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# **SCANNED 0CT 1 4 2010**

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

OMB No 1545-0047

Depa	rtment o	A f the Treasury	,	benefit trust or private foundation	•			Open to Publ	ic
_		nue Service		he organization may have to use a copy of this return to satis	<del></del>	<del>- / -</del>	uirements.	Inspection	
<u>A</u>	For th	e 2009 ca	lendar		nd ending		<u> </u>	,20	
В	Check if a	applicable	Please use IRS	C Name of organization SIKESTON FRATERNAL ORDER	OF EAGL	ES # 336	-	i .	ıber
_		change	label or	Doing Business As	<u>、</u> #₺ጏጏ	119	43	1089904	
	Name cl		print or type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	9	•	one number	
	nitial ret		See Specific	219 W TROTTER	L		( 573 )	471-6133	
	Termına	ted	Instruc- tions.	City or town, state or country, and ZIP + 4					
$\sqcup$	Amende	d return	<u></u>	SIKESTON, MO 63801		<del>.,</del>	<b>G</b> Gross re	ecepts \$ 660,	<u>982</u>
$\sqcup$	Application	on pending	F Nan	ne and address of principal officer: LARRY CHILDERS		H(a) is th	is a group returr	n for affiliates? 🔲 Yes 🖫	ØΝo
_	<del></del>								□No
<u> </u>		empt status		01(c) ( <b>⊘</b> )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		~		list (see instructions)	
<u></u>	Websi		171.				exemption nu		<u></u>
				oration ☐ Trust ☐ Association ☐ Other ► L Year	r of formation	n. <b>1973</b>	M State o	f legal domicile: MO	
Pa	art I	Summ				· · · · · · · · · · · · · · · · · · ·			
				the organization's mission or most significant activities					
92		PROVID	E ACT	IVITIES FOR MEMBERS AND OUTSIDE CIVIC ACTIVI	TIES				
Ē	.								
Governance		·		······································				•••••	
õ				If the organization discontinued its operations or disposed of more	e than 25% o	of its net ass		1	
	3	Number (	of votir	g members of the governing body (Part VI, line 1a).			. 3		21
ties	4	Number (	of inde	pendent voting members of the governing body (Part V	/I, line 1b)		. 4		22
Activities &	5	Total nun	nber of	employees (Part V, line 2a)			. 5	<del></del>	0
Ą	1			volunteers (estimate if necessary)			. 6	<del></del>	0
				lated business revenue from Part-VIII, column (C), line	12		. 7a	5,0	000
	b	Net unrel	ated b	usiness taxable income from Form 990-T, line-34.	7		. 7b		0
				LITOLIVED	]  _	Prior Y		Current Year	
Φ	8	Contribut	tions ar	nd grants (Part VIII, line th)	! <b>⊢</b>		0	78,3	316
Revenue	9	Program	service	revenue (Part VIII, liner 2g) . SEP. 2 9 2010 . S	l  _		0		0
Š	10	Investme	nt inco	me (Part VIII, column A), lines 3, 4, and 7d)			0		_0
•				Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 16)			0	342,4	430
	12	Total reve	nue-a	dd lines 8 through 11 (must equal) Rant VIII) column (A), line	9 12 )		0	420,7	746
	13	Grants ar	nd sımı	lar amounts paid (Part IX, column (A), lines 1-3)			0		0
	14	Benefits <sub>l</sub>	paid to	or for members (Part IX, column (A), line 4)	_		0	40,2	<u> 216</u>
Expenses	15	Salaries, d	other co	empensation, employee benefits (Part IX, column (A), lines 5	5–10) 🛴		0		0
per	16a	Professio	nal fun	draising fees (Part IX, column (A), Iine 11e)	L		0	·	0
Щ	b b	Total fund	draising	expenses (Part IX, column (D), line 25) ▶	000				
	17	Other exp	penses	(Part IX, column (A), lines 11a-11d, 11f-24f)			0	997,7	728
	18	Total exp	enses.	Add lines 13-17 (must equal Part IX, column (A), line 2	25) 🗀		0	1,037,9	
	19	Revenue I	less ex	penses. Subtract line 18 from line 12			0	(617,1	98)
Assets or					Be	ginning of (	Current Year	End of Year	
3set Jaka	20	Total ass	ets (Pa	rt X, line 16)			972,229	976,4	409
Ϋ́	21		•	Part X, line 26)	🗀		0		0
Net				nd balances. Subtract line 21 from line 20	<u>l</u>	·· ·	972,229	976,4	<u>409</u>
Pā	irt II		ature						
				perjury, I declare that I have examined this return, including accompan- e, correct, and complete. Declaration of preparer (other than officer) is					
				A The second of property (out of their offices) is	Japan On al	JiiilauUl	. o. amon pr	Sparor nas dry NilvWie	~9c
Sig			Za	- Childles					
He	re	Signa	ature o			Da	ite		
		<b> </b>							
_		Type	or print	name and title			<del>,</del>		
		Preparer's			Chec	_	Preparer's in (see instruction	dentifying number tions)	
Paid	İ	agriature	7 //	11/11/10/2011/01/10/1/19/2	/-/V emp	loyed ▶ 🗀		•	
Pre	oarer's	Francis and	mo (cr :::	MICHAEL MOROWE		1_	<del></del>		
Use	Only	Firm's na	ployed),	IIII O FI I I I I I I I I I I I I I I I		EIN	<b>&gt;</b>	. 484 222	
-		address,	and ZIP	· <del></del>		Phone	no. ► ( <b>57</b> 3		
Ma	y the	IRS discu	uss this	return with the preparer shown above? (see instruction	ns)			. ✓ Yes	No

