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Department of the Treasury Internal Revenue Service

### **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)

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

2009

Open to Public Inspection

<u>A</u>	For the 200	9 calendar year, or tax year beginning $06/01/09$ , and ending $05/31/1$	0		
В	Check if applica	usa IDS		D Emplo	oyer identification number
$\sqsubseteq$	Address change	label or Basel or Bas		61-	-0705175
닏	Name change	type Number and street (or P O box if mail is not delivered to street address)	Room/surte		none number
닏	Initial return	See 101 EAGLES DRIVE			754-9099
$\sqcup$	Termination	Specific City or town, state or country, and ZIP + 4		G Gross rece	eipts \$ 714,842
	Amended return	tions CENTRAL CITY KY 42330		ļ	
	Application pen				a group return for
		LARRY GORDAN 101 EAGLES DRIVE		affiliate H(b) Are all	Laffiliates 💳 💳
		CENTRAL CITY KY 42330		include	
_	Tax-exempt	TP . 10		, II NO,	* attach a list (see instructions)
J	Website.			H(c) Group	exemption number
	Type of organiz		Year of formation		M State of legal domicile KY
<u></u>	Part I	Summary			
	1 Bnef	ly describe the organization's mission or most significant activities:			
ø		ONATIONS TO CHARITABLE ORGANIZATIONS AND DONATIONS TO			OR
Jan	<b>T</b> 1	HE BENEFIT OF INDIVIDUALS FOR MEDICAL ASSISTANCE OR FO	OD ASSIST	ANCE	
Activities & Governance	2 Cha	ck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of to not occut	_	
တိ		the crystal of the content of the governing body (Part VI, line 1a)	o or its net asset	s   3	412
g Si		ber of independent voting members of the governing body (Part VI, line 1b)		4	412
į į		I number of employees (Part V, line 2a)		5	7
; <del>j</del>	6 Tota	I number of volunteers (estimate if necessary)		6	7
ς\	7a Tota	I gross unrelated business revenue from Part VIII column (C), line 12		7a	
<u></u>	b Net	unrelated business taxable income from Form 990211, line 34)		7b	0
2	8 Conf	tributions and grants (Part VIII, line 1h)	Pnor Ye	ar	Current Year
֓֞֝֟֟֝֟֝֟֝֟֟֝֟֝֟֝֟֝֟֓֟֝֟֝ <del>֚</del>	9 Prog	pram service revenue (Part VIII, line 2g)			5,957
Revenue	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)			
ž	11 Othe	er revenue (Part VIII, column (A) lines 5,63,83 9c 10c, and 11e)			143,818
		revenue – add lines 8 through 11 (must equal Part-VIII, column (A), line 12)			149,775
	1	nts and similar amounts paid (Part IX, column (A), lines 1–3)			9,760
	1	efits paid to or for members (Part IX, column (A), line 4)			42 200
Ses	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			43,388
Expenses	h Tota	essional fundraising fees (Part IX, column (A), line 11e) I fundraising expenses (Part IX, column (D), line 25) ▶	JA K	٠ ٠,	·
EX	17 Othe	er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)			113,590
-	I	1 expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			166,738
	19 Reve	enue less expenses Subtract line 18 from line 12			-16,963
Net Assets or	200		Beginning of Cu		End of Year
Sset	20 Tota	l assets (Part X, line 16)	. 8	6,860	69,897
Net/	21 Tota	I liabilities (Part X, line 26) assets or fund balances. Subtract line 21 from line 20	8	6,860	69,897
	Part II	Signature Block		<u> </u>	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules at			
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which pre	parer has an	y knowledge
Si	gn	Jarry Tordon			
He	ere	Signature of officer	•	Date	
		LARRY GORDON SECRETARY			1-10-11
_		Type or print name and title	- Charat		Preparer's identifying number
Pa	iid	Preparer's Date 0.1 / 0.	Check self-		(see instructions)
Pr	eparer's	signature 01/0 GOLDSTON, PATE & CO, CPAS INC.	3/11 emplo		26-2943862
Us	e Only	Firm's name (or yours of self-employed),		EIN Phone	20 2943002
		address, and ZIP + 4 CENTRAL CITY, KY 42330-1622			270-754-3313
Ma	y the IRS di	scuss this return with the preparer shown above? (see instructions)			Yes X No
Fo		ct and Paperwork Reduction Act Notice, see the separate instructions.		PI	Form <b>990</b> (2009)
_, ,					1 /1

