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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. 2009

Department of the Treasury Internal Revenue Service

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

| | | | _ | _ | _ | | |
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| | For the | 2009 calend | ar year, c | or tax year begir | ning 5/ | 01 | , 2009, an | <u>d endin</u> | g 4/ | 30 | , | 2010 |
|---------------------------|-------------|----------------------------|-------------------------|-----------------------|--------------------|-----------------------|-------------------|----------------|--------------|-----------------------------------|---------------|---------------------------|
| В | Check if | applicable | D1 | C | | | | | | D Emplo | yer Identific | cation Number |
| | Addi | ress change | Please use IRS label | SCOTTISH | AMERICAN | SOCIETY (| F CENTRA | $^{ m L}$ | | 59- | -28240 | 66 |
| | H-1 | ne change | or print or type. | FLORIDA, | | | | | | | none numbe | |
| | \vdash | al return | See | P. O. BOX | 2948 | | • | | | 1 40- | 7-426- | 7268 |
| | H | | specific Instruc- | ORLANDO, | FL 32802 | -2948 | | | | | 1 420 | 7200 |
| | \vdash | mination | tions. | | | | | | | l_ | | 005 747 |
| | Ame | ended return | | <u> </u> | | | | | | • | receipts \$ | 225,747. |
| | Арр | lication pending | | and address of princi | pal officer | | | | | a group ret | | ates? Yes X No |
| | | | | AS C ABOVE | | | | | | l affiliates in ' attach a lis | | uctions) Yes No |
| <u> </u> | Tax-e | exempt statu | s 🗓 501 | (c) (3) | (insert no) | 4947(a |)(1) or ! | 527 | | | | , |
| J | Webs | site: ► HT | TP://W | WW.FLASCO | C.COM | | | | H(c) Group | exemption | number 🏲 | |
| ĸ | Form o | of organization | X Corpora | ation Trust | Association | Other ► | L Year | of Format | ion 197 | 6 M | State of leg | al domicile FL |
| P | art I | Summa | ary | | | | | | | | | |
| b | 1 E | Briefly describ | oe the org | ganization's mis | sion or most s | significant activi | ties: PROM | MOTE . | AND CE | LEBRA' | re the | 1 |
| Ф | | | | E SCOTTIS | | | | | | | | |
| ĕ | | | | TRAL FLOR | | | | | | | | |
| Activities & Governance | _ | | | | | | | | | | | |
| o Ve | 2 0 | Check this bo | x • [| if the organizati | on discontinu | ed its operation | s or disposed | of mor | e than 25 | 5% of its a | assets | |
| ğ | 3 1 | Number of vo | | bers of the gove | | | | | | | 3 | 10 |
| 9 | 4 1 | Number of inc | dependen | it voting membe | rs of the gove | rning body (Pa | rt VI, line 1b) | | | | 4 | 10 |
| ı <u>t</u> | 5 T | Total number | of emplo | yees (Part V, lır | ne 2a). | | | | | | 5 | 0 |
| 훓 | 6 T | Γotal number | of volunt | eers (estimate i | necessary) | | | | | | 6 | 0 |
| , ∢ | 7a ⊺ | Γotal gross ui | nrelated b | ousiness revenu | e from Part V | III, column (C), | line 12 | | | | 7a | 0. |
| ! | b N | Vet unrelated | business | taxable income | from Form 9 | 90-T, line 34 | | | | | 7b | 0. |
| ` | | | | | | | | | j F | Prior Year | . | Current Year |
| , B | 8 0 | Contributions | and gran | its (Part VIII, line | e 1h) | | | | | 2, | 025. | 14,912. |
| Utuc ** Revenue | | | | ue (Part VIII, lir | | | | | | 203, | 827. | 210,739. |
| ⊇ 🕺 | 10 li | nvestment in | come (Pa | art VIII, column | (A), lines 3, 4 | , and 7d) | | | | · | 7. | 96. |
|) Ř | 11 0 | Other revenue | e (Part VI | III, column (A), I | ines 5, 6d, 8d | , 9c, 10c, and | l1e) | | | | | |
| | 12 T | Total revenue | - add lii | nes 8 through 1 | l (must equal | Part VIII, colur | nn (A), line 12 | 2) | | 205, | 859. | 225,747. |
| | 13 0 | Grants and si | mılar amo | ounts paid (Part | IX, column (/ | A), lines 1-3) | | | | | | 1,560. |
| | 14 E | Benefits paid | to or for | members (Parti | IX, column (A |), line 4) | | | | | | |
| _ | 15 S | Salaries, othe | er comper | nsation, employe | ee benefits (P | art IX, column | (A), lines 5-10 | 0) | | | | |
| 96 | 16a F | | | ig fees (Part IX, | | | | | | | | |
| Expenses | . h T | | | nses (Part IX, co | • - | 1 | | | | | | |
| Щ | 1,70 | | | = | | , | | | | 171 | E 2 2 | 225 606 |
| | | | | X, column (A), I | | | ` . | | - | 174, | | 225,606. |
| | | | | nes 13-17 (must | | | ne 25) | | - | 174, | | 227,166. |
| _ | | Revenue less | expense | s. Subtract line | 18 from line 1 | | | | | 31, | 326. | |
| P 0 | | | | | | 0 | > . | | Begi | nning of | | End of Year |
| Net Assets Fund Balanc | 20 T | Total assets (| Part X, III | ne 16) | | 16.60 | , , | | | 72, | 177. | 70,758. |
| 4 P | 21 T | Total liabilities | s (Part X, | line 26) | | 17. | | | | | 0. | 0. |
| ŞŽ | 22 N | Net assets or | fund bala | ances. Subtract | line 21 from l | ne 20 | | | | 72. | 177. | 70,758. |
| | art II | | ure Blo | _ | | | | | <u> </u> | <u> </u> | | |
| | | | s of penury. | I declare that I have | examined this re | urn, including accor | npanying schedule | es and sta | tements, an | nd to the bes | t of my kno | wledge and belief it is |
| | | true, correct, a | ind complete | Declaration of prep | arer (other than o | fficer) is pased on a | Information of w | vhich prep | arer has any | y knowledge | | wledge and belief, it is |
| Si | gn | ► | lood | ~~~ /.). | (now | local 1 | 4 | | 1. | / | 9/1 | 2010 |
| He | ere | Signature | of officer | - | | 1 1 | <u>-94</u> - | | Da | ate | -7-7 | |
| | | ► WOODE | W WOS | CRAWFORD, | JR. | \mathcal{O} | | | PRES | IDENT | | |
| | | | int name an | | OIK. | | | | | 100111 | | |
| _ | | | | ~ | | 1 | Date | | | heck if | Prep | arer's identifying number |
| Pa | id | 1 | 1 | KILLYZE | leno | mus | JUL | 22 | 2040 50 | elf- | . C | instructions) |
| Pr | | Preparer's signature | ► J R | USSELL HAM | LIN, CPA | , | YUL | 22 | בטוט פּוּ | mployed | $N/2$ | λ |
| | rer's | - | OT T | | | | CDAC | | | | [11/1 | <u> </u> |
| Us | se | Firm's name (o | | CKSTEIN LA | | | CPAS | | | | T / 7 | |
| 10 | าไy | employed), address, and | ► <u>555</u> | | | 400 | | | E | | V/A | |
| | | ZIP + 4 | | | 32751 | | | | P | hone no | · (407) | 645-4775 |
| _ | | | | with the prepare | | | | | | | | X Yes No |
| BA | A For F | Privacy Act a | nd Paper | work Reduction | Act Notice, s | ee the separate | instructions. | | | TEEA0113 | L 12/29/09 | Form 990 (2009) |

