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Form 990-EZ

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-1150

Open to Public Inspection

ΑF	or t	he 2009	calend	ar year, or tax year beginning	a enaing	_	00/30/2010
Вс	heck i	applicable	Please	C Name of organization		D I	Employer identification number
	Add	Iress	use IRS	SERTOMA INTERNATIONAL			
	7	nge ne change	label or	10674 GLENEAGLE CO		8	4-1032435
-	┨	al return	print or type.		m/suite	E	Telephone number
	- 1	mination	See	PO BOX 3171		(719) 635-0440
-		ended	Specific	City or town, state or country, and ZIP + 4		1	
-	retu	m lication	Instruc- tions.	MONUMENT, CO 80132			Group Exemption Number - • • ►
	pen	ding		C 4		ethod: X Cash Accrual	
	•	Section 5	01(C)(3) C	organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			
				a completed scriedule A (1 offil 330 of 330-LL).	Other (sp		
					H Check ▶		if the organization is not
		site: ►					tach Schedule B (Form 990,
JT	ax-e			eck only one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
-				ganization is not a section 509(a)(3) supporting organization and its gross recei			
				990 return is not required, but if the organization chooses to file a return, be sure		plete	return
L A	dd li			to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 99			37,255.
Pa	rt I	_		expenses, and Changes in Net Assets or Fund Balances		nstru	uctions for Part I)
	1	Contr	ibutions	, gifts, grants, and similar amounts received		1	
	2	Progr	am serv	ice revenue including government fees and contracts	,	2	10.001
	3	Memi	bership (dues and assessments		3	10,904.
	4	Inves	tment in	come		4	9.
	5	a Gross	s amoun	t from sale of assets other than inventory 5a			
		b Less	cost or	other basis and sales expenses 5 b			
	ļ	c Gain	or (loss)	from sale of assets office than inventory (Subtract line 5b from line 5a)	<u></u> .	5 c	
Revenue	6	Specia	l events ar	nd activities (complete applicable parts of Schedule Q. A any amount is from gaming, check here	▶ ∐		
		a Gross	s revenu				
8		repor	ted on lii		26,342.	,	
•				expenses other than fundraising expense (£) 6b	10,872.		
		c Net in	ncome o	r (loss) from special vents and activities Subtract line 6b from line 6a). AT	CH 2	6 c	15,470.
	7			of inventory, less returns and allowances 7a		, .	
,				goods sold			
j				or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
3	8			e (describe >	[8	
á	9			ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	26,383.
3—	10			imilar amounts paid (attach schedule)		10	13,346.
)	11			to or for members	ı	11	19,191.
ø	12			er compensation, and employee benefits		12	0.
nses	13			fees and other payments to independent contractors	`	13	
Exper	14			ent, utilities, and maintenance		14	
Ä	15			lications, postage, and shipping	4	15	
	16	Otho	r evnors	es (describe ► ATCH3		16	715.
	17			ISES. Add lines 10 through 16	.	17	33,252.
	18			eficit) for the year (Subtract line 17 from line 9)	I	18	-6,869.
Net Assets	19			fund balances at beginning of year (from line 27, column (A)) (must agree with		<u> </u>	
188	' •			igure reported on prior year's return)		19	34,352.
Ť	20		-	es in net assets or fund balances (attach explanation)		20	
ž	20		-	fund balances at end of year Combine lines 18 through 20		21	27,483.
•):	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						
LC	(See the instructions for Part II) (A) Beginning of year					1000	(B) End of year
22	_	-ab		(See the management of tarth)	34,352	. 22	
22				Investments ATCH 4	,	23	
23						24	
24))	34,352	_	
25						26	
26				lescribe) nd balances (line 27 of column (B) must agree with line 21)	34,352		
27	T-E	classel	ועון זע ס.	ilu palailees (iiile 47 ol coluiili (D) iilust dulee Willi liile 417	5.,552	- 14/	,

Form 990-EZ (2009)

