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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? CHARITABLE COMMUNITY SERVICE			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 COMMUNITY GRANTS -SUPPORTS A VARIETY OF ORGANIZATIONS WITHIN THE US MILITARY, STUDENT ORGANIZATIONS AND SCHOOLS OF MILITARY PERSONNEL, AND OTHER SERVICE ORGANIZATIONS (Grants \$ 21,039) If this amount includes foreign grants, check here . . . ☐		28a	21,039
29 SCHOLARSHIPS-8 DISTINGUISHED HIGH SCHOOL STUDENTS RECEIVED COLLEGE SCHOLARSHIPS (Grants \$ 10,500) If this amount includes foreign grants, check here . . . ☐		29a	10,500
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	31,539

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ TERESA HICKS _____ Telephone no ▶ (254) 290-1656 PO BOX 177 Located at ▶ FORT KNOX, KY _____ ZIP + 4 ▶ 40121		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2010-07-20 Date
	TERESA HICKS, TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature RHONDA TERESA COLEY	Date 2010-08-06	Check if self-employed ☒	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 TERESA COLEY 156 HOWELL RD ELIZABETHTOWN, KY 427018206			EIN
				Phone no (270) 369-7087

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FORT KNOX SPOUSES AND COMMUNITY CLUB INC

Employer identification number
31-0976595

Part I 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)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a 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

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 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).**

7

☐

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross 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).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	0 %
15	Public Support Percentage for 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 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 the 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				36,492	37,985	74,477
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				25,503	64,970	90,473
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5				61,995	102,955	164,950
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						164,950

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6				61,995	102,955	164,950
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				71	67	138
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b				71	67	138
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						165,088
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☒					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☒	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
FORT KNOX SPOUSES AND COMMUNITY CLUB INC

Employer identification number
31-0976595

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLD RUSH</u>	<u>Holiday Bazaar</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	54,211	8,750	21,207	84,168	
	2	Less Charitable contributions	19,198			19,198	
3	Gross income (line 1 minus line 2)	35,013	8,750	21,207	64,970		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes	2,622			2,622	
	6	Rent/facility costs	1,380			1,380	
	7	Food and beverages			5,024	5,024	
	8	Entertainment					
	9	Other direct expenses	3,273	1,338	11,202	15,813	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					24,839
	11	Net income summary Combine lines 3, column d, and line 10. ▶					40,131