Part III 🗀	Statement	of Pro	gram Service	- Accomi	alishments

2 Drd the organization undertake any significant program services during the year which were not listed on the prior form \$50 or 950-EZ?  If Yes, 'describe these new services on Schedule O. 3 Drd the organization crease 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 510(3) and 501(3) digramization and section 4947(s(1)) firsts 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 \$ 9,760 including grants of \$ 9,760 ) (Revenue \$ DONATIONS TO CHARITABLE ORGANIZATIONS OR DONATIONS TO INDIVIDUALS)  THE BENEFIT OF INDIVIDUALS) TO ASSIST WITH MEDICAL OR FOOD NEEDS.  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  de (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses > )  and Other program services (Describe in Schedule O) (Expenses > )  and Other program services (Describe in Schedule O) (Expenses > )  4d Other program services (Describe in Schedule O) (Expenses > )  and Other program service expenses > )  4d Other program service expenses > )		Bnefly describe the organization's missic ONATIONS TO CHARITAE HE BENEFIT OF INDIVI	BLE ORGANIZATIONS A				
the pnor Form 990 or 990-E2?			~				
the pnor Form 990 or 990-E2?	2	Did the organization undertake any signi	ficant program services during the year	ar which were not listed on			
3. Did the organization cease conducting, or make significant changes in how it conducts, any program services by expenses scrobe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501((3)) and 501((4)) granizations and section 4947(a)(1) frusts 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 \$ 9,760 including grants of \$ 9,760 in (Revenue \$ )  DONATIONS TO CHARITABLE ORGANIZATIONS OR DONATIONS TO INDIVIDUALS  THE BENEFIT OF INDIVIDUALS) TO ASSIST WITH MEDICAL OR FOOD NEEDS.  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )						Yes X	No
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	4d					,	
	4-			) (Revenue \$			

4e Total program service expenses ▶

Pa	irt IV CI	hecklist of Required Schedules					
						Yes	No
1	Is the organiz	tation described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
	complete Sch	nedule A			1		X
2	Is the organiz	ration required to complete Schedule B, Schedule of Contributors?			2		X
3	_	nization engage in direct or indirect political campaign activities on behalf of or in opposition to					
	candidates fo	r public office? If "Yes," complete Schedule C, Part I			3_		X
4	Section 501(	c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					
	Schedule C, I				4		
5		c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			İ		
		porting requirement and proxy tax? If "Yes," complete Schedule C, Part III			5		
6	•	nization maintain any donor advised funds or any similar funds or accounts where donors have					
		ovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"					
	•	nedule D, Part I			6		X
7	_	nization receive or hold a conservation easement, including easements to preserve open space,					
		ent, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7		X
8		nization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					
	•	nedule D, Part III			8		X
9	-	nization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part					
		credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"					
		nedule D, Part IV			9		X
10	•	nization, directly or through a related organization, hold assets in term, permanent, or					٠
		ments? If "Yes," complete Schedule D, Part V			10		X
11	-	ration's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				7.7	
		r X as applicable			11	X	
•	-	nization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					
	Schedule D, I						
•	•	nization report an amount for investments—other securities in Part X, line 12 that is 5% or more					
		sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII					
•	•	nization report an amount for investments—program related in Part X, line 13 that is 5% or more					
		sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII					
•	_	nization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets					
		art X, line 16? If "Yes," complete Schedule D, Part IX					
	_	nization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X					
•	-	nization's separate or consolidated financial statements for the tax year include a footnote that addresses					
40	_	ion's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					
12	Ū	nization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			40		Х
404		Parts XI, XII, and XIII.	L.	N.	12		_
12A	•	inization included in consolidated, independent audited financial statements for the tax year?	12A	es No	ł		
13		pleting Schedule D, Parts XI, XII, and XIII is optional. cation a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	[ IZA ]	A	13		X
13 14a	-	nization maintain an office, employees, or agents outside of the United States?					X
b	_	nization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			14a		
ນ	_	d program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b		x
15		nization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			145		
13	•	or entity located outside the United States? If "Yes," complete Schedule F, Part II			15		x
16	_	nization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<u>''</u>		
. •	Ū	located outside the United States? If "Yes," complete Schedule F, Part III			16		x
17		nization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>		<u> </u>
••	_	blumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17		x
18		nization report more than \$15,000 total of fundraising event gross income and contributions on			<del></del>		<u></u>
. •	•	s 1c and 8a? If "Yes," complete Schedule G, Part II			18		X
19	•	nization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					T ==
	ū	plete Schedule G, Part III			19	х	
20		prote estretate one or more hospitals? If "Yes " complete Schedule H			20	T	x

