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Short Form  
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009

Open to Public  
Inspection

|   |  |  |                    |  |        |
|---|--|--|--------------------|--|--------|
| <b>A For the 2009 calendar year, or tax year beginning</b>  |  | 07/01  | , 2009, and ending | 06/30  | , 2010 |
| <input type="checkbox"/> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input checked="" type="checkbox"/> Application pending |  | <b>C Name of organization</b><br><b>MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND ACCEPTED</b><br>Number and street (or P O box, if mail is not delivered to street address)<br><b>PO BOX 11839</b><br>City or town, state or country, and ZIP + 4<br><b>LOUISVILLE, KY 40251</b> |                    | <b>D Employer identification number</b><br><b>61-0621169</b><br><b>E Telephone number</b><br><b>F Group Exemption Number</b> ► <b>5377</b> |        |

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method.**  Cash  Accrual  
Other (specify) ►

**I Website:** ►

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**H Check** ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Check** ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **150,935****

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| Revenue                                       | 1 Contributions, gifts, grants, and similar amounts received . . . . .  | 1 84,507   |
|---|---|------------|
|   | 2 Program service revenue including government fees and contracts . . . . .   | 2 0        |
|   | 3 Membership dues and assessments . . . . .   | 3 66,403   |
|   | 4 Investment income . . . . .   | 4 25       |
|   | 5a Gross amount from sale of assets other than inventory . . . . .  | 5a 0       |
|   | b Less: cost or other basis and sales expenses . . . . .  | 5b 0       |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   | 5c 0       |
|   | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>                |            |
|   | a Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .  | 6a 0       |
|   | b Less: direct expenses other than fundraising expenses . . . . .   | 6b 0       |
|   | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .   | 6c 0       |
|   | 7a Gross sales of inventory, less returns and allowances . . . . .  | 7a 0       |
|   | b Less: cost of goods sold . . . . .  | 7b 0       |
|   | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  | 7c 0       |
|   | 8 Other revenue (describe ► ) . . . . .   | 8 0        |
|   | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►  | 9 150,935  |
| Expenses                                      | 10 Grants and similar amounts paid (attach schedule) . . . . .  | 10 4,995   |
|   | 11 Benefits paid to or for members . . . . .  | 11 3,000   |
|   | 12 Salaries, other compensation, and employee benefits . . . . .  | 12 13,500  |
|   | 13 Professional fees and other payments to independent contractors . . . . .  | 13 2,100   |
|   | 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14 66,278  |
|   | 15 Printing, publications, postage, and shipping . . . . .  | 15 16,584  |
|   | 16 Other expenses (describe ► See Statement 2 ) . . . . .   | 16 45,102  |
|   | 17 Total expenses. Add lines 10 through 16 . . . . . ►  | 17 151,559 |
| Net Assets                                    | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18 -624    |
|   | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19 156,864 |
|   | 20 Other changes in net assets or fund balances (attach explanation) . . . . .  | 20 0       |
|   | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►  | 21 156,240 |
| <b>RECEIVED</b><br>MAY 20 2011<br>758 IRS-OSC |   |            |
| <b>OGDEN, UT</b>                              |   |            |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

| (See the instructions for Part II.)  |  | (A) Beginning of year | (B) End of year |
|--|--|-----------------------|-----------------|
| 22 Cash, savings, and investments . . . . .  |  | 76,864                | 22 76,240       |
| 23 Land and buildings . . . . .  |  | 80,000                | 23 80,000       |
| 24 Other assets (describe ► ) . . . . .  |  | 0                     | 24 0            |
| 25 Total assets . . . . .  |  | 156,864               | 25 156,240      |
| 26 Total liabilities (describe ► ) . . . . .   |  | 0                     | 26 0            |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . . |  | 156,864               | 27 156,240      |

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See Statement 3**

What is the organization's primary exempt purpose? \_\_\_\_\_  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

**28** granted (5) college students \$500.00 each

**28a** **2,500**

29 death benefits for deceased members (10) at \$300.00

38a

22 provided pythagoras youth organization with monies \$2195.00

30a

2,495

**31 Other program services (attach schedule)**

31a | 0

**32 Total program service expenses** (add lines 28a through 31a)

Instructions for Part IV.)