| | 990 (2009) SCOTTISH AMERICAN SOCIETY OF CENTRAL | 59-28 | <u> </u> | | H | age 2 |
|-----|---|----------------|---------------|----------|--|------------------|
| Par | Statement of Program Service Accomplishments | | | | | |
| 1 | Briefly describe the organization's mission: | · · · | | | | _ |
| • | PROMOTE AND CELEBRATE THE CONTINUATION OF SCOTTISH TRADITIONS A | ND HERIT | AGE I | HROU | GH | |
| | EDUCATION AND EVENTS WITHIN THE CENTRAL FLORIDA COMMUNITY | | | | | |
| | | | | | | |
| | | | | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the | e nrior | | | | |
| 2 | | ie prior | | / F | X | Na |
| | Form 990 or 990-EZ? | | Ш' | res [| <u>. </u> | No |
| | If 'Yes,' describe these new services on Schedule O. | _ | т. | | | |
| 3 | 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3 | es? | □ ' | Yes [| X | No |
| | If 'Yes,' describe these changes on Schedule O | | | | | |
| 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 a | y expenses. S | ection 5 | 501(c)(| 3) | |
| | expenses, and revenue, if any, for each program service reported | anocations to | ouieis, i | וופ נטנב | | |
| | components, and revenue, it diff, to easily regions control represent | | | | | |
| | | | | | | |
| 4 8 | a (Code (Code (Expenses \$ 219,897.) including grants of \$) | | § | 210 | | <u>9.</u>) |
| | PROMOTE AND CELEBRATE THE CONTINUATION OF SCOTTISH TRADITIONS A | ND_HERIT | AGE_I | 'HROU | GH_ | |
| | EDUCATION AND EVENTS WITHIN THE CENTRAL FLORIDA COMMUNITY | | | | | |
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| 41 | (Code:) (Expenses \$ including grants of \$) | /Povenue 9 | | | | , |
| 41 | (Code:) (Expenses \$) | (Revenue | ' | | | <u> </u> |
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| 4 | c (Code:) (Expenses \$ including grants of \$) | (Revenue | š | | |) |
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| | | | | | | |
| 4 | d Other program services. (Describe in Schedule O.) | | | | | |
| | (Expenses \$ including grants of \$) (Revenue | \$ | |) | | |
| 4 | e Total program service expenses ► 219,897. | | | | | |
| | | | | | | |

| Terror | 1990 (2009) SCOTTISH AMERICAN SOCIETY OF CENTRAL 59-282406 | <u> </u> | <u></u> | age ² |
|-------------|--|-----------|---------|------------------|
| 41 | tiv 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,' 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 | | x |
| 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 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 |
| 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? <i>If 'Yes,' complete Schedule D. Part IV</i> | 9 | | Х |
| 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 | | Х |
| 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 | Х | |
| • | 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 | | | |
| • | Poid 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 | | | |
| | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | ******* | X |
| 12 <i>A</i> | Was the organization included in consolidated, independent audited financial statement for the tax Yes No | | | |
| 19 | year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional [12 A X | 12 | | |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| | | 144 | | |
| | 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 | | Х |
| 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 ${\cal H}$