Part III Statement of Program Service	Accomplishme	nts (See the instructi	ons for Part III.)	1	Ex	penses
What is the organization's primary exempt purpose?					(Required	for section
Describe what was achieved in carrying out the	organization's exer	mnt nurnoses. In a clear	and concise manne	ar l	organizatio	and 501(c)(4) ons and section
describe the services provided, the number of person					4947(a)(1) for others	trusts, optional
28 ATTACHMENT 6			To occir program the		lor Others	
				- [
				_		
	his amount include:	s foreign grants, check her	e	28a		
29				_		
				-		
(Grants \$) If t	his amount include:	s foreign grants, check her	e	29a		
30				11-33		
	<u>-</u>					
		s foreign grants, check her		30a		
31 Other program services (attach schedule) (Grants \$) If t			_	·		
32 Total program service expenses (add lines				31a ► 32		
Part IV List of Officers, Directors, Trustee					structions	for Part IV)
		(b) Title and average hours per week	(c) Compensation	(d) Contr	ibutions to enefit plans &	(e) Expense
(a) Name and address		devoted to position	(If not paid, enter -0)		mpensation	account and other allowances
ATTACHMENT 7			-0-		- O <i>-</i>	0
ATTACHMENT 7			-0-			-0-
						<u> </u>
	-		_			
						<u> </u>
			_			
						
			· · · · · · · · · · · · · · · · · · ·			
						
			-			
AZL		<u> </u>				Form 990-EZ (2009)

Part \	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		Х
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			
а	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		Х
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 dosposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	·		
b	Did the organization file Form 1120-POL for this year?	37Ь		Х
38 a	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	= 1646		· -
39	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1 - 1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	٠.		
	section 4911 ▶, section 4912 ▶, section 4955 ▶	ļ. ,	l .	51
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	40Ь		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	-	.,	
	organization managers or disqualified persons during the year under sections 4912,	-		'
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		- ,	.'
	reimbursed by the organization	-		l ' . `
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		X
41	List the states with which a copy of this return is filed >	<u> </u>	·	
42a	The organization's books are in care of ▶GLENEAGLE SERTOMA CLUB Telephone no ▶ 719-63	5-04	40	
	Located at ▶ PO BOX 3171 MONUMENT, CO ZIP+4 ▶ 80132			
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign county ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank	12.	,	
	and Financial Accounts.	:	-	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c]	X
	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		T	\Box
	Form 990-EZ	44	1	X
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		Х
			0-EZ	(2009)

candida 47 Did the 48 Is the o 49a Did the b If "Yes," 50 Comple employe (a) Nar	organization engage in direct or indirect potes for public office? If "Yes," complete Scher organization engage in lobbying activities? If rganization a school as described in section organization make any transfers to an exem "was the related organization a section 527 of the this table for the organization's five higher ess) who each received more than \$100,000.	dule C, Part I "Yes," complete Schedi 170(b)(1)(A)(ii)? If "Yes," pt non-charitable related organization? est compensated emplo	ule C, Part II' complete Schedul organization?	lle E	46 47 48 49a 49b	Yes	X X X X X
47 Did the 48 Is the o 49a Did the b If "Yes," 50 Comple employe (a) Nar	organization engage in lobbying activities? If rganization a school as described in section organization make any transfers to an exem? was the related organization a section 527 of the this table for the organization's five higher than \$100,000 who each received more than \$100,000.	"Yes," complete Schedo 170(b)(1)(A)(ii)? If "Yes," pt non-charitable related organization? est compensated emplo	ule C, Part II 'complete Schedu 'complete Schedu I organization?		47 48 49a 49b	es an	X X X
48 Is the o 49a Did the b If "Yes," 50 Comple employe (a) Nan	rganization a school as described in section organization make any transfers to an exem "was the related organization a section 527 of the this table for the organization's five higheres) who each received more than \$100,000	170(b)(1)(A)(ii)? If "Yes,' pt non-charitable related organization?est compensated emplo	complete Schedu organization? oyees (other than	lle E	48 49a 49b	es an	X X
49a Did the b If "Yes," 50 Comple employe (a) Nar	organization make any transfers to an exem ' was the related organization a section 527 of the this table for the organization's five higher theses) who each received more than \$100,000	pt non-charitable related organization?est compensated emplo	organization? oyees (other than		49a 49b	es an	X X
b If "Yes," 50 Complete employee (a) Nar	was the related organization a section 527 of the this table for the organization's five higher than \$100,000 more than \$100,00	organization?est compensated emplo			49b	es an	Х
50 Comple employe (a) Nar	te this table for the organization's five higher than \$100,000 more than \$100,000	est compensated emplo	yees (other than	officers, directors,		es an	
NONE			the organization				а кеу
	ne 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	acc	Expensionnt and allowa	nd
					_		
					_		
- 							
f Total nu	ımber of other employees paid over \$100,00	00 ▶ NO	NE	_ <u></u>			
\$100,0	te this table for the organization's five high 00 of compensation from the organization. If Name and address of each independent contractor paid in	there is none, enter "No	one "	e of service	(c) Cor		
NONE							
d Total n	umber of other independent contractors rece	eiving over \$100,000	► NON	NE .		<u> </u>	
an	de penalties of perjury, I declare that I have examined to diselect it is true, correct, and complete Declaration of	his return, including accompany preparer (other than officer) is	ying schedules and stat based on all information	ements, and to the best of which preparer has an	of my knowl	owledge edge	
Sign Here	Signature of officer Tohn M Kopenhafer Type or print name and title	CPA Din	edor	11/15/10			
	eparer's nature	Date	Check if self- employed ►	Preparer's identifying n	umber (S	iee instr	ctions)
11 0 L FIF	m's name (or urs if self-employed),		Ε	IN ►			
add	dress, and ZIP + 4		<u>P</u>	hone no	- T-		_
May the IRS di	scuss this return with the preparer shown ab	ove? See instructions.	<u> </u>		X Ye		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization SERTOMA INTERNATIONAL