#### Part 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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ł		
	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	L	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	7 77	17.00	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,		// n ? 14.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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,		İ	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ļ
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
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	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36_	<u> </u>	
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_	<u>L</u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	Ţ		
	19? Note. All Form 990 filers are required to complete Schedule O	38_	L	$\mathbf{x}$
			000	10000

_Pa	irt 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	1				
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b_	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable				
	gaming (gambling) winnings to prize winners?	,	,	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_	ľ		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u> 7</u>			ئـــــ ا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	5?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	•				
	over, a financial account in a foreign country (such as a bank account, secunties account, or other final	ncial				
	account)?			4a_		X
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 B	ank				j
	and Financial Accounts			- <u>-</u>	<u> </u>	<del></del> -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		├ <u>^</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar	aing	,			
•	Prohibited Tax Shelter Transaction?			5c		$\vdash$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		x
	organization solicit any contributions that were not tax deductible?			6a		<del>-</del>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	5 UI		6b		}
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			65		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	nde			1	
а	and services provided to the payor?	Jous		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.2		
ŭ	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				<u> </u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe					
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					ļ
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	↓
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	<del></del>
10	Section 501(c)(7) organizations. Enter	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<del>                                     </del>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		1	
11	Section 501(c)(12) organizations. Enter	1	i .		ļ	
а	Gross income from members or shareholders	11a	<del> </del>			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against					İ
	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12a	<del> </del>	<del> </del>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		1	<u> </u>

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			
<u> </u>	Alon A. Coverning Dody and management		Yes	No
1a	Enter the number of voting members of the governing body		1.00	
b	Enter the number of voting members that are independent  1b 412			٠ .
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			<del></del>
74	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
0				
_	the year by the following.		X	-
a	The governing body?	8a_	X	-
ь	Each committee with authority to act on behalf of the governing body?	8b		<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			x
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l	
	etion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)		T.,	Γ
40	D. H	40-	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			<b>.</b>
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	-	<del>                                     </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			<u> </u>
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization:			
	-			

## 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

(A) Name and Title	(B) Average hours per			chec		hat ap		(D) Reportable compensation	(E)  Reportable compensation	(F) Estimated amount of
	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
JIMMY ARMOUR	30.00	7						0	0	
TRUSTEE PROVIDE	30.00	X			_	-		0	0	
TERRY BROWN TRUSTEE	20.00	x						o	o	C
LARRY GORDON	20.00	+^	_	$\vdash$	$\vdash$	$\vdash$				
SECRETARY	60.00			x				4,400	0	C
ROGER VAN AARDEN	00.00	1	-	-		$\vdash$		7,300		
VICE PRESIDENT	20.00			x				ol	0	d
RICHARD ELLIOT		<del>                                     </del>							<del></del>	
CHAPLIN	20.00			x				o	0	(
GARY SKIMEHORN										
CONDUCTOR				X				0	0	
LARRY CAMPBELL										
TREASURER	30.00			X				0	0	
BUTCH CAMPBELL				,						
INSIDE GUARD		_		X				0	0	
WESLEY NELSON						3				_
OUTSIDE GUARD				X			<u> </u>	0	0	
JOE ARNOLD	05 00									
PRESIDENT	25.00			X		-		0	0	
SONNY SNEAD JR							x	o	0	(
PAST PRESIDENT							A	J	0	
		-								
		_	_				ļ			
					L					
	<del></del>		t –							<del></del>
						1				

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)	
	(A) Name and Title	(B) Average	Pos	ition (		C) k all t	hat ap			(E) Reportable	(F) 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
	· 										
			-								
	·								4 400		
1b 2	Total Total number of individuals (ind	cluding but not lim	uted	to th	nse	lister	d abo	ve)	who received more than \$10	00 000 in	<u> </u>
	reportable compensation from			0							Yes No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or	complete Schedu 1a, is the sum of	ile J repo	for si ortab	uch i le co	ndıv ompe	idual ensat	ion a	and other compensation from		3 X
5	individual Did any person listed on line 1a services rendered to the organ										4 X 5 X
	ction B. Independent Contracto	ors								<b>A</b> 400.000 f	
1	Complete this table for your five compensation from the organization		isate	ea inc	epe	naer	nt cor	ntrac			(C)
	Name and	bùsíness address			_				Descrip	(B) tion of services	(C) Compensation
					-						
								-		<del></del>	
					_						
									<u></u> .		
2	Total number of independent of						l to th	ose	listed above) who received		
DAA	more than \$100,000 in comper	nsation from the o	rgar	ıızatı	on 🕨				<del></del>		0 Form <b>990</b> (2009)

