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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

		the Treasury Be Tree Treasury The organization may have to use a copy of this return to satisfy state	reporting requ	irements.	Inspection
A	For the	e 2009 calendar year, or tax year beginning $MAII$, 2009, and endi	ng APEI	U	, 20 / 0
	heck if a	10 November 1/190 10 16 1/37 10/4/ NO	KEOF From	D Employ	er identification number
_	Address	use IRS I David Division As		80	6055211
$\overline{}$	lame ch	print or Number and street (or P.O box if mail is not delivered to street address) Room/si	uite		one number
	nutial ret	12 11.11 DEPOSITATE PULL	i	(G28)	342-3792
	erminat	Specific Crty or town, state or country, and ZIP + 4			
	unende:	tions 1// ha A 2 X (26)		G Gross re	ceipts \$ 824 4 7 以 ス
		pending F. Name and address of principal officer. 13441 5. FRONTAGE	H(a) Is this	a orrouso return	for affiliates? Yes No
	фисто	ROYCAVANAUGH YUMA, AZ 85367	, , , , , , , , , , ,		ncluded? Ves No
T	Tax-exe	mpt status: 💢 501(c) (🔏) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527	1		list (see instructions)
	Websit			•	mber ▶ 000 2
		organization: XI Corporation ☐ Trust ☐ Association ☐ Other ► I. Year of forma			legal domicile:
	rt I	Summary			
		Briefly describe the organization's mission or most significant activities:	2 OPLAN	2011	ad HILLIES ITS
	' %		ENEVOL	ENIE	ANDCHART
9		TUS IS ACCOMPLISHED THROUGH A YEAR A		CHEX	WE DE SOCIA
nan		AND RECEIPTIONAL ALTIUSTIES FOR MEMBERS A	WXTHE	10. 1	And Frid
Governance		Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25°	% of its not asse	/// te	<i></i>
පි	1		70 OF Its Het asse	. 3	9
-ජ ග	i e	Number of voting members of the governing body (Part VI, line 1a)		4	0
ŧ.	1	Number of independent voting members of the governing body (Part VI, line 1	D)	5	<u> </u>
Activities		Total number of employees (Part V, line 2a)		. 6	101
ĕ		Total number of volunteers (estimate if necessary)		· 7a	<u> </u>
		Total gross unrelated business revenue from Part VIII, column (C), line 12.		7a 7b	<i>-</i>
	10 1	Net unrelated business taxable income from Form 990-T, line 34	Prior Ye		Current Year
			<u> </u>		2 / / ¬ /
•	1	Contributions and grants (Part VIII, line 1h)		7.00	216/6.60
1	7	Program service revenue (Part VIII, IIII)	69443	56.38	801284.93
Revenue		nvestment income (Part VIII, column (A), Urles 4, 4) and (7d)	390	77.52	2017.27
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c (and 11e)	0	757	On a Combon
	12	Total revenue—add lines 8 through \$1 (must equal Part VIII, cql Vin (A), line 12)	127.89	10.80	824 978.20
	13 (Grants and similar amounts paid (Part IX, column (A), lines 193	849	15.60	5345.65
_	14	Benefits paid to or for members (Part 1X, column (A), line 4)		70-20-20	1.7
Expenses	15 3	Salaries, other compensation, employee benefits (PartiX, column (A), lines 5-10)	1570	17.42	191309.41
9	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	Ĺ		
Ä	p.	Total fundraising expenses (Part IX, column (D), line 25) ▶			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5083	15.86	625693.19
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).	67390	78.58	822348.45
	19 1	Revenue less expenses. Subtract line 18 from line 12	539	2.72	2629.75
et Assets or and Balances			Beginning of Co		End of Year
sets alan	20	Total assets (Part X, line 16)	13244	38.28	1328908.03
Ş ğ	21	Fotal liabilities (Part X, line 26)	75	8.00	2568.00
Fund	22	Net assets or fund balances. Subtract line 21 from line 20	132371	0.28	1326340.0
	rt II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and stater	nents, and	to the best of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based or	n all information	of which br	eparer has any knowledge
Sig	ın	1 de	1	9/3	1/10
He		Signature of officer	Dat	-	
•••	. •	KEUNETH C. MEISER ADMINISTRATOR	>		
		Type or print name and title			
		Date C	Check If	Preparer's	dentifying number
		reparers	eff- employed ▶ ☐	(see instruc	
Paic	_	- '	inproyed > []		
Pre	parer's	Firm's name (or yours)	EN	•	
Use	Only	if self-employed),	EIN Phono n		
5.6 -	44 - 1	address, and ZIP + 4 V	Phone n)
Ma	y tne I	RS discuss this return with the preparer shown above? (see instructions)			. Yes No