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

Form **990** (2009)

Cat. No. 11282Y

	990 (2009)				Page 2
		ment of Program Service			
1		ibe the organization's mission	on:		
	(				
2			ficant program services during the yea		Yes 🛭 No
		m 990 or 990-E2? cnbe these new services on	Schedule O	L	_ Tes L∠J No
3	•		or make significant changes in how it	conducts, any program	
	services? .				🗌 Yes 🗹 No
		cribe these changes on Sch			
4			ents for each of the organization's thre ions and section 4947(a)(1) trusts are r		
			, and revenue, if any, for each program		or grants and
	<del> </del>	· <u> </u>		·	
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
					<del></del> -
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
					••••••
40	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	··-····
₩	(0000.	/ (Expenses #	The state of the s	) (i teveride w	

				·	 
44	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$				
70	Other program services. (Describe in Schedule C.)	_		- \	
	(Expenses \$ 0 including grants of \$	0	) (Revenue \$	0 )	
40	Total program service expenses ▶	^			
70	iordi biodigiii sei iioe exhelises	υ			

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Par	t V 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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	_	1
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		1
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		✓
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, VII, 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		<b>√</b>
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		<b>√</b>
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>-</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		✓
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		✓
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		✓_
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		✓
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		<b>✓</b>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\checkmark$

Pai	rt 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		1
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		✓
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		✓
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		✓
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		
	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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		1
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		<b>√</b>
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):		_	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		<b>√</b>
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	[	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
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		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, IIne 1	34		✓
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		✓
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		

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			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
	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		1
_	<b>Note.</b> 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?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	L	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
þ	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>/</b>
	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		
	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		✓
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	<b>-</b> -	-	-, -
	and services provided to the payor?	7a		✓
Ь	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?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	1		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		<b>V</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		✓
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		1
9	Sponsoring organizations maintaining donor advised funds.	00		
а	Did the organization make any taxable distributions under section 4966?	9a 9b	<del> </del>	<b>-</b>
. b	Did the organization make a distribution to a donor, donor advisor, or related person?.	30		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1	'	
11	Section 501(c)(12) organizations. Enter:	İ		
	Gross income from members or shareholders			}
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
J	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		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
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, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a		-		<u> </u>
10	( II)	7a		1
h	or the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			<b>-</b>
8	, ,			1
_	the year by the following: The governing body?	8a	ſ	
a b		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0		<del></del>
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the International Control of the International			
	enue Code.)	mai		
			Yes	No
100	Done the average time have least shorters because a still star 2	10a		7
	Does the organization have local chapters, branches, or affiliates?			<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		1
118	form?			<del>                                      </del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		}
	rise to conflicts?	120		<del></del> -
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
10	describe in Schedule O how this is done	13		1
13	Does the organization have a written whistleblower policy?	14		7
14	Does the organization have a written document retention and destruction policy?	17		
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?	15a		1
a .	The organization's CEO, Executive Director, or top management official	15b		7
D	Other officers or key employees of the organization	130		<b>-</b>
	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	46.		1
	with a taxable entity during the year?	16a		<del>                                     </del>
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?	16b		İ
Sec	tion C. Disclosure	100		L
17 18	List the states with which a copy of this Form 990 is required to be filed ► list of states	·/(2)~	onka	
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(J)S	orny)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	บเ เกเ	erest	
00	policy, and financial statements available to the public.	uala e	8 AL	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ius 0	u1e	