Pa	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
gE B		Fundraising events	1c					
ifts		Related organizations	1d					
S,E		Government grants (contributions)	1e					
Sis	e	All other contributions, gifts, grants,	- <del>  </del>					
<b>35</b>	'	and similar amounts not included above	1f					
草草	_							
S S	9	Noncash contributions included in lines 1a-	If \$	_				
<u></u>	<u>h</u>	Total. Add lines 1a-1f	_	<u> </u>				
- B	_			Busn. Code	5 055	5 055		
- S	2a	MEMBERSHIP DUES			5,957	5,957		
e E	b						_	<u>.</u> .
훙	С							
တီ	d							
Program Service Revenue	е							
<u>g</u>	f	All other program service rever	iue	L				
_	g	Total. Add lines 2a-2f		<b>•</b>	5,957			
	3	Investment income (including d	ıvıdends,	interest, and				
		other similar amounts)		▶				
	4	Income from investment of tax-	exempt b	ond proceeds				
	5	Royalties		<b>•</b>				
		(ı) Real		(II) Personal				
	6a	Gross Rents						
	ь	Less rental exps						
	С	Rental inc or (loss)			_			
1	d	Net rental income or (loss)		<b>&gt;</b>	_			
	7a	Gross amount from (i) Securities	;	(II) Other				
		sales of assets other than inventory						
	ь	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b>•</b>				
		Gross income from fundraising ever	nts	· · ·			***	
92(		(not including \$						
Other Reven		of contributions reported on line 1c)						
æ		See Part IV, line 18	a					
her	h	Less direct expenses	b -					
ᅙ		Net income or (loss) from fundi		ents •		-		- •
		Gross income from gaming activities		ents				
	эа	See Part IV, line 19		484,955				
	<b>h</b>	Less direct expenses	a b	394,041				
		Net income or (loss) from gami	~ _		90,914	90,914		
			ng activit	les 💌	90,914	30,314	··· -	
	Tua	Gross sales of inventory, less		222 020				
		returns and allowances	a	223,930				
		Less cost of goods sold	_ b	171,026		50.004		
	<u>C</u>	Net income or (loss) from sales			52, <u>904</u>	52,904		
		Miscellaneous Revenue	•	Busn. Code				
	11a							
	b			-	-		-	
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total Revenue. See instruction	ns	<b>•</b>	149,775	149,775	0	0

Part IX Statement of Functional Expenses

Form 990 (2009)

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

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

	All other organizations must				·
	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	9,260	9,260		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	500	500		
3	Grants and other assistance to governments,			• • • • • • • • • • • • • • • • • • • •	·
3	organizations, and individuals outside the				
	_				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	37,275		37,275	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,113		6,113	
11	Fees for services (non-employees).	-,		= , = = =	
'' a	Management				
	Legal				
b		255		255	
С.	Accounting	255		233	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	00 110		20 110	
g	Other	22,118		22,118	
12	Advertising and promotion				
13	Office expenses	4,605		4,605	
14	Information technology				
15	Royalties				
16	Occupancy	46,042		46,042	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	473		473	· · · <u>-</u>
20	Interest				
	Payments to affiliates				
21	Depreciation, depletion, and amortization	8,934		8,934	
22	. ' ' '	7,461		7,461	
23	Insurance	7,401		1,401	-
	011-1-1-1-1-1-1				
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	TAXES/LICENSES	17,249		17,249	
b	SUPPLIES	6,453		6,453	
С					
d					
_ e	·				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	166,738	9,760	156,978	
26	Joint costs. Check here ▶ ☐ If following				<del> </del>
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	rungraising solicitation				Form <b>990</b> (200

