expenses	65.	2,017.	2,010.		4,0	92.
\$	10	Direct expense summary Add lines 4- ti	nrough 9 in column (d)		-		31,5	12.
	11	Net income summary Combine lines 3, o	column (d) and line 10		•		13,1	.30.
Pai	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	orted mo	ore th	an
REVENU			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col (col	l gamıı (a) thro (c))	าg วugh
Ĕ	1	Gross revenue						
D X	2	Cash prizes						
D P E N S T S	3	Non-cash prizes						
Š	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		-			
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	•			
9	Ent	er the state(s) in which the organization op	poratos gamina activitio				YES	NO
á	als th	ne organization licensed to operate gaming				9a		
ŀ	۱۴ 'N د 	lo,' explain						}
		e any of the organization's gaming license 'es,' explain'	s revoked, suspended	or terminated during the	e tax year?	10a		
11		s the organization operate gaming activities		·		11		
12	is th	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	mber of a partnership of	or other entity formed to	12		}
BAA			TEEA3702L 0		Schedule G (For		00-F7)	2009

Schedule G (Form 990 or 990-EZ) 2009 ORU GOLDEN EAGLE CLUB, INC. 23	3-7164698	Р	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	8		
b An outside facility	8		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records.		
Name			
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue	? 15a		J
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the a of gaming revenue retained by the third party \$	imount		
c If 'Yes,' enter name and address of the third party			
Name. •			
Address			
16 Gaming manager information			
Name: •			
Gaming manager compensation ► \$			§-
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			THE PARTY OF THE P
17 Mandatory distributions			and the second
a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	_17a		^j
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	spent in the		
organization's own exempt activities during the tax year > \$			
BAA TEEA3703L 02/05/10 Schedule C	G (Form 990 or 99	90-EZ)	2009

SCHEDULE I

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

2009

Open to Public Inspection Employer identification number 23-7164698 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part I General Information on Grants and Assistance ORU GOLDEN EAGLE CLUB, Department of the Treasury Internal Revenue Service Name of the organization

% Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? SEE PART Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

4

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
ORAL ROBERTS UNIVERSITY 7777 S. LEWIS AVE TULSA, OK 74171	73-0739626 501 (C) (3)	501 (C) (3)	. 924, 926.	0.			ATHLETIC PROGRAMS
		-					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
			,				
					-		
			-				
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	rganizations		-		•	1
3 Enter total number of other organizations	ions					•	

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

(f) Description of non-cash assistance				and any other additional information.						:		i I		
(e) Method of valuation (book, FMV, appraisal, other)				irt I, line 2, and any oth		NTEREST	VOICE FOR THE	ESTRICTIONS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				l 	,
(d) Amount of non-cash assistance				tion required in Pa	<u>USED</u>	ONG WITH THE I	SE. ONCE AN IN	FUNDS ARE RELEASED FROM THEIR RESTRICTIONS	 					
(c) Amount of cash grant				rovide the informa	<u>ow grants are</u>	<u>IS AND HELD, A</u>	INTENDED PURPOS	NDS_ARE_RELEASE	 					
(b) Number of recipients	:			olete this part to p	<u>SCRIPTION OF HO</u>	IN TIME DEPOSIT	SED FOR THEIR.	•						
(a) Type of grant or assistance				Parili Supplemental Information. Complete this part to provide the information required in Part I, line 2,	PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED	THE GRANT FUNDS ARE ISOLATED IN TIME DEPOSITS AND HELD, ALONG WITH THE INTEREST	EARNED, UNTIL THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE. ONCE AN INVOICE FOR THE	INTENDED PURPOSE HAS BEEN PRESENTED, THE	UPON PAYMENT.					

BAA

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047 2009

Open to Public

23-7164698

Department of the Treasury Internal Revenue Service

ORU GOLDEN EAGLE CLUB, INC

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. Attach to Form 990. ► See separate instructions.

Inspection Name of the organization Employer identification number

Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a X a The organization? X b Any related organization? 5 b If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X a The organization? 6a X **b** Any related organization? 6 b If 'Yes' to line 6a or 6b, describe in Part III For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III 8 8 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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Schedule J (Form 990) 2009

ORU GOLDEN EAGLE CLUB, INC. Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 23-7164698

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organizations described in the instructions on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)·(D)	reported in prior Form 990 or Form 990-EZ
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ВАА			TEEA4102L 02/0	02/02/10		Sched	Schedule J (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

* Attach to Form 990. * See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 23-7164698

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets 2 Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Exempt Code section (**D)** Total income 501 (C) (3) TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) 었 HIGHER EDUCATION BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B)
Primary activity Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity ١ 1 INC ORAL ROBERTS UNIVERSITY ORU GOLDEN EAGLE CLUB, 7777 S LEWIS AVE <u>TULSA, OK 74171</u> 73-0739626

In Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 23-7164698 Schedule R (Form 990) 2009 ORU GOLDEN EAGLE CLUB, INC. Per 111

Page 2

(J) General or managing partner? ş Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? Yes No Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization İ

rt IV,	(H) Percentage ownership				
s' to Form 990, Pa	(G) Share of end-of-year assets				
is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	(B) (C) (D) Type of entity Activity Legal domicile Corp. S corp. (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)				
If the organize the	Type of entity (C corp, S corp, or trust)				
rust (Complete	(D) Direct controlling entity				
rporation or T treated as a	(C) Legal domicile (state or foreign country)				
axable as a Co l d organizations	(B) Primary Activity				
Parity Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(A) Name, address, and EIN of related organization				