Form 990 (2009) SCOTTISH AMERICAN SOCIETY OF CENTRAL

Part V Checklist of Required Schedules (continued)

| _ | | 1 | Yes | No |
|------|--|------|-------------|----------|
| 21 | 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 | | X |
| 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 | | х |
| 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 employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | х |
| 24 a | 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 | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | x |
| t | 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 | | x |
| 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 | | X |
| 27 | 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 Schedule L, Part III | 27 | | X |
| 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| t | 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 | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 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 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | <u>x</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 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 | | X |
| 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 | | Х |
| 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? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | _ | X |
| BAA | | Form | 990 | (2009) |

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 a n b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2ь Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3*a* b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 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)? **4**a **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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 5c 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? 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). 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? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 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? 9ь 10 Section 501(c)(7) organizations. Enter: 10 a 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. 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b

BAA

Form 990 (2009)

12a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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.

| 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, furstee or key employee. 3 Did the organization delegate control over management duties: customarily performed by or under the direct supervision of officers, directors or trustees, or key employee. 4 Did the organization delegate control over management duties: customarily performed by or under the direct supervision of officers, directors or trustees, or key employee. 5 Did the organization make any significant changes to its organizational documents. 5 Did the organization make any significant changes to its organizational documents. 5 Did the organization have members or stockholders? SEE SCHEDULE 0 7 Does the organization have members, stockholders? SEE SCHEDULE 0 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 6 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization of the governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization of mailing address? If Yes, Provide the names and addresses in Schedule 0 10 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 of the process. If any, used by the organization to review this Form 990. SEE SCHEDULE 0 11 Has the organization have a written whistleblower policy? 12 Does the organization have a written official of inferest policy? If No. 2 or to the 13 12 Does the organization have a written officia | Sec | tion A. | Governing Body and Management | | | | | | |
|--|-----|-------------|---|---------|---------------------|----------|----------------|--------|------|
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| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 13 Does the organization have a written whistleblower policy? 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 of key employees of the organization If 'Yes' to line 15a or 15b, 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 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. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. | 11. | A Describe | in Schedule O the process, if any, used by the organization to review this Form 990. | SE | EE SCHEDULE | 0 | | | |
| to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O now this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower 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 of key employees of the organization If 'Yes' to line 15a or 15b, 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 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. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. | 12 | Does the | organization have a written conflict of interest policy? If 'No,' go to line 13 | | | [| 12a | | X |
| Schedule O'how this is done 13 Does the organization have a written whistleblower policy? 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 of key employees of the organization If 'Yes' to line 15a or 15b, 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 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. Disclosures 15 List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. | | | | that co | uld give rise | | 12b | | |
| 14 | 1 | | | cy? If | 'Yes,' describe in | , [| 12c | | |
| 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 of key employees of the organization if 'Yes' to line 15a or 15b, 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 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 16a X 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 15a X 15b X 15b X 15b X 16a X b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements with a taxable example for procedure status with respect to such arrangements? 16a X 15b X 15b X 15b X 15b X 15c X 15c V 16a Y 16a | 13 | Does the | organization have a written whistleblower policy? | | | Ī | 13 | | X |
| a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, 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 with a taxable entity during the year? 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its 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: | 14 | Does the | organization have a written document retention and destruction policy? | | | Ī | 14 | | X |
| a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, 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 with a taxable entity during the year? 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its 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: | 15 | Did the pi | ocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec | pprova | al by independent | t | | | |
| If 'Yes' to line 15a or 15b, 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 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. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 its 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: | | | | | | ſ | 15a | | X |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 its 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: | | Other offi | cers of key employees of the organization | | | | 15 b | | X |
| 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. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 ☐ X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its 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: | | If 'Yes' to | line 15a or 15b, describe the process in Schedule O. (See instructions) | | | | | | |
| in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 ☐ X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its 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: | 16 | | | arrange | ment with a taxa | ble | 16a | | X |
| Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 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 □ X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its 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: | | ın joint ve | nture arrangements under applicable federal tax law, and taken steps to safeguard t | | | | 16b | | |
| 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its 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: | Sec | | | | | | | | |
| Inspection. Indicate how you make these available. Check all that apply. Own website Another's website Will Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: | | | | | | - | | | |
| 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 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: | 18 | Section 6 | 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply. | d 990-T | (501(c)(3)s only |) availa | able f | or put | olic |
| 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: | | Own | website Another's website X Upon request | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | statemen | s available to the public. | | | | | | al |
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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.