10674 GLENEAGLE CO

Employer identification number 94-1032435

	-		B CO						<u> </u>		32433
_	rt I			ity Status (All organ				<u>'</u>		ctions.	
The	orga	nization is no	ot a private found	dation because it is (f	For lines 1	through 11,	, check or	nly one bo	x)		
1		A church, co	onvention of chu	rches, or association	of churches	s described	ın sectio	n 170(b)	(1)(A)(i).		
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	ule E)					
3		A hospital o	r a cooperative	hospital service organ	ization des	cribed in se	ction 170	(b)(1)(A)	(iii).		
4		A medical	research organi	zation operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
		hospital's na	ame, city, and sta	ate.							
5		An organiza	ation operated for	or the benefit of a col	llege or un	iversity ow	ned or o	perated	by a gove	ernmental	unit described in
		section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6		A federal, s	tate, or local go	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7		An organiza	ation that norma	illy receives a substan	tial part of	its support	t from a	governme	ental unit	or from t	the general public
				(1)(A)(vi). (Complete F	-		·				
8		A communit	y trust describe	d in section 170(b)(1)	(A)(vi). (Co	mplete Par	t II)				
9	X			lly receives (1) more				m contrib	outions, n	nembersh	ip fees, and gross
				ited to its exempt fun							
				ment income and un							
				after June 30, 1975						,	
10		-	_	and operated exclusive					•		
11	П			and operated exclus							to carry out the
				ublicly supported orga	-		•				•
				at describes the type of					-		
		а Тур	-			e III - Fund		•			pe III - Other
e			_	ertify that the organiz			•	-			•
				on managers and oth				-			•
			section 509(a)(,		- 0.ga <u>-</u>	u	oursed in occion
f			, , ,	-, I a written determina	tion from 1	the IRS tha	atıtısa	Type I	Evne II o	r Type III	supporting
			, check this box					. , , ,	, , po, o	,pc	
g		-	•	the organization acce	oted any o	ift or contri	 ibution fro	manyo	the		
		following pe		ino organization acco	,p.100 0.11, g			om any o	410		
		• .		or indirectly controls	either al	one or too	ether wit	h nersor	e describ	ned in (ii)	Yes No
				erning body of the sup		_	C(11C) 1111	.ii pc1301	13 0636111	Jea 111 (11)	11g(i) X
			-	person described in (i) a		inzadon.	• • • • •	• • • • •			11g(ii) X
				of a person described		ahove2	• • • • •		• • • • •	• • • • •	11g(III) X
h				ation about the suppo		•	• • • • •	• • • • •			. [TINGEN] A
		of supported	(ii) EIN	(iii) Type of organization	1		(a) Did ii	ou notify	6.01	la tha	(AID A
(1)		nization	(11) (114	(described on lines 1-9		organization sted in your		nization in		is the tion in col	(vil) Amount of support
				above or IRC section	governing	document?		of your	(i) organı	zed in the	,,
				(see instructions))	Yes	No	Yes	port? No	Yes	S? No	
					165	140	1 .03	110	168	"0	
								ļ			
							<u> </u>				
							ļ				
	_										
Tota	<u> </u>								<u> </u>		