				(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			25,082	1	17,053
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors, tru	ıstees, key	Γ			
	employees, and highest compensated employees. Comple	ete Part II o	f			
	Schedule L		[		5	
6	Receivables from other disqualified persons (as defined ui	nder section	n [			
	4958(f)(1)) and persons described in section 4958(c)(3)(B					
	Part II of Schedule L				6	
7 8	Notes and loans receivable, net		7			
8	Inventories for sale or use			4,775	8	4,775
9	Prepaid expenses and deferred charges				9	•
	Land, buildings, and equipment cost or		<u> </u>			
	other basis Complete Part VI of Schedule D	10a	427,660			
Ь	Less. accumulated depreciation	10b	379,591	57,003	10c	48,069
11	Investments—publicly traded securities	<u> </u>	· · · · · · · · · · · · · · · · · · ·	,	11	•
12	Investments—other securities See Part IV, line 11			12		
13	Investments—program-related See Part IV, line 11			13		
14	Intangible assets	<u> </u>		14		
15	Other assets See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)			86,860	16	69,897
17	Accounts payable and accrued expenses		,	17		
18	Grants payable		1		18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		Ī		20	
1	Escrow or custodial account liability Complete Part IV of S	Schedule D			21	
21 22	Payables to current and former officers, directors, trustees					
	employees, highest compensated employees, and disqual					
<u> </u>	persons Complete Part II of Schedule L		-		22	
23	Secured mortgages and notes payable to unrelated third p	arties	Ī		23	
24	Unsecured notes and loans payable to unrelated third part		T		24	
25	Other liabilities Complete Part X of Schedule D		Г		25	
26	Total liabilities. Add lines 17 through 25				26	
1	Organizations that follow SFAS 117, check here ▶ 🄀	and				
27 28	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets		-	86,860	27	69,897
28	Temporarily restricted net assets		Γ		28	
29	Permanently restricted net assets			29		
29	Organizations that do not follow SFAS 117, check her					
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds	-	· · · · · · · · · · · · · · · · · · ·	30		
31	Paid-in or capital surplus, or land, building, or equipment f	und	F		31	
32	Retained earnings, endowment, accumulated income, or or		<u> </u>		32	
30 31 32 33 34	Total net assets or fund balances			86,860	33	69,897
34	Total liabilities and net assets/fund balances		-	86,860		69,897

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**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

Form 990 (2009)

3b

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

**Employer identification number** Name of the organization GRAND AERIE FRATERNAL ORDER OF **EAGLES** 61-0705175 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched		E FRATERNAL			-0705175	Page <b>2</b>
<u>Par</u>	rt (II Organizations Maintaining C	Collections of Art,	Historical Treas	ures, or Oth	er Similar Assets	(continued)
	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, chec	k any of the following	that are a signif	icant use of its	
а	Public exhibition	<b>d</b> Loan	or exchange program	ns		
ь	Scholarly research	e Othe				
С	Preservation for future generations	, 🗀				
4	Provide a description of the organization's collect Part XIV	ctions and explain how t	hey further the organi	zation's exempt	purpose in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, he maintained as part of t	nistorical treasures, or he organization's colle	other similar		Yes No
	rt IV   Escrow and Custodial Arran	gements. Comple	ete if the organiza		red "Yes" to Form	
	Is the organization an agent, trustee, custodian			r assets not		
	included on Form 990, Part X?	•				Yes No
	If "Yes," explain the arrangement in Part XIV and	d complete the following	table			
	3	,				Amount
С	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	
	Ending balance				1f	
	Did the organization include an amount on Form	990 Part X line 212				Yes No
	If "Yes," explain the arrangement in Part XIV	1000,1 01(74, 1110 21				1es 140
	rt V Endowment Funds. Comple	te if organization a	nswered "Yes" t	o Form 990.	Part IV. line 10.	· ·
	Endownion Fandor Compto	(a) Current year	(b) Prior year	(c) Two years		ack (e) Four years back
1a	Beginning of year balance	(4) 50.10.11, 70.01	<u> </u>	(-, ,	(-,	(-,
	Contributions					
	Net investment earnings, gains,					
	and losses	,				
	Grants or scholarships					
	Other expenditures for facilities			Į.		
	and programs					
	Administrative expenses					-
_	End of year balance					
	Provide the estimated percentage of the year er					
	Board designated or quasi-endowment	%				
	Permanent endowment %					
	Term endowment ► %					
	Are there endowment funds not in the possession	on of the organization th	at are held and admin	istered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
	If "Yes" to 3a(II), are the related organizations lis	•				3b
4	Describe in Part XIV the intended uses of the or					
<u>Pa</u>	rt VI Investments—Land, Buildin	gs, and Equipmer	it. See Form 99			
	Description of investment	(a) Cost or other basis	1 ''		(c) Accumulated	(d) Book value
		(investment)	basis (othe	r)	depreciation	<del> </del>
1a	Land					
b	Buildings					
С	Leasehold improvements				_	
d	Equipment					
е	Other		427	7,660	379,591	48,069
Total	. Add lines 1a through 1e (Column (d) must equal	al Form 990, Part X, col	umn (B), line 10(c))		<b>&gt;</b>	48,069