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) | (B) Average | Posi | ton (| | c) | hat app | lv) | (D) | (E) | (F) | | |
|--------------------------------|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|--|---|---|--|--|
| Name and Title | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estmated amount of other compensation from the organization and related organizations | | |
| WOODROW W. CRAWFORD, JR. | | v | | ** | | , | | | | | | |
| PRESIDENT CHARLES R. MCGREW | 0 | Х | | X | | | | 0. | 0. | 0. | | |
| VICE PRESIDENT | 0 | Х | | Х | | | | 0. | 0. | 0. | | |
| GLEN E. WINTER | | | | | | | | | | | | |
| TREASURER | 0 | X | | X | | | | 0. | 0. | 0. | | |
| JEAN L. GORDON | | | | | | | | _ | _ | | | |
| SECRETARY | 0 | Х | | <u>X</u> | ļ | | | 0. | 0. | 0. | | |
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| Section A. Officers, Directors, Trus | I _ | ∖ey | Er | | | ees | <u>, ar</u> | | | |
|--|----------------------------------|--------------|--------------|-----------------------|---------------|------------------------------|---------------|---|---|--|
| (A) | (B) Average | Posi | tion (| - | C) k all f | hat a | (vlaa | (D) | (E) | (F) |
| Name and Title | hours per week | | | Officer | | 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 |
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| | | | | | | | | | | |
| 1 b Total | | | | | | | > | 0. | 0 | . 0. |
| 2 Total number of individuals (including but not limited from the organization ► 0 | l to thos | e lıs | ted | abo | ve) | who | rece | eived more than \$ | 100,000 in reporta | ble compensation Yes No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of repthe organization and related organizations greater the individual 5 Did any person listed on line 1a receive or accrue complete. | ortable nan \$150 nanpensa | com 0,000 | iper 0? / | nsatı f 'Ye m a | on a | and o | othe olete | r compensation fr Schedule J for su | om uch | 3 X |
| rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors | • | | | | | | | | | 5 X |
| Complete this table for your five highest compensate compensation from the organization | ed indep | end | ent | conf | tract | ors | that | received more the | an \$100,000 of | |
| (A) Name and business addres | s | | | | | | | Description | of Services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including I \$100,000 in compensation from the organization ▶ | _ | ımıte | ed to | o the | ose | liste | d ab | oove) who receive | d more than | |

| | 1VIII Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|---------------|-----------------------------|---|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f | 14,912. | | | | |
| AND | g Noncash contribns included in lns 1a-1f \$ h Total. Add lines 1a-1f | | 14,912. | | | |
| | | Business Code | | | | |
| PROGRAM SERVICE REVENUE | b GAMES c d | | 210,739. | | | 210,739. |
| GRA | f All other program service revenue | | | | | |
| PRO | g Total. Add lines 2a-2f | > | 210,739. | • | | |
| | Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt bor Royalties | • | 96. | | | 96. |
| | (i) Real | (iı) Personal | | | | |
| | b Less rental expenses c Rental income or (loss) d Net rental income or (loss) | • | | | | |
| | (i) Seguntes | (II) Other | | | | |
| | 7 a Gross amount from sales of assets other than inventory b Less cost or other basis | | | | | |
| | and sales expenses | | | | | |
| | c Gain or (loss) d Net gain or (loss) | | | | | |
| UE | 8a Gross income from fundraising events (not including \$ | | | | | |
| OTHER REVENU | of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| THE | b Less direct expenses b | | | | | |
| U | c Net income or (loss) from fundraising ever | nts 🟲 | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | | | | | |
| Î | b Less: direct expenses. b c Net income or (loss) from gaming activities | c Þ | | | | |
| | | <u> </u> | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | | |
| | b Less: cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventor | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11 a b | • | | | | |
| | c | | | | | |
| | d All other revenue | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | e Total. Add lines 11a-11d | > | | - | _ | 2.2 |
| | 12 Total revenue. See instructions | • | 225,747. | 0. | 0. | 210,835. |

Part X 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). (D) Do not include amounts reported on lines Program service Management and Fundraising Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 1,560 the U.S. See Part IV, line 22 1,560 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 0 0 0. trustees, and key employees 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. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 1,500 1,500 c Accounting **d** Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 15,124. 15,124 12 Advertising and promotion 902 902 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 418 418 2 656 2,656 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) 189,881 a EVENT & GAME EXPENSES 189,881 **b** PRINTING AND PUBLICATIONS 9,833. 9,833. 2,000 2,000 c TRAVEL 1,081. 1,081. d POSTAGE AND SHIPPING 963 e STORAGE 963. 1,248. 1,248 f All other expenses 227,166 219,897 7,269 0. Total functional expenses Add lines 1 through 24f Joint costs. Check here ► ____ if following SOP 98-2. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