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address

**(b) Title and average hours per week devoted to position**

**(c) Compensation  
(If not paid,  
enter -0-)**

**(d) Contributions to employee benefit plans & deferred compensation**

### b) Expense account and

---

**See Statement 4**

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

|  | Yes  | No |
|--|--|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .  | 33   | ✓  |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .  | 34   | ✓  |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  |  |    |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .   | 35a  | ✓  |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .   | 35b  |    |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   | 36   | ✓  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0  | 37a  | 0  |
| b Did the organization file Form 1120-POL for this year? . . . . .   | 37b  | ✓  |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .   | 38a  | ✓  |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .   | 38b  |    |
| 39 Section 501(c)(7) organizations. Enter:   | 39a  |    |
| a Initiation fees and capital contributions included on line 9 . . . . .   | 39b  |    |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0   | 40a  | 0  |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | 40b  | ✓  |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► 0  | 40c  | 0  |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0  | 40d  | 0  |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .  | 40e  | ✓  |
| 41 List the states with which a copy of this return is filed. ► KY   |  |    |
| 42a The organization's books are in care of ► ROBERT C NEWTON Located at ► 1304-06 S 28TH ST, LOUISVILLE, KY 40210   | Telephone no. ► 502-776-5544 ZIP + 4 ► 40210 |    |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .   | 42b  | ✓  |
| 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.   | 42c  | ✓  |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .   |  |    |
| If "Yes," enter the name of the foreign country: ►   |  |    |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43  |  | □  |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | 44   | ✓  |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   | 45   | ✓  |

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

|  | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  | 46  | ✓  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .  | 47  | ✓  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | 48  | ✓  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  | 49a | ✓  |
| b If "Yes," was the related organization a section 527 organization? . . . . .   | 49b |    |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |     |    |

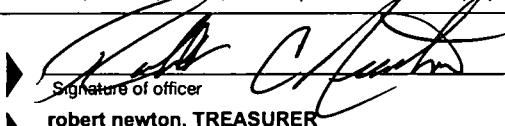
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None  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

f Total number of other employees paid over \$100,000 . . . ►

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

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

d Total number of other independent contractors each receiving over \$100,000 . . . ►

|                                 |  |            |   |
|---------------------------------|--|------------|---|
| <b>Sign Here</b>                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge |            |   |
|                                 |   | 5.16.2011  | Date  |
| ► Signature of officer          | ►  | ►          |   |
| ► robert newton, TREASURER      | ►  | ►          |   |
| ► Type or print name and title  |  |            |   |
| <b>Paid Preparer's Use Only</b> | Preparer's signature ►   | Date       | Check if self-employed ► <input type="checkbox"/> |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 ►  | EIN ►      | Preparer's identifying number (See instructions)  |
|                                 |  | Phone no ► |   |

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Name of the organization**

**Employer identification number**

## **MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND ACCEPTED MASONS OF**

61

0621169

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_  
 (ii) A family member of a person described in (i) above? \_\_\_\_\_  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_  
 h Provide the following information about the supported organization(s).  

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

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

Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2009**

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

**Section A. Public Support**

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total                  |
|---|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4   |          |          |          |          |          |                            |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |                            |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          |                            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |          |          |          |          |          |                            |
| 11 <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                            |
| 12 Gross receipts from related activities, etc (see instructions)   |          |          |          |          | 12       |                            |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |          |          |          |          |          | ► <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                            |
|---|----|----------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))   | 14 | %                          |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14   | 15 | %                          |
| 16a <b>33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |    | ► <input type="checkbox"/> |
| b <b>33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |    | ► <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    |    | ► <input type="checkbox"/> |
| b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |    | ► <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |    | ► <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          |          |          |          | 150,909  | 150,909   |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          | 0        | 0         |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          | 0        | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          | 0        | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          | 0        | 0         |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .  | 0        | 0        | 0        | 0        | 150,909  | 150,909   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .   |          |          |          |          | 0        | 0         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .    |          |          |          |          | 0        | 0         |
| <b>c</b> Add lines 7a and 7b . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          | 150,909   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   | 0        | 0        | 0        | 0        | 150,909  | 150,909   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          | 0        | 0         |
| <b>c</b> Add lines 10a and 10b . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          | 0        | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .  | 0        | 0        | 0        | 0        | 150,909  | 150,909   |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |     |   |
|---|----|-----|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 100 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .                      | 16 | 100 | % |