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

Form **990** (2009)

Cat No. 11282Y

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission THE ORGANIZATION UNITES ITS MEMBERS IN
	THE BONS OF FEATERUITY BENEVOLENCE AND CHARITY, THIS IS ACOMPLIES THROWN YEAR-ROWS SCHEDULE OF SOCIAL AND RECLEATIONAL ACTIVITIES FOR MEMBERS AND THEIR FAMILIES
	FOR MONBELS AND THEIR FAMILES WILLIAM HOUSE HOLD AND LIGHT HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD
	2068 (Estimates)
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ncluding grants of \$) (Revenue \$)
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(1000) (Expenses ϕ
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
-40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Par	t IV 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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		س
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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		V
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		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		<u>~</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
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		
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		
•	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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		U
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		V
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		V
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		v
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		~
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		V
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Pai	t IV Checklist of Required Schedules (continued)			
			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		
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)		محتنا
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? If "Yes," complete Schedule J	23		U
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		U
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_ <u>:</u>
	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		<u>:</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		_
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		
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		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		
28	Was the organization a party to a business transaction 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		<u>ر</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		ســــ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		مست
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		سن
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	<u>3</u>	/	•
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		مسن
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
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	1	1

Par	t V 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
3a	nstructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		_
h	this return?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		v
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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u></u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		1 /
6-	Prohibited Tax Shelter Transaction?	6a		
	organization solicit any contributions that were not tax deductible?	- Gu		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		سر،
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ir
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		V
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			_
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any toyoble distributions under cention 40662	9a		~
a h	Did the organization make any taxable distributions under section 4966?	9b		L
ь	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

Page 6 Form 990 (2009) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body . **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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? . 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 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 15a 15b 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

its participation in joint venture arrangements under applicable federal					•		_	
the organization's exempt status with respect to such arrangements'	<u> </u>		•	•	 •	<u>. </u>		
Section C. Disclosure								

17 List the states with which a copy of this Form 990 is required to be filed

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

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 GAP organization: ► LOY (ALANAUGH 13441 5 FROHTAGE RU YUMA, A Z \$5.365 842-3792

16a

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's 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.

Check this box if the organization did not co		any c	urr			cer, d	rec			
(A)	(B)	_		-	C)			(D)	(E)	(F)
Name and Title	Average hours per		_		_	that ap		Reportable compensation	Reportable compensation	Estimated amount of
SEE ATTACHES	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
								,0	0	0

Pai	Section A. Officers, Directors, Tru		/ Emp	loye			a Hig	nes			(continue	
	(A) Name and title	(B) Average	Docut.	an (c	•	C)	that ap	nh.h	(D) Reportable	(E) Reportable		(F) Estimated
	Name and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	a cor SC) or au	umount of other inpensation from the iganization ind related ganizations
									:			
1b	Total			٠	_		٠	•			-1-	
2	Total number of individuals (including but in reportable compensation from the organization from the organization).		to th	ose	list	ed a	above	e) wl	no received m	ore than \$100),000 in	
		·····										Yes N
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	•	3	
4	For any individual listed on line 1a, is the sthe organization and related organizations											
5	Individual	or accrue	 com	pen:	satı	on	from	 any	unrelated org	 janization for		
	services rendered to the organization? If "	Yes," com	olete	Sch	edu	ile .	l for s	such	person .	<u></u>	5	1 1 6
<u>Se</u>	ction B. Independent Contractors Complete this table for your five highest co	omnensate	d ind	SI-FI	nde	ort (contr	acto	re that receive	d more than	\$100.00	Ω of
•	compensation from the organization.	ompensate				31 IL U		T				
	(A) Name and business add	tress							(B) Description of s	services		(C) ensation
				_								
2	Total number of independent contractors (impre than \$100,000 in compensation from	including b n the orgar	ut not nizatio	ciim on ▶	iitec •	to (Those	ıst	ea above) who	received		