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 GRAND AERIE FRATERNAL	ORDER OF	61-0705175	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market va	alue
Financial derivatives			
Closely-held equity interests			
Other			
	, ,		
			_
_ <b> </b>			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990	Dert X line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market va	alue
		Cost of Gild of your market to	
		<del></del>	
	<u> </u>		
			<del>_</del> .
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b)	Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25	5.		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
	" ·		
		7	
	†	7	
	-	-	
		-	
	<del>                                     </del>	┥	
	+	$\dashv$	
		-	
		$\dashv$	
		$\dashv$	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2 FIN 48 Footpote In Part XIV provide the text of the footpote to the organic	zation's financial statemen	ts that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 GRAND AERIE FRATERNAL ORDER O	F	61-070517	'5	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor penod adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII   Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•		
а	Net unrealized gains on investments	2a		1 1	
b	Donated services and use of facilities	2b		]	
С	Recovenes of pnor year grants	2c		1 1	
d	Other (Describe in Part XIV )	2d		J	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	,		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV)	4b		J	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Nith Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	1		
а	Donated services and use of facilities	2a		.	
b	Prior year adjustments	2b			
С	Other losses	2c		4	
d	Other (Describe in Part XIV )	2d	<u>.                                    </u>	ļ	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	ì	ſ	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV )	4b	<u> </u>	l	
_	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u> </u>
	art XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	s 2d and	d 4b. Also complete		
this p	art to provide any additional information				
					. – – – – –
					. – – – – –
	<del> </del>	_	- <b>-</b>		_ <b>_</b>
					. <b></b> _
		-	— — <del>—</del>		<del>_</del>
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Schedu <b>Part</b>	XΙ\	<b>7</b> :	Su	ople	men	tal	Info	rm	atic	on (	cor	ntin	uec	1)																	-					
	_	`_	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_		_				_	_	_	_	
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	<u> </u>	_	_			_	_	_	_	_	_	_		_	_	_	_		_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_

#### SCHEDULE G (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

GRAND AERIE FRATERNAL ORDER OF **EAGLES** 

Employer identification number 61-0705175

Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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 services? 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 (I) Name of individual (iii) Did fund-(ii) Activity (IV) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions' col (i) Yes No Total

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

GRAND AERIE FRATERNAL ORDER OF 61-0705175 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (total number) (event type) (event type) Revenue Gross receipts Less Charitable contributions Gross revenue (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (Add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 95,637 389,318 484,955 Gross revenue 73,085 304,479 377,564 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 14,092 2,385 16,477 Other direct expenses % Yes Yes Yes X No X X No Volunteer labor No 394,041 Direct expense summary Add lines 2 through 5 in column (d) 90,914 Net gaming income summary Combine line 1, column d, and line 7 Yes No KY Enter the state(s) in which the organization operates gaming activities X Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain X Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain.

11

X

X

11 12 Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sche	chedule G (Form 990 or 990-EZ) 2009 GRAND AERIE FRATERNAL ORDE	ROF	61-070517	5	Р	age 3	ì
	·				Yes	No	_
13	Indicate the percentage of gaming activity operated in.						1
а	a The organization's facility		13a 100.00 %				1
b	b An outside facility		13b %				
14	4 Provide the name and address of the person who prepares the organization's gaming/special eve	nts books					1
	and records						1
	Name ► LARRY GORDON						
	BUSINESS ADDRESS						1
	Address ►						
15a	5a Does the organization have a contract with a third party from whom the organization receives gan	ning					
	revenue?			15a		X	
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		and the				
	amount of gaming revenue retained by the third party ▶ \$						-
С	c If "Yes," enter name and address of the third party						i
	No N						-
	Name ►						-
	Address ▶						-
16	6 Gaming manager information						-
							1
	Name ► LARRY GORDON						ļ
	Gaming manager compensation ▶ \$ 4,400						-
	Gaming manager compensation ▶ \$ 4,400						
	Description of services provided ▶ PREPARATION OF GAMING REPOR	rs					
							-
	X Director/officer Employee Independent contractor						1
17	7 Mandatory distributions						1
		eeds to					4-1-1
_	retain the state gaming license?			17a		X	
b		ns or spent	t				
	in the organization's own exempt activities during the tax year ▶ \$	· .					-