**Section D. Computation of Investment Income Percentage**

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

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

**General Explanation - LINE 10 - STATEMENT TIFFANY TALBERT TO JEFFERSON COMMUNITY TECHNICAL COLLEGE \$500.00**

**General Explanation - LINE 10 - STATEMENT MANDELA RICE TO MOREHEAD STATE UNIVERSITY \$500.00**

**General Explanation - LINE 10- STATEMENT JESSICA OVERALL TO BLUEGRASS COMMUNITY COLLEGE \$500.00**

**General Explanation - LINE 10- STATEMENT OCTAVIA HANNA TO UNIVERSITY OF TENNESSEE \$500.00**

**Statement 1 : General Explanations**

**Statement 1 (continued) : Reasonable Cause Explanations**

**Statement 2 : Other Expenses Schedule**

**Statement 3 : Primary Exempt Purpose**

**Statement 4 : Officers, Directors, Trustees and Key Employees Compensation**

**Statement 1****MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND****ACCEPTED MASONS OF****61-0621169**

Form: 990-EZ

Page: 1

Line Number

**General Explanations**

| <b>Reference</b>             | <b>Explanation</b>   |
|------------------------------|--|
| Form 990-EZ, Part I, Line 11 | MILDRED HUNT BENEFICIARY FOR SOLOMON HUNT \$300 00 LAURA GATEWOOD<br>BENEFICIARY FOR ALONZO GATEWOOD \$300 00 BENNIE LOCHART BENEFICIARY FOR<br>THOMAS LOCHART \$300 00 MAJORIE POWELL BENEFICIARY FOR BENNIE POWELL \$300 00<br>GEORGIA WADE BENEFICIARY FOR ERSKIN WADE \$300 00 ANN GREENE BENEFICIARY FOR<br>HURLEY RUDOLPH RAGSDALE \$300 00 EMMA CURD BENEFICIARY FOR JESSE CURD \$300 00<br>MELBA MCFADDEN BENEFICIARY FOR PERCEL MCFADDEN \$300 00 THERESA BARNETT<br>BENEFICIARY FOR WILLIE BARNETT \$300 00 MARILYN KIMBROUGH BENEFICIARY FOR<br>PLANSE KIMBROUGH \$300 00 BARBARA CLARK BENEFICIARY FOR ROBERT CLARK \$300 00 |
| Form 990-EZ, Part I, Line 15 | PRINTING, PUBLICATIONS, POSTAGE, SHIPPING PRINTING \$15,964 00 POSTAGE \$620 00  |

**Statement 1 (continued)**

Form: 990-EZ

Page: 1

Line Number:

**MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND**

**ACCEPTED MASONS OF**

**61-0621169**

**Reasonable Cause Explanations**

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**Explanation**

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NEEDED ADDITIONAL TIME TO COLLECT INFORMATION

**Statement 2**

Form 990-EZ

Page. 1

Line Number Part I Line 16

**MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND****ACCEPTED MASONS OF**

61-0621169

**Other Expenses Schedule**

| <b>Description</b>             | <b>Amount</b> |
|--------------------------------|---------------|
| birch communications           | 2,290         |
| at&t                           | 2,311         |
| temple refunds                 | 900           |
| copy machine maintenance       | 4,142         |
| phone maintenance              | 582           |
| grand lodge convention expense | 26,667        |
| bus transportation             | 5,600         |
| meals district meetings        | 2,373         |
| flowers                        | 237           |
| <b>Total:</b>                  | <b>45,102</b> |

Statement 3

Form: 990-EZ

Page. 2

Line Number Part III

MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND  
ACCEPTED MASONS OF

61-0621169

**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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NOT FOR PROFIT FRATERNAL ORGANIZATION, PROVIDES CHARITY AND SCHOLARSHIPS

## Statement 4

MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND  
ACCEPTED MASONS OF

61-0621169

Form 990-EZ

Page 2

Line Number Part IV

## Officers, Directors, Trustees and Key Employees Compensation

|               |  | Title and Hours          | Compensation  | Benefits | Expense  |
|---------------|--|--------------------------|---------------|----------|----------|
| Name          | HUGH R HARLAN JR                       | GRAND MASTER<br>15       | 6,000         | 0        | 0        |
| Address       | 1304 S 28TH ST<br>LOUISVILLE, KY 40210 |                          |               |          |          |
| Name          | THOMAS S LOVING                        | DEPUTY GRAND MASTER<br>0 | 0             | 0        | 0        |
| Address       | 1304 S 28TH ST<br>LOUISVILLE, KY 40210 |                          |               |          |          |
| Name          | DWIGHT BARNETT                         | GRAND SENIOR WARDEN<br>0 | 0             | 0        |          |
| Address       | 1304 S 28TH ST<br>LOUISVILLE, KY 40210 |                          |               |          |          |
| Name          | JONATHAN A BRYANT                      | GRAND JUIOR WARDEN<br>0  | 0             | 0        |          |
| Address       | 1304 S 28TH ST<br>LOUISVILLE, KY 40210 |                          |               |          |          |
| Name          | ROBERT C NEWTON                        | GRAND TREASURER<br>15    | 3,600         | 0        |          |
| Address       | 1304 S 28TH ST<br>LOUISVILLE, KY 40210 |                          |               |          |          |
| Name          | DONALD E CROOM                         | GRAND SECRETARY<br>15    | 3,600         | 0        |          |
| Address       | 1304 S 28TH ST<br>LOUISVILLE, KY 40210 |                          |               |          |          |
| Name          | ALFONSO VANCE                          | CCFC<br>0                | 0             | 0        | 0        |
| Address       | 1304 S 28TH ST<br>LOUISVILLE, KY 40210 |                          |               |          |          |
| <b>Total:</b> |  |                          | <b>13,200</b> | <b>0</b> | <b>0</b> |