| | nt X | Balance Sheet | | | | | |
|-----------------------|-------------|---|--------------------|------------------------------------|---|------|---------------------------------------|
| | | | | _ | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | | | 8,467. | 1 | 18,649. |
| | 2 | Savings and temporary cash investments | | | 60,465. | 2 | 49,282. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | • | | 4 | |
| | 5 | Receivables from current and former officers, directors and highest compensated employees. Complete Part | s, trus II of S | tees, key employees, chedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as define | d und | er section 4958(f)(1)) | | | |
| _ | | and persons described in section 4958(c)(3)(B). Comp | lete P | art II of Schedule L | | 6 | |
| A S E T S | 7 | Notes and loans receivable, net | | | | 7 | |
| Ē | 8 | Inventories for sale or use | | | | 8 | |
| Š | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10 a | Land, buildings, and equipment: cost or other basis. | 10 a | 5,550. | | | |
| | | Complete Part VI of Schedule D | | | | | |
| | b | Less: accumulated depreciation. | 10 b | 2,723. | 3,245. | 10 c | 2,827. |
| | 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 3 | 34) | | 72,177. | 16 | 70,758. |
| | 17 | Accounts payable and accrued expenses | | | | 17 | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| Ļ | 20 | Tax-exempt bond liabilities | | | | 20 | |
| A B I | 21 | Escrow or custodial account liability. Complete Part IV | √ of S | chedule D | | 21 | |
| Ļ | 22 | Payables to current and former officers, directors, trus highest compensated employees, and disqualified per- | stees, sons. | key employees, Complete Part II | | | |
| Ī | | of Schedule L | | | | 22 | |
| E S | 23 | Secured mortgages and notes payable to unrelated th | ırd par | ties | | 23 | |
| | | Unsecured notes and loans payable to unrelated third | partie | s | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 0. | 26 | 0. |
| N E T | | Organizations that follow SFAS 117, check here ▶ | X ar | nd complete lines | | | |
| | | 27 through 29 and lines 33 and 34. | | | | | |
| S | 27 | Unrestricted net assets | | | 68,152. | 27 | 67,783. |
| E T S | 28 | Temporarily restricted net assets. | | • | 4,025. | 28 | 2,975. |
| | 29 | Permanently restricted net assets | | | | 29 | |
| R F. | | Organizations that do not follow SFAS 117, check her lines 30 through 34. | e ► | and complete | | | |
| E DZD | 30 | Capital stock or trust principal, or current funds | | | *************************************** | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, and equip | ment f | und | | 31 | |
| î | 32 | Retained earnings, endowment, accumulated income, | | | | 32 | · · · · · · · · · · · · · · · · · · · |
| B女 し 女 之 ひ し り | 33 | Total net assets or fund balances. | | | 72,177. | 33 | 70,758. |
| S | 34 | Total liabilities and net assets/fund balances | | | 72,177. | 34 | 70,758. |
| | | Total national and the december and balances | | | 16,11, | ~~ | 70,750. |

BAA

70,758. Form **990** (2009)

| Thursday Thursday Statements and Reporting | | | |
|--|----------|-----|----|
| | | Yes | No |
| 1 Accounting method used to prepare the Form 990: X Cash \Box Accrual \Box 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 | | X |
| 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 auc review, or compilation of its financial statements and selection of an independent accountant? | dit, | | |
| 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 consolidated basis, separate basis, or both: | a | | |
| 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 a or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | audit 3b | | |

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection
Employer identification number

Name of the organization SCOTTISH AMERICAN SOCIETY OF CENTRAL FLORIDA, INC 59-2824066 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (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 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type II Ь C Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations. h (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify (i) Name of Supported (ii) EIN (iv) Is the (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? Organization zation in col the organization in col (i) of (A) listed in your (see instructions)) your support? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

SCOTTISH AMERICAN SOCIETY OF CENTRAL Schedule A (Form 990 or 990-EZ) 2009 59-2824066 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🟲 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (e) 2009 (c) 2007 (d) 2008 (f) Total beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, 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 lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