# SCHEDULE I (Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the programmation GRAND AERIE FRATERNAL	NAL ORDER	OF			Employer	Employer identification number	)er	
					61-07	61-0705175		
Part I General Information on Grants and Assistance	Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 December 10 the organization's proceedings for monitoring the use of grant funds in the United States	he amount of the g nce?	rants or as	sistance, the grantees' in the United States	eligibility for the grants	s or assistance, an	Q	X Yes	° □
∣ਲ∷	vernments ar ecipient that r )) if additional	d Organ	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 acce is needed	ited States. Com. Check this box	plete if the org f no one recip	ganization ans ient received r	wered "Yes" to nore than \$5,000.	Use <b>X</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
		li.						
	į							
	i i			-				
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	organizations			į				
₾	the Instructions	or Form 9	90.				Schedule I (Form 990) 2009	n 990) 2009

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

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Schedule I (Form 990) 2009 GRAND AERIE FRATERNAL ORDER OF 61-0705175

Part III. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22...

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	Ose Pail IV alid Schedule I-1 (Politi 990) ii additioliai space is liegued.		אומו אממני וא וופפתבי	٦.		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
					•	
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to	provide the informat	ion required in Part I,	line 2, and any other addi	tional information.

#### **SCHEDULE J**

(Form 990)

Part I

**Compensation Information** 

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

GRAND AERIE FRATERNAL ORDER OF EAGLES

**Questions Regarding Compensation** 

Employer identification number 61-0705175

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e g, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4a a Receive a severance payment or change-of-control payment? 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2009

GRAND AERIE FRATERNAL ORDER OF

Schedule J (Form 990) 2009

Part II

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

61-0705175

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

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

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name	(i) Base compensation	(II) Bonus & incentive compensation	F	other deferred compensation	benefits	(B)(I)–(D)	reported in prior Form 990 or Form 990-EZ
SONNY SNEAD JR		0	0	Ō	0	0	0
(1)			0	0			0
(9)	<u> </u>		•	•			
0	0						
(1)							
(9)		,	•	•			
(0)	(1						,
(o)	(c) (c)						•
(n) (0)	(u			•			•
(1)	(1)		·	•			
(9)	(1)	-		•			
(0)	0 (1			•			
(m) (o)	(t			•			
(t) (t)	(1)						
(u) (t)	(ii)			•			
(t) (t)	(0)						
(t) (t)	(ti						
(t)	(i		•	•			
						Schedi	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 GRAND AERIE FRATERNAL ORDER OF P. Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **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.

GRAND AERIE FRATERNAL ORDER OF EAGLES

2009

Employer identification number 61-0705175

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

## Form 4562

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

2009

tachment 6

Name(s) shown on return

9) ► See separate instructions.

GRAND AERIE FRATERNAL ORDER OF

EAGLES

Identifying number 61-0705175

Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 6,092 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 2,842 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery business/investment use (e) Convention (f) Method (q) Depreciation deduction (a) Classification of property placed in penod service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property e 15-year property 20-year property 25 yrs S/I 25-year property S/L Residential rental 27 5 yrs property ММ S/L 27 5 yrs MM Nonresidential real 39 yrs S/L property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L 40-year 40 yrs MM Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 8,934 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits. **Employer identification number** Name of Exempt Organization Type or GRAND AERIE FRATERNAL ORDER OF print 61-0705175 **EAGLES** File by the due date for Number, street, and room or suite no. If a P O. box, see instructions. filing your 101 EAGLES DRIVE return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions **KY 42330** CENTRAL CITY Check type of return to be filed (file a separate application for each return): Form 4720 Form 990 Form 990-T (corporation) Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 6069 Form 990-T (trust other than above) Form 990-EZ Form 8870 Form 1041-A Form 990-PF The books are in the care of FAX No. ▶ Telephone No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is leading. If it is for part of the group, check this box and attach for the whole group, check this box a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15/11, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 05/31/10 tax year beginning 06/01/09, and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, 3a less any nonrefundable credits. See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 4-2009)