MOST WORSHIPFUL PRINCE HALL GRAND LODGE  
F & A M OF KENTUCKY, INC.  
1304-06 28<sup>TH</sup> Street  
Louisville, Kentucky 40251-0839  
EIN 61-0621169 GEN 5377

The following is a listing of the Subordinate lodges that are affiliated with the Most Worshipful Prince Hall Grand Lodge F & A M of Kentucky, Inc.

Mt. Moriah # 1  
EIN 61-1167748  
c/o Worshipful Master  
Ralph E. Hearn, Sr.  
2102 Hill St.  
Louisville, KY 40210

St. Thomas #2  
EIN 61-1037619  
c/o Worshipful Master  
John Norfleet  
3034 Crumes Ln  
Louisville, KY 40216

Keystone # 3  
EIN 61-1166524  
c/o Worshipful Master  
David Girton  
2502 River Bend Dr. #602  
Louisville, KY 40206

St. John #4  
EIN 61-0910567  
c/o Worshipful Master  
James T. Floyd  
2361 Jane Posey Rd  
Corydon, KY 42406

Stone Square #5  
EIN 61-1088415  
c/o Worshipful Master  
Fairley Taylor  
293 Alben Barley Dr  
Paducah, KY 42001

Hiram #7  
EIN 61-1037225  
c/o Worshipful Master  
Eric Reed  
305 W. Mill St  
Cynthiana, KY 40505

King Solomon #8  
EIN 61-1176941  
c/o Worshipful Master  
Keith Brown  
596 Skyview Ln  
Lexington, KY 40511

St Paul #11  
EIN 61-1178652  
c/o Worshipful Master  
Charles Washington  
503 Elm Ct  
Georgetown, KY 40324

Unity #12  
EIN 61-1045761  
c/o Worshipful Master  
Sylvester Joseph, Sr.  
2613 Conestoga Ave  
Louisville, KY 40210

Euclid #13  
EIN 61-1037360  
c/o Worshipful Master  
Michael Johnson  
3409 Westridge Ct  
Bardstown, KY 40004

Kenton #16  
EIN 61-1201155  
c/o Worshipful Master  
Jacob Bell  
3523 Skyview Ln  
Cincinnati, OH 45213

Rising Star #17  
EIN 61-1417176  
c/o Worshipful Master  
Howard Dillard, Jr.

Doric #18  
EIN 61-1117882  
c/o Worshipful Master  
Marvin Swain, Jr.  
800 S. 2<sup>nd</sup> St  
Danville, KY 40422

Mount Pisgah #20  
EIN 61-1134119  
c/o Worshipful Master  
James Harris  
4504 Berhiem Dr  
Owensboro, KY 42301

Silver Cord #23  
EIN 61-1178650  
c/o Worshipful Master  
Charles Penix  
527 Russell St  
Danville, KY 40423

Acacia #24  
EIN 61-1169671  
c/o Worshipful Master  
Leroy Talbert  
206 E. Water St  
Flemingsburg, KY 41041

Mosaic #25  
EIN 61-1169875  
c/o Worshipful Master  
John Steward  
3029 Dumesnil St  
Louisville, KY 40211

Meridian Sun #26  
EIN 61-1043042  
c/o Worshipful Master  
Bari Zaka  
254 Landings Dr  
Frankfort, KY 40601

Ancient Landmark #28  
EIN 61-1115570  
Jordon Hayes  
4635 Marlboro Dr. #4  
Owensboro, KY 42303

Southern Cross #39  
EIN 61-1037880  
c/o Worshipful Master  
James Washington  
509 Burnside Rd  
Vine Grove, KY 40175

Excellent #44  
EIN 61-1167062  
c/o Worshipful Master  
Ali Drake  
302 E. Main St  
Providence, KY 42450