# 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	mpensate	any c	urre	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)	(C)						(D)	(E)	<b>(F)</b>
Name and Title	Average	Positi	on (c		k all	that ap		Reportable compensation	Reportable	Estimated
	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-MISC)	amount of other compensation from the organization and related organizations
BOBBY GRAHAM JR PAST PRESIDENT 219 TROTTER SIKESTON, MO	12.2		1	1				0	0	0
LARRY CHILDERS PRESIDENT 219 TROTTER SIKESTON, MO	15.5		1	1				0	0	0
ENOS PARKS SECRETARY 219TROTTER SIKESTON, MO	30.0			1				3,840	0	0
MICHAEL MCDOWELL TREASURES 219 TROTTER SIKESTON, MO	30.0			1				3,000	0	0
BEN SWALLOWS TRUSTEE 219 TROTTER SIKESTON, MO	19.9			1				0	0	0
LARRY MCCLUNG TRUSTEE 219 TROTTER SIKESTON, MO	19.9			1				0	0	0
DAVIE MCDOWELL TRUSTEE. 219 TROTTER SIKESTON, MO	15.5			1				0	0	0
TONY HURT TRUSTEE	15.5			1				0	0	0
WAYNE CURRY CHAPLAIN 219 TROTTER SIKESTON, MO	21.0			1				0	0	0
BUB SCHERRER INSIDE GUARD 219 TROTTER SIKESTON, MO	22.1			1				0	0	0
SHELBY GORDON OUTSIDE GUARD 219 TROTTER SIKESTON, MO	22.1			1				0	0	0
	.0									
	.0									
	.0									
	.0									
	.0									

Pai	t VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hest	Compensated	Employees (co	ontinue	d)	
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com f org ar	stimate mount of other ipensat rom the ganization of relate anization	of ion e on ed
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		.0											
1b	Total							<b>&gt;</b>	_ 6,840	C			0
2	Total number of individuals (including but			ose	list	ed :	above	e) wl	no received mo	ore than \$100,0	000 in		
	reportable compensation from the organiz	auon ► 21	<del></del>									Yes	N <sub>-</sub>
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director Schedule J	or tr	uste	e, l	key	empl	oye	e, or highest o	ompensated	3	res	No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of rep	ortabl	le c	omp	oen:	sation				4		
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes " comi	com <sub> </sub>	en Sch	sati edu	on de .	from L for s	any	unrelated org	anization for	5		•
Se	ction B. Independent Contractors	,							<i>P</i>			لــــــــــــــــــــــــــــــــــــ	
1	Complete this table for your five highest c compensation from the organization.	ompensate	ed ind	epe	ende	ent	contra	acto	rs that receive	d more than \$1	00,00	O of	
	(A) Name and business add	dress							(B) Description of s	ervices	(C Compe		1
								1					
	Total number of independent contractors (i	including b	ut not	l lım	nted	l to	those	liste	ed above) who	received			··-
	more than \$100,000 in compensation from	n the orgar	ıızatic	n 🕨	0								1