| Part III | Support Schedule fo | | | in Section 509 | (a)(2) | | |
|----------------------------------|--|--|--|---|--|---------------------------------|--------------------|
| Cardia | (Complete only if you ched | cked the box on lin | ne 9 of Part I.) | | | | |
| | n A. Public Support | 4 2 2 2 2 7 | # 1 0005 T | | | | |
| | r year (or fiscal yr beginning in)► ts, grants, contributions and | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| me not | mbership fees received. (Do include 'unusual grants ') | 22,924. | 80. | 40,000. | 2,025. | 14,912. | 79,941. |
| adr or s fac tha org | oss receipts from missions, merchandise sold services performed, or illities furnished in a activity t is related to the anization's tax-exempt | 146 700 | 170 000 | 171 400 | 000 000 | 212 222 | |
| 3 Gros | pose is receipts from activities that are an unrelated trade or business er section 513 | 146,703. | 178,000. | 171,493. | 203,827. | 210,739. | 910,762. 0. |
| 4 Tax org eith | or section of the control of the con | | | - | | | 0. |
| faci gov | e value of services or ilities furnished by a vernmental unit to the anization without charge | | | | | | 0. |
| | al. Add lines 1 through 5 | 169,627. | 178,080. | 211,493. | 205,852. | 225,651. | 990,703. |
| 2, 3 | ounts included on lines 1, 3 received from disqualified sons | 0. | 0. | 0. | 0. | 0. | 0. |
| and disc exc | ounts included on lines 2 13 received from other than qualified persons that eed the greater of 1% of amount on line 13 for the | | | | | | |
| yea | | 0. | 0. | 0. | 0. | 0. | 0. |
| | d lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| | olic support (Subtract line | | | | | | |
| | from line 6.) 1 B. Total Support | | | | | | 990,703. |
| | | (a) 200E | (b) 2006 | (-) 2007 | (-1) 2000 | 4-> 2000 | |
| | year (or fiscal yr beginning in) ► ounts from line 6 | (a) 2005 169, 627. | 178,080. | (c) 2007 211, 493. | (d) 2008 205, 852. | (e) 2009 225, 651. | (f) Total |
| 10a Gro divi | ses income from interest, dends, payments received securities loans, rents, altres and income form ilar sources | 80. | 318. | 1,130. | 7. | 96. | 990,703. 1,631. |
| inco taxe | elated business taxable ome (less section 511 es) from businesses juired after June 30, 1975 | | | 1,130. | | 30. | 0. |
| 11 Net a active whet | d lines 10a and 10b income from unrelated business rities not included inline 10b, ther or not the business is larly carried on | 80. | 318. | 1,130. | 7. | 96. | 1,631. |
| gaır cap | er income. Do not include n or loss from the sale of ital assets (Explain in t IV) | | | | | | 0. |
| 14 Firs | al support. (add ins 9, 10c, 11, and 12) at five years. If the Form 990 is anization, check this box and | s for the organizat stop here | | , third, fourth, or | fifth tax year as a | section 501(c)(3) | 992,334. |
| | n C. Computation of Pu | | | 12 polymer (5) | | 1 15 | 00.00 |
| | blic support percentage for 200 | • | | 13, column (1)) | | 15 | 99.8% |
| | olic support percentage from 2 D. Computation of Inv | | | | | 16 | 100.0% |
| 17 Inve | estment income percentage for | or 2009 (line 10c, c | olumn (f) divided | by line 13, column | n (f)) | 17 | 0.2% |
| | estment income percentage fr | | | | | 18 | 0.0% |
| mor b 33- 1 | I/3 support tests — 2009. If the than 33-1/3%, check this bo I/3 support tests — 2008. If the ot more than 33-1/3%, check | ox and stop here. T e organization did | The organization on not check a box of | qualifies as a publ on line 14 or 19a, a | icly supported org: and line 16 is more | anızatıon e than 33-1/3%, ar | ► [X] |

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

| Schedule A | (Form 990 | or 990-E2 | Z) 20 09 | SCOTTIS | H A | MERICAN | SOCIETY | OF | CENTRAL | 59-2824066 | Page 4 |
|------------|----------------|------------|-----------------|-------------|---------|----------------|--------------|------|--------------|--|----------------|
| Part IV | Supplen | nental li | nformat | ion. Com | lete | this part | to provide | the | explanation | 59-2824066 ns required by Part II, information. See inst | line 10: |
| • | Part II, I | ne 17a | or 17b; | and Part | III, In | ne 12. Pr | ovide any | othe | r additional | information. See inst | ructions. |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