Jethro #45  
EIN 61-1169132  
c/o Worshipful Master  
Lee Smith  
3886 Stella Dr  
Clarksville, TN 37040

Hardin #46  
EIN 61-1172160  
c/o Worshipful Master  
Chester Ditto  
P.O. Box 27  
Ekron, KY 40117

Ashlar # 49  
EIN 61-1172161  
c/o Worshipful Master  
Russell Glover  
909 Cobbler Dr  
Richmond, KY 40475

Ruling Star #51  
EIN 61-1170708  
c/o Worshipful Master  
Jody Ward  
713 Elm  
Murray, KY 42071

Ratcliff #56  
EIN 61-1176023  
Audrey Oldham  
414 Eckstein St  
Somerset, KY 42501

Ionic #65  
EIN 61-1167986  
c/o Worshipful Master  
Anthony Gaines  
414 Eckstein St  
Somerset, KY 42501

Braden #67  
EIN 23-7636829  
c/o Worshipful Master  
Claude Boyd  
522 N. Cave St  
Princeton, KY 42445

Fred Douglas #72  
EIN 61-6029415  
c/o Worshipful Master  
Donald Washington  
P.O. Box 744  
New Albany, In 42151

Mt Ararat #73  
EIN 61-1179164  
c/o Worshipful Master  
Earl Hocker  
P.O. Box 304  
Powderly, KY 42367

Southgate #87  
EIN 61-1194645  
c/o Worshipful Master  
Dwayne Roberts  
10317 Arbor Oak Dr  
Louisville, KY 40229

Central #91  
EIN 61-1194436  
c/o Worshipful Master  
William E. Taylor  
201 Green St  
Nicholasville, KY 40356

Harlan #96  
EIN 61-1170069  
c/o Worshipful Master  
Edell Gray, Sr.  
P.O. Box 61  
Harlan, KY 40831

Eureka #99  
EIN 61-1179167  
c/o Worshipful Master  
Robert Ray  
1517 Webster St  
Morganfield, KY 42437

Strangers Rest #101  
EIN 61-0246018  
c/o Worshipful Master  
Michael Tuck  
601 Todd St  
Franklin, KY 42134

Mammoth #104  
EIN 61-1078826  
c/o Worshipful Master  
William Richardson  
8612 National Turnpike  
Fairdale, KY 40118

Prospect #109  
EIN 61-1166808  
c/o Worshipful Master  
George Armstrong  
4914 Priest Ct  
Louisville, KY 40218

David Temple #110  
EIN 61-1168347  
c/o Worshipful Master  
Lowell D. Parker  
P.O. Box 152  
Wheelwright, KY 41669

Newport #120  
EIN 61-7141717  
c/o Worshipful Master  
Eric J. Elmer  
1328 Gerrard St  
Covington, KY 41011

Mt Calvary #126  
EIN 61-1166531  
c/o Worshipful Master  
Milton Littles  
1174 Yager Ln  
LaGrange, KY 40031

Luckett #137  
EIN 20-8143831  
c/o Worshipful Master  
Ernest Hardin  
1594 Cypress Dr  
Radcliff, KY 40160

Industrial #145  
EIN 61-1014266  
c/o Worshipful Master  
Ge'Var Harris  
1734 S. 33<sup>rd</sup> St  
Louisville, KY 40211

Pride of Oldham #149  
EIN 61-1167921  
c/o Worshipful Master  
Charles Turner

LaGrange, KY

Pride of Parkland # 152  
EIN 31-0918293  
c/o Worshipful Master  
Mark McCoy  
1052 S 15<sup>th</sup> St  
Louisville, KY 40211

Golden Link #155  
EIN 61-1166811  
c/o Worshipful Master  
Australia Poole  
500 E High St  
Springfield, KY 40069

Howe-Finley #160  
EIN 62-1410803  
c/o Worshipful Master  
Steven Evans  
P.O. Box 1176  
Cadiz, KY 42211

Howe-Dean #166  
EIN 61-1038412  
c/o Worshipful Master  
Michael Wade  
P.O. Box 192  
Drakesboro, KY 42337

Wilson Son #167  
EIN 20-8143831  
c/o Worshipful Master  
Bennie J. Thomas  
210-A Jackson St  
Clinton, KY 42031

Thomas A. Simms Jr. #170  
EIN 62-1410510  
c/o Worshipful Master  
Kevin Gonga  
3853 Parade Dr  
Clarksville, TN 37042

Hub City #172  
EIN 61-1166953  
c/o Worshipful Master  
Samuel Dorsey  
524 Dawson Ln  
Radcliff, KY 40160