Parl	VIII	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	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a Total. Add lines 1a–1f	1c 1d 1e	21,676 0 0 0	21.676			
Program Service Revenue	2a b c d e f	SOCIAL QUARTER KITCHEN LOMAITTEES DOWNATION VENDING All other program service reveni Total. Add lines 2a-2f	Je .		6890296 136500 611400 6135101 13793297	474 456.84 188 895 · 12		
	4 5	Investment income (including di other similar amounts)	npt bone	d proceeds	20/7:37 -0 -0			
	b c d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Security		(ii) Other	-			-
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	_	Gross income from fundral events (not including \$	 1c).					
Othe		Less: direct expenses Net income or (loss) from fundra		vents ►	-			,
	ь	Gross income from gaming active See Part IV, line 19	. a . b					
	10a b	Gross sales of inventory, returns and allowances Less: cost of goods sold Net income or (loss) from sales or	ess . a . b					
		Miscellaneous Revenue		Business Code				
	b							
	e	All other revenue		•	161626.24	663351.96		

Pai	t IX Statement of Functional Expense	es			
	Section 501(c)(3) and 50				
	All other organizations must complete co	lumn (A) but are no	t required to com		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3-3 45.65	5345.61		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6	Ð		
3	Grants and other assistance to governments,				
Ŭ	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	Ð	8		
4	Benefits paid to or for members	8	۵		
5	Compensation of current officers, directors, trustees, and key employees	.332572	- 232572		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	150684.98	150684.98		
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	17367.18	17367.18		
11	Fees for services (non-employees):		_		
а	Management	<i>D</i>	<i>8</i> -		· · · · · · · · · · · · · · · · · · ·
	Legal	1/77/100	1/276.60		
	Accounting	4779.98	4779.98		
	Lobbying	0	0		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g 12	Other	4226.12	4226.12		
13	Office expenses	4584.72			
14	Information technology	110.00	110.00		
15	Royalties	0	0		
16	Occupancy	56270.55	56270.55		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	, 0		
19	Conferences, conventions, and meetings	(do66.94	6666. 44		
20	Interest		-		
21	Payments to affiliates	3000.00	3000.00		
22	Depreciation, depletion, and amortization.	6 + 1 (2)	157 67		
23	Insurance	15697.00	15697.00		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	COST OF GOODS SOLB	25188159	251881.59		
b	SALES TAX	41381.58	41381.58		
С	REPAR & MAINTENCE	35275.72	31375.72	-	
d	FRUNDANT RENTAL	2282.88	2283.88		
e	COMP.ITIES	73790.45	73790.45		
	All other expenses	125695.86	125 695.86		
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► ☐ if following	822 348.45	F32348.45		
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Рa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	60618:28	_1_	91452.11
	2	Savings and temporary cash investments	236621.69	2	188 638.96
	3	Pledges and grants receivable, net		3	
ļ	4	Accounts receivable, net	1	4	100,00
ı	5	Receivables from current and former officers, directors, trustees, key			
l		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	<u> </u>
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	17441.16	8	16786.71
4	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 102 9 8 96 - 71			1
		other basis. Complete Part VI of Schedule D	1		1000000
	b	Less: accumulated depreciation 10b	1007413.75		1029896.7
	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	3
	15	Other assets. See Part IV, line 11 Depos T JN JRAMSIT.	3343.40	15	2033.50
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1328908.03
	17	Accounts payable and accrued expenses	- 728.00	17	2568.00
Ì	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· · · · · ·
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iii	22	Payables to current and former officers, directors, trustees, key			
la		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		25	
	25 26	Total liabilities. Add lines 17 through 25	728.00	26	2568.00
-	20		100.00	20	25 60
98		Organizations that follow SFAS 117, check here ▶ 🌠 and complete lines 27 through 29, and lines 33 and 34.		ŀ	
JE S	07		1323710.28	27	1326340.03
Sale	27	Unrestricted net assets	•	28	7540 570.0
d E	28 29	Permanently restricted net assets		29	
۳	29	Organizations that do not follow SFAS 117, check here ▶ □			
ř		and complete lines 30 through 34.		1	
5	30	Capital stock or trust principal, or current funds		30	
9	31	Paid-in or capital surplus, or land, building, or equipment fund	3	31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balanc	33	Total net assets or fund balances	1323710,28		1326340.03
~	34	Total liabilities and net assets/fund balances	1324438.28	34	1328908.03
_	34	Total maximiles and her asserbituild baldines	110-7708 28	34	1/308/00