Pari	VII	Statement of Revenue	•				<del>-</del>	
	•				(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	9,754				
E S	1	Membership dues	. 1b	6,995				
S, E		Fundraising events	4.	61,567				,
igi	ı	Related organizations	. 1d		ļ			
ä.	е	Government grants (contributions	s). 1e					
흕	f	All other contributions, gifts, grants,						
౼		and similar amounts not included abo	ove 1f					
들		Noncash contributions included in line	s 1a-1f: \$					
<u>o</u> e	h	Total. Add lines 1a-1f	· ·	🕨	78,316			
				Business Code			-	
946	2a							
e e	b			ļ	·····			
ξ	С						·	······································
အီ	d							
듄	e	All other program service rev						
Program Service Revenue	Ġ	Total. Add lines 2a–2f		<b></b>	0			<del></del>
	3 4 5	Investment income (including	dividends	s, interest, and				
				(ii) Personal			_	,
	6a	Gross Rents				-		
	b	Less: rental expenses						
		Rental income or (loss)		1	*** *** ***			-
	d	Net rental income or (loss) .	<u> </u>					
	7a	Gross amount from sales of assets other than inventory	ecurities	(ii) Other				
	b	Less. cost or other basis and sales expenses .						
		Gain or (loss)					-	
Revenue	8a	Gross income from fund events (not including \$ of contributions reported on li						
		See Part IV, line 18						
Other	b	Less: direct expenses						,
₹		Net income or (loss) from fun		events ►				
	9a	Gross income from gaming ac See Part IV, line 19						
	b	Less: direct expenses,						
	С	Net income or (loss) from gain	ming activ	ities . ▶				
		Gross sales of inventory, returns and allowances	, less <b>a</b>	245,272			-	
		Less: cost of goods sold .	b			-		
	ြင	Net income or (loss) from sale:  Miscellaneous Revenue	s of invent	ory ▶ Business Code	5,036	(6,964)	3,800	8,200
				<del> </del>	40.400	44.000	4 200	9.494
	1	BUILDING FUNDS		444110	18,499	14,868	1,200	2,431
	1	KENO BINGO		444120	72,252	72,252		
	C	All other revenue		444130	246,643	246,643		
	1			<b>. &gt;</b>	337,394			
_	12	Total revenue. See instruction		_: : : : <b>&gt;</b> {	420,746	326,799	5,000	10,631
		<del></del>						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	organizations must complete all columns.	
manufac etaleman decimentes	A) but are not required to complete columns (R) (C) and	U)

	o 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				··
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	40,216	40,216		
5	Compensation of current officers, directors, trustees, and key employees				
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 salanes and wages				***************************************
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	····			
11	Fees for services (non-employees):				
_	Management				
b	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy	30,513	30,513		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,500	3,000	1,000	500
20	Interest				
21	Payments to affiliates	004.040	004.040		
22	Depreciation, depletion, and amortization.	934,640	934,640 5,000		
23	Insurance	5,000	5,000		
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.)				
a		23,075	13,500	6,075	3,500
t					
0	_	<del></del>			
e					
f	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f	1,037,944	1,026,869	7,075	4,000
26	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			1	

Part X	Balance Sheet			
	•	(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	25,104	1	29,354
1	Savings and temporary cash investments		2	
I	Pledges and grants receivable, net		3	
i i	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L	-	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
9 7	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use	12,485	8	12,415
Ass 8	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or 10a			
100	other basis. Complete Part VI of Schedule D			
h	Less: accumulated depreciation 10b		10c	
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	934,640	15	934,640
16	Total assets. Add lines 1 through 15 (must equal line 34)	972,229	16	976,409
17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · · ·
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
<b>8</b> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 21	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	~		** * * * * * * * *
<b>□</b>	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	·
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	0
s ou or	Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	,		
	Unrestricted net assets		27	
28 29 29	Temporarily restricted net assets		28	
[ 29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			·
ਬੂ 30	Capital stock or trust principal, or current funds		30	
စ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund	972,229	31	976,409
Net Assets or 33 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	972,229		976,409
34	Total liabilities and net assets/fund balances	972,229	34	976,409

Part 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.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>/</b>		
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			<u> </u>		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a consolidated basis, separate basis, or both:	-				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-		- 4		
3а	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				
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)