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

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23-7164698

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV,	Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	N _S
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	≥:			_
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		_ _		×
b Gift, grant, or capital contribution to other organization(s)		1 b	×	
c Gift, grant, or capital contribution from other organization(s)		1		×
d Loans or loan guarantees to or for other organization(s)		P_		×
e Loans or loan guarantees by other organization(s)	-	9		×
f Sale of assets to other organization(s)	٠	=	-	×
g Purchase of assets from other organization(s)		_ 	-	×
h Exchange of assets		1 1		×
i Lease of facilities, equipment, or other assets to other organization(s)		;		×
j Lease of facilities, equipment, or other assets from other organization(s)		=		×
k Performance of services or membership or fundraising solicitations for other organization(s)		÷		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets	•	E	×	
n Sharing of paid employees		-	×	
o Reimbursement paid to other organization for expenses		10	×	
p Reimbursement paid by other organization for expenses	-	Jp		×
a Other transfer of cash or property to other organization(s)		5		×
r Other transfer of cash or property from other organization(s)		-		: ×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships	s and transaction thresholds	holds		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	nvolve	2
C) ORAL RORERTS INTVERSITY	ρ		200 4 3 3	30
	a		7,400	.07
(2) ORAL ROBERTS UNIVERSITY	N		104,896.	396.
(3) ORAL ROBERTS UNIVERSITY	0		8,3	8,347.
(4)				
(9)				
(9)				
TEEA50031 02/05/10	In bados:	Schedule B (Form 990) (2009)	Obt Obt	600

Schedule R (Form 990) 2009 ORU GOLDEN EAGLE CLUB,

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managing partner? ŝ Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) Dispropor- tonate allocations? ŝ Yes (E)
Share of end-of-year assets Are all partners section 501(c)(3) organizations? ŝ Yes (C) Legal domicile (state or foreign country) TEEA5004L 02/05/10 (B) Primary activity 1 1 1 1 1 1 1 1 1 I 1 1 1 1 I (A)
Name, address, and EIN of entity 1111 1111 1111 1 ١ ١ 1 1 1111 1111 1111 1111 1111 1 1 1 1 i i i 1 ١ Ì i BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number							
ORU GOLDEN EAGLE CLUB, INC.	23-7164698							
FORM 990, PART IV - N/A QUESTIONS								
THE FOLLOWING QUESTIONS WERE NOT APPLICABLE AND THEREFORE LEFT	BLANK: 5, 24B-D.							
FORM 990, PART V - N/A QUESTIONS								
THE FOLLOWING QUESTIONS WERE NOT APPLICABLE AND THEREFORE LEFT	BLANK: 2B, 3B, 5C,							
6B, 7D, 7G-H, 8, 9A-B, 10A-B, 11A-B, 12A-B.								
FORM 990, PART VI - N/A QUESTIONS								
THE FOLLOWING QUESTIONS WERE NOT APPLICABLE AND THEREFORE LEFT	BLANK: 10B, 12B-C,							
16B.								
SCHEDULE G, PART I, LINE 2B(II)								
PROFESSIONAL FUNDRAISING ACTIVITIES INCLUDED PROMOTION OF PREMI	UM SEATING,							
SCHOLARSHIP FUNDING, AND CHAMPIONS CLUB MEMBERSHIPS.								
SCHEDULE G, PART I, LINE 2B(V)								
IN ADDITION TO THE FEES REPORTED AS PAID TO THE PROFESSIONAL FU	UNDRAISER, THE							
ORGANIZATION REIMBURSED THE FUNDRAISER FOR TRAVEL EXPENSES IN T	THE AMOUNT OF \$3,663.							
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION								
ALL SPORTS BANQUET FOR ORU ATHLETES								
DISTRIBUTION TO THE GOLF PROGRAM FROM GOLF TOURNAMENT REVENUE								
PROVISION OF LETTER JACKETS FOR ORU ATHLETES								
								
PROVISION OF APPAREL AND REFRESHMENTS FOR MEMBERS								
	· 							
PROVISION OF EXPENSES FOR VARSITY CLUB ACTIVITIES								
								

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
ORU GOLDEN EAGLE CLUB, INC.	23-7164698
	<u>, </u>
	·

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

open to Public noticepent

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Name of the Organization

Employler Identification number

ORU GOLDEN EAGLE CLUB, INC. 23-7164698 Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees	т	,						·		
(A)	(B)	(C) Position (check all that apply)				(D)	(E)	(F)		
Name and Title	Average hours per week		tion (r —		_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			ee			ed				
MICHAEL HAIRSTON DIRECTOR	1	Х						0.	0.	0.
DAVID HENTSCHEL								0.		
DIRECTOR	11	Х						0.	0.	0.
DAVID_LUNDQUISTDIRECTOR	1	х						0.	0.	0.
R. SCOTT VAN DYKE										
DIRECTOR	1	X						0.	0.	0.
BOB NASH DIRECTOR	1	x						0.	0.	0.
JIM CAMPOS					_			0.	0.	
DIRECTOR	2	х						0.	0.	0.
CHUCK RAMSAY										
DIRECTOR	1	Х						0.	0.	0.
TOM WINTERS									_	_
DIRECTOR	1	Х			_			0.	0.	0.
	 	 			\vdash	<u> </u>	-			
									-	
	1			1				1		