OF GENERAL

| | TITISH AMERICAN SOCIETY OF CEN PRIDA, INC. | TRAL | | 59-2824066 | |
|-----|--|---|-------------------------------|--|----------------------------|
| | | r Advised Funds or Other Similar Fu | nds or Ac | counts Complet | te if |
| | the organization answered 'Yes' t | to Form 990, Part IV, line 6. | | | |
| | | (a) Donor advised funds | (b) F | unds and other acc | ounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | · · · · · · · · · · · · · · · · · · · | |
| 4 | Aggregate value at end of year | | | | <u> </u> |
| 5 | Did the organization inform all donors and don funds are the organization's property, subject t | or advisors in writing that the assets held in don to the organization's exclusive legal control? | or advised | Yes | No |
| 6 | Did the organization inform all grantees, donor used only for charitable purposes and not for training impermissible private bene | s, and donor advisors in writing that grant funds he benefit of the donor or donor advisor or for a fit?? | may be ny other | Yes | ☐ No |
| Par | Conservation Easements Comple | ete if the organization answered 'Yes' | to Form 9 | 90, Part IV, line | ∍ 7. |
| 1 | Purpose(s) of conservation easements held by | the organization (check all that apply). | | | |
| | Preservation of land for public use (e.g., re | ecreation or pleasure) Preservation o | f an historica | ally important land a | area |
| | Protection of natural habitat | Preservation o | f certified his | storic structure | |
| | Preservation of open space | _ | | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year | on held a qualified conservation contribution in the | ne form of a | conservation easem | ent on the |
| | | | | Held at the End of | the Year |
| а | Total number of conservation easements | | 2a | | |
| t | Total acreage restricted by conservation easer | nents | 2 b | | |
| C | : Number of conservation easements on a certif | ied historic structure included in (a) | 2c | | <u> </u> |
| | Number of conservation easements included in | • • • | 2d | | |
| 3 | Number of conservation easements modified, | transferred, released, extinguished, or terminate | ed by the org | anization during the | tax |
| | year ► | | | | |
| 4 | Number of states where property subject to co | nservation easement is located ► | _ | | |
| 5 | and enforcement of the conservation easemen | | | tions, Yes | ☐ No |
| 6 | Staff and volunteer hours devoted to monitorin during the year • | ig, inspecting, and enforcing conservation easen | nents | | |
| 7 | Amount of expenses incurred in monitoring, in during the year ▶ | specting, and enforcing conservation easements | \$_ | | |
| 8 | Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requirements of sect | tion | Yes | ☐ No |
| 9 | In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements | orts conservation easements in its revenue and by the organization's financial statements that des | expense sta scribes the o | tement, and balance rganization's accour | e sheet, and nting for |
| Pai | Organizations Maintaining Collection Complete if the organization ans | ections of Art, Historical Treasures, o swered 'Yes' to Form 990, Part IV, line | r Other Si 8. | milar Assets | |
| 1 a | If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen | SFAS 116, not to report in its revenue statemer ic exhibition, education, or research in furtherannts that describes these items. | nt and baland ce of public | ce sheet works of ar service, provide, in | t, historical Part XIV, |
| t | If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items | SFAS 116, to report in its revenue statement ar ic exhibition, education, or research in furtheran | nd balance s ce of public | service, provide the | following |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | ► \$ | |
| | (ii) Assets included in Form 990, Part X | | | | |
| 2 | If the organization received or held works of ar amounts required to be reported under SFAS | rt, historical treasures, or other similar assets for 116 relating to these items: | r financial ga | | |
| a | Revenues included in Form 990, Part VIII, line | 1 | | ► \$ | |
| b | Assets included in Form 990, Part X | | | ►\$ | |
| | | | | | |

| | | | SOCIETY O | | | | 59-282 | | | Page 2 |
|---|----------------------------------|------------|--------------------------------------|----------------|-------------------------------------|-----------------------------|-------------------|----------------|-------|---|
| Part III Organizations Mainta | ining Coll | ections | of Art, Hist | <u>torical</u> | Treasures, | <u>or Other S</u> | <u>imilar As</u> | ssets (co | ntın | ued) |
| 3 Using the organization's acquisition items (check all that apply): | on accession | and othe | er records, chec | ck any of | the following t | that are a sigr | nificant use | of its colle | ction | |
| a Public exhibition | | | d Loan | or excha | ange programs | | | | | |
| b Scholarly research e Other | | | | | | | | | | |
| c Preservation for future generations | | | | | | | | | | |
| 4 Provide a description of the organ Part XIV | nization's coll | ections a | and explain how | v they fu | ther the organ | ızatıon's exen | npt purpose | e in | | |
| 5 During the year, did the organizar assets to be sold to raise funds re | tion solicit or ather than to | receive o | donations of art tained as part o | t, historic | al treasures, o janization's col | or other simila lection? | r | Yes | | No |
| Part N Escrow and Custodia 9, or reported an amo | | | | | zation answ | ered 'Yes' | to Form | 990, Parl | ŧΙV, | line |
| 1a Is the organization an agent, trus included on Form 990, Part X? | | | | | ributions or oth | er assets not | | <u> </u> | | |
| | | | | | | | | Yes | L | _] No |
| b If 'Yes,' explain the arrangement | ın Part XIV a | nd comp | lete the following | ng table: | | | | • | | |
| | | | | | | | | Amount | | |
| c Beginning balance | | | | | | 1c | | | | |
| d Additions during the year | | | | | | 1d | | | | |
| e Distributions during the year | | | | | | 1e | | | | |
| f Ending balance | | 000 [| 3-4 V II 012 | | | 1f | | | | 7 |
| 2a Did the organization include an a | | m 990, F | art X, line 21? | | | | | Yes | L | ∫No |
| b If 'Yes,' explain the arrangement Part : Endowment Funds Co | | raaniz | ation answo | rod 'V | os' to Form | 990 Part I | V lino 10 | <u> </u> | | |
| Part Endowment Funds Co | (a) Current | | (b) Prior yea | | (c) Two years bad | | e years back | (e) Four | Veare | hack |
| 1 a Beginning of year balance | (a) current | . year | (b) i iloi yea | " - | (C) 1WO years Date | , (u) III | o years back | (6) 1001 | years | Dack |
| b Contributions | | | | | | | | | | |
| | | | | | | | | | **** | *************************************** |
| c Net Investment earnings, gains, and losses | • | | | | | | | | | |
| d Grants or scholarships | | | | | | | | | | |
| Other expenditures for facilities and programs | | | | | | | | | | |
| f Administrative expenses | | | | | | | | | | |
| g End of year balance | | | | | | | | | | |
| 2 Provide the estimated percentage | · · | end bala | nce held as: | | | | | | | |
| a Board designated or quasi-endov | | | % | | | | | | | |
| b Permanent endowment ▶ | * | | | | | | | | | |
| c Term endowment ► | 8 | | | | | | | | | |
| 3a Are there endowment funds not a organization by: | n the possess | sion of th | e organization | that are | held and admir | nistered for th | е | Y | es | No |
| (i) unrelated organizations | · · · | | | | | | | | | |
| (ii) related organizations | | | | | | | | | | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | | | | | | | | | | |
| 4 Describe in Part XIV the intended | uses of the | organıza | tion's endowme | ent funds | | | | | | |
| Part VI Investments—Land, B | uildings, a | and Eq | uipment. Se | ee Forr | n 990, Part | X, line 10. | | | | |
| Description of investment | | (a) Cost | t or other basis vestment) | | ost or other sis (other) | (c) Accun Deprec | nulated lation | (d) Boo | k Va | lue |
| | | 1 | | | | VEX CONSCIONATION | ann miliitiin | | | |