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements guidted by an independent accountant?	2a 2b		V
	Were the organization's financial statements audited by an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
u	issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	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		~
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.	3b		

Form **990** (2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

20U

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

 \mathcal{C}

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, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I	Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)	organization answered	'Yes" to Form 9	90, Part IV, line 33	3.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity	
Part II	Identification of Related Tax-Exempt Organizations (Complete if the had one or more related tax-exempt organizations during the tax year.)	itions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it sharing the tax year.)	zation answered	"Yes" to Form 990	, Part IV, line 34 t	because it	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(1) Direct controlling entity	
10008	TNEELLATIONAL THE	My TERNA Delight 24 100	77	501c) F		PARENTES	. 5
1000SE X	ener IL 40539						
For Privacy	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Form 990.	Cat. No. 50135Y	50135Y	Schedu	Schedule R (Form 990) 2009	

Part III because it had	because it had one or more related organizations treated as a partnership during the tax year.)	ated orga	nizations treated	d as a partnersh	ip during the t	ax year.)			streated as a partnership during the tax year.)	<u>.</u>
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?
		Councy)		sections 512-514)				Yes No		Yes
	-									-
	•									
Part IV Identification line 34 becaus	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anizations nore relate	s Taxable as a (Corporation or treated as a cc	Trust (Comple	ete if the organst ust during th	anization answee tax year.)	ered "Yes'	" to Form 990, Pa	art <
a)	(a)		(a)	(2)	(G)	(e)	ε			ε
Name, address, and Elb	Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share of end-of-year assets	Percentage ownership
								_		
				<u> </u>					#	

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)	, line 34, 35, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	0 = 0 = 0 = 0 = 0	Yes No	, , \
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.		13	
b Giff, grant, or capital contribution to other organization(s)		10 7	,
		14	
		16	
f Sala of assate to other organization(s)		7	
g Purchase of assets from other organization(s)		<u>p</u>	
h Exchange of assets		4;	
i Lease of facilities, equipment, or other assets to other organization(s)		; 	
i Lease of facilities, equipment, or other assets from other organization(s)	•	_i_	
k Performance of services or membership or fundraising solicitations for other organization(s)		÷ ;	1
I 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		- 10 - 10	,
d Other transfer of cash or property to other organization(s)	•	7	
r Other transfer of cash or property from other organization(s)		1r V	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	including covered relationships and transaction thresholds.	saction infestiolds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	
(1)			
(2)			
(3)			
(4)			
(5)			

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

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

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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) Name, address, and EIN of entity Primary activity Legal domicile Are all partners Sha (state or foreign section end-country) 501(c)(3) as	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(a) Share of end-of-year end-of-year ns?	(f) Disproportionate allocations?	(g) Code V—UB! amount in box 20 of Schedule K-1 (Form 1065)	Gene mans part	(h) General or managing partner?
			Yes	No	Yes No		Yes	ş
				:				
								:
				:			_	

Schedule R (Form 990) 2009

LOYAL ORDER OF MOOSE LODGE YUMA NO. 1627

OFFICERS REPORT

TITLE	MID	NAME	HOME HONE
ADMINISTRATOR	09291350	KENNETH C MEISER	928-581-4308
GOVERNOR	17753595	ROY CAVANAUGH	928-342- 9353
JR.GOVERNOR	18010131	ROBERT L SCHULZ	360-791-6062
JR. PAST GOVERNOR	10348140	DAVID SCHOAFF	928-305-0638
PRELATE	10627719	HARRY RISSLER	928-305-9237
TREASURER	00940493	WHITNEY A GRAHAM	928-342-3988
TRUSTEE 1YEAR)	017810472	ROBERT G MOODY	928-305-6740
TRUSTEE (2YEAR)	010436753	CHARLES J HOLLAND	559-797-5657
TRUSTEE (3YEAR)	017181893	LARRY E RHOADES	928-210-7839

9 Total Officers Reported