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** FORT KNOX SPOUSES AND COMMUNITY CLUB INC**EIN:** 31-0976595

Item No.	1
Class of Activity	COMMUNITY SERVICE
Donee's Name	ACS EXCEPTIONAL FAMILY MEMBER PROGRAM
Donee's Address	239 BINTER ST BLDG 77 FORT KNOX, KY 40121
Amount (FMV)	500
Purpose of Payment to Affiliate	Support Recreational Programs
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	COMMUNITY SERVICE
Donee's Name	AMERICAN RED CROSS
Donee's Address	1131 5TH AVE FORT KNOX, KY 40121
Amount (FMV)	3,959
Purpose of Payment to Affiliate	Holiday Food Basket, Santa's Workshop, Youth Summer Program, Child Care
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	COMMUNITY SERVICE
Donee's Name	BIG BROTHER AND BIG SISTER OF KENTUCKIANA
Donee's Address	617 N MULBERRY SUITE 23 ELIZABETHTOWN, KY 42701
Amount (FMV)	1,200
Purpose of Payment to Affiliate	Mentoring Children Program
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	COMMUNITY SERVICE
Donee's Name	FISHER HOUSE FOUNDATION
Donee's Address	111 ROCKVILLE PIKE STE 420 ROCKVILLE, MD 20850
Amount (FMV)	300
Purpose of Payment to Affiliate	Provide Housing for Families while military personnel is hospitalized
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX BARR MEMORIAL LIBRARY
Donee's Address	BLDG 400 62 W SPEARHEAD DIVISION AV FORT KNOX, KY 40121
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Youth Summer Reading Program
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX BOY SCOUT TROOP 128
Donee's Address	1450-B 5TH AVE FORT KNOX, KY 40121
Amount (FMV)	628
Purpose of Payment to Affiliate	Tents
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX COMMUNITY SCHOOLS HEALTH NURSES
Donee's Address	7501 MISSOURI FORT KNOX, KY 40121
Amount (FMV)	2,200
Purpose of Payment to Affiliate	Eyeglasses for Children
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX HIGH SCHOOL POWER LIFTING TEAM
Donee's Address	7501 MISSOURI ST FORT KNOX, KY 40121
Amount (FMV)	1,400
Purpose of Payment to Affiliate	High School Powerlifting National Competition
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX HIGH SCHOOL PTO
Donee's Address	7501 MISSOURI ST FORT KNOX, KY 40121
Amount (FMV)	500
Purpose of Payment to Affiliate	High School Project Graduation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX HIGH SCHOOL SWIM TEAM BOOSTERS
Donee's Address	7501 MISSOURI ST FORT KNOX, KY 40121
Amount (FMV)	930
Purpose of Payment to Affiliate	Backpacks for Swim Team
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX HIGH SCHOOL WRESTLING TEAM
Donee's Address	7501 MISSOURI ST FORT KNOX, KY 40121
Amount (FMV)	320
Purpose of Payment to Affiliate	Bags and Banners
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX KINGSOLVER PRIMARY SCHOOL PTO
Donee's Address	427 THIRD AVE FORT KNOX, KY 40121
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Terra Nova Testing
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX MUDGE ELEMENTARY
Donee's Address	BLDG 5373 190 S PAQUETTE ST FORT KNOX, KY 40121
Amount (FMV)	991
Purpose of Payment to Affiliate	Terra Nova Testing
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX PEIRCE ELEMENTARY PTO
Donee's Address	174 MAINE ST FORT KNOX, KY 40121
Amount (FMV)	911
Purpose of Payment to Affiliate	Terra Nova Testing
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX PUBLIC AFFAIRS OFFICE
Donee's Address	PUBLIC AFFAIRS FORT KNOX, KY 40121
Amount (FMV)	50
Purpose of Payment to Affiliate	Community Awareness
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	COMMUNITY SERVICE
Donee's Name	FORT KNOX VAN VOORHIS ELEMENTARY PTO
Donee's Address	BLDG 5550 120 FOLGER ST FORT KNOX, KY 40121
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Terra Nova Testing
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	COMMUNITY SERVICE
Donee's Name	HOMES FOR OUR TROOPS
Donee's Address	37 MAIN ST TAUNTON, MA 02780
Amount (FMV)	300
Purpose of Payment to Affiliate	Homes for Severely Wounded Veterans
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	COMMUNITY SERVICE
Donee's Name	HOORAY FOR HEROES
Donee's Address	125 CEDAR BRANCH RD ELIZABETHTOWN, KY 42701
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Veteran Recognition
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	COMMUNITY SERVICE
Donee's Name	KENTUCKY PATRIOTS
Donee's Address	702 AUGUSTA DR VINE GROVE, KY 40175
Amount (FMV)	750
Purpose of Payment to Affiliate	Wreaths on Veterans' Graves
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	COMMUNITY SERVICE
Donee's Name	MILITARY CHILD EDUCATION COALITION
Donee's Address	108 EAST FM 2410 HARKER HEIGHTS, TX 76548
Amount (FMV)	800
Purpose of Payment to Affiliate	Military Child Education
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	COMMUNITY SERVICE
Donee's Name	NORTH HARDIN HIGH SCHOOL
Donee's Address	355 UNIVERSITY DR RADCLIFF, KY 40160
Amount (FMV)	500
Purpose of Payment to Affiliate	High School Project Graduation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	COMMUNITY SERVICE
Donee's Name	
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	Support for Schafer Family
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	COMMUNITY SERVICE
Donee's Name	TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS
Donee's Address	910 17TH ST NW WASHINGTON, DC 20006
Amount (FMV)	300
Purpose of Payment to Affiliate	Support for Surviving Families That Have Lost Loved Ones in the Military
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	COMMUNITY SERVICE
Donee's Name	12 INDIVIDUAL SCHOLARSHIPS
Donee's Address	
Amount (FMV)	10,500
Purpose of Payment to Affiliate	College Scholarships
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: FORT KNOX SPOUSES AND COMMUNITY CLUB INC

EIN: 31-0976595

Description	Amount
OPERATING EXPENSES	15,467

Additional Data

Software ID:
Software Version:
EIN: 31-0976595
Name: FORT KNOX SPOUSES AND COMMUNITY CLUB INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LEAH BROWN 1446B 5TH AVE FORT KNOX,KY 40121	PRESIDENT 20 00	0		
LELA MAGEE 1444B 5TH AVE FORT KNOX,KY 40121	1ST VICE PRESIDENT 10 00	0		
HAPPY GARNER 424 PELL ST FORT KNOX,KY 40121	2ND VICE PRESIDENT 10 00	0		
LINDSEY KEYS 4045 MEADE DR FORT KNOX,KY 40121	TREASURER 40 00	0		