Description of investment

(a) Cost or other basis (b) Cost or other basis (c) Accumulated Depreciation

1 a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(c) Accumulated Depreciation

(d) Book Value

5, 550.
2, 723.
2, 827.

BAA

Schedule **D** (Form 990) 2009

| Part VII Investments—Other Securities Sec | | · | nt an |
|---|--------------------------------|---|---------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of value Cost or end-of-year ma | ation rket value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | - |
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| Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) | | | |
| Part VII Investments—Program Related (Se | ee Form 990, Part X, | line 13) N/A | |
| (a) Description of investment type | (b) Book value | (c) Method of value | ation |
| | | Cost or end-of-year ma | rket value |
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| Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) | > | | |
| Part X Other Assets (See Form 990, Part | X, line 15) N/I | 1 | |
| | | | |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| | Description | | (b) Book value |
| (a) | | • | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) |), line 15) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) Other Liabilities (See Form 990, P (a) Description of Liability |), line 15) | - | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) Other Liabilities (See Form 990, P |), line 15) art X, line 25) | > | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) Other Liabilities (See Form 990, P (a) Description of Liability |), line 15) art X, line 25) | P | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) Other Liabilities (See Form 990, P (a) Description of Liability |), line 15) art X, line 25) | P | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) Other Liabilities (See Form 990, P (a) Description of Liability |), line 15) art X, line 25) | > | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) Other Liabilities (See Form 990, P (a) Description of Liability |), line 15) art X, line 25) | P | (b) Book value |
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^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

| Schedule D (Form 990) 2009 SCOTTISH AMERICAN SOCIETY OF CENTRAL 5 | <u>59-2824066</u> | Page 4 |
|--|---|--------|
| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | N/A | |
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) | | |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | | |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 | | |
| 4 Net unrealized gains (losses) on investments | | |
| 5 Donated services and use of facilities | | |
| 6 Investment expenses | | |
| 7 Prior period adjustments | | |
| 8 Other (Describe in Part XIV). | | |
| 9 Total adjustments (net). Add lines 4 through 8 | | |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. | | |
| Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return N/A | |
| 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. | | |
| a Net unrealized gains on investments | | |
| b Donated services and use of facilities . 2b | | |
| | | |
| 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 Investments expenses not included on Form 990, Part VIII, line 7b | 400 | |
| b Other (Describe in Part XIV) | _ | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | |
| Reconciliation of Expenses per Audited Financial Statements With Expenses per Re | eturn N/A | |
| 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 . 2a | | |
| b Prior year adjustments | | |
| c Other losses 2c | | |
| 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 IX, line 25, but not on line 1: | | |
| a Investments expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIV). | | |
| c Add lines 4a and 4b | 4c | |
| 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) | 5 | |
| Part XIV Supplemental Information | | |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this painformation | , lines 1b and 2b; Part V art to provide any additio | nal |
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Schedule **D** (Form 990) 2009

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| Schedule D (Form 990) 2009 SCOTTISH AMERICAN SOCIETY OF CENTRAL Supplemental Information (continued) | 59-2824066 | Page 5 |
|---|------------|----------------|
| Part XIV Supplemental Information (continued) | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990.

| DCCITION MIDRICAN DCCIDIT OF CHARACTE | Employer Identification number | | | | | |
|---|--------------------------------|--|--|--|--|--|
| FLORIDA, INC. | 59-2824066 | | | | | |
| FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE | | | | | | |
| MEMBERSHIP IS OPEN TO ALL PERSONS, REGARDLESS OF AGE, SEX, NATI | ONAL_ORIGIN_OR | | | | | |
| RELIGIOUS BELIEF, WHO EXPRESS A GENUINE INTEREST IN THE PURPOSE | S AND OBJECTIVES OF | | | | | |
| THE SOCIETY. | | | | | | |
| FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS | | | | | | |
| NO REVIEW WAS OR WILL BE CONDUCTED. | | | | | | |
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| Schedule O (Form | 990) 2009 | | | | Page 2 |
|--------------------------|-------------------|------------------|------------|---|---|
| Name of the organization | SCOTTISH FLORIDA. | AMERICAN INC. | SOCIETY OF | CENTRAL | Employer identification number 59-2824066 |
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