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

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you check				b)(1)(A)(iv) a	nd 170(b)(1)(A	\)(vi)
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		×				
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
Sec	tion B. Total Support	-			,		
Cale	endar 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	Total support. Add lines 7 through 10	L					
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f						
	organization, check this box and stop here	<u></u>	<u></u>		<u> </u>	<u> </u>	<u> ▶ </u>
Sec	tion C. Computation of Public Sup					1 1	
14	Public support percentage for 2009 (li						<u>%</u>
15	Public support percentage from 2008						%
16a	331/3% support test - 2009. If the c	-					
	this box and stop here. The organizati						
b	b 331/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,						
4-	check this box and stop here . The organization qualifies as a publicly supported organization						
1/a	10%-facts-and-circumstances test - 2	-					
	or more, and if the organization me Part IV how the organization meets	the "facts-and-c	circumstances" t	est The organ	ization qualifies	as a publicly s	•
	organization						▶ 🗀
þ	10%-facts-and-circumstances test -	-	=				
	15 is 10% or more, and if the organization in Part IV how the organization supported organization	on meets the "	facts-and-circur	nstances" test	The organization	on qualifies as a	publicly ▶ □
18	Private foundation. If the organization	on did not ched	жа box on lin	e 13, 16a, 16t	o, 17a, or 17b,	cneck this box	and see

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

Sec	tion A. Public Support	33 4.10 30 4 3.11		/ _			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20 09	(f) Total
1	Gifts, grants, contributions, and	(-,	\-,	(0,000)	(-,	(0) 2 0 0 0	(4)
•	membership fees received (Do not include						
	•	21,375.	24,171.	25,204.	26 205	10,904.	108,039.
_	any "unusual grants ")	21,3/5.	24,171.	25,204.	26,385.	10,904.	108,039.
2	, i						
	sold or services performed, or facilities						
	furnished in any activity that is related to the	15 000	06.060				
_	organization's tax-exempt purpose	15,220.	26,053.	13,870	16,030.	13,820	84,993.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			-			
6	Total. Add lines 1 through 5	36,595.	50,224.	39,074	42,415.	24,724	193,032.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
0	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				Ì		
	for the year						
С	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from		-			`	
	line 6)						193,032.
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	36,595	50,224.	39,074	42,415	24,724	193,032.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources			171	9.		180.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b			171	9		180.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
. ~	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	36,595	50,224	39,245.	42,424.	24,724	193,212
14	First five years. If the Form 990 is for	·					
• -	organization, check this box and stop here	•			•	,	
Sec	tion C. Computation of Public Sur					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2009 (line 8			nn (f))		15	99.91%
16	Public support percentage from 2008 Sche					16	99.92%
	tion D. Computation of Investmen			<u> </u>	<u> </u>	10 (
17	Investment income percentage for 2009 (li			(f)		17	.09%
	Investment income percentage for 2008					18	.08%
18					1 line 15 /2 ma-		
129	33 1/3% support tests - 2009. If the o						
	17 is not more than 33 1/3%, check to		-	· ·	, ,	• • • • • • • • • • • • • • • • • • • •	
Þ	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3%, check		•	- ,			
20	Private foundation. If the organization	ara not check a	oox on line	14, 19a, or 19b	, cneck this bo	x and see instr	uctions -

Page 4

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Open To Public

Department of the Treasury Internal Revenue Service

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 Attach to Form 990 or Form 990-EZ

Inspection

OMB No 1545-0047

See separate instructions Name of the organization SERTOMA INTERNATIONAL Employer Identification number 10674 GLENEAGLE CO 84-1032435 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 f Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations d 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? 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 (ii) Activity (iii) Did fundraiser have (Iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization coi (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

	Pa		Fundraising Events. Complete more than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fo	orm 990, Part IV, line celpts greater than	= 18, o \$5,000	r repo	Pagi rted	<u></u>
1 Gross recepts 10,200 12,222 3,920 26,34 2 Less Charlable contributions 3 Gross nocme (line 1 10,200 12,222 3,920 26,34 4 Cash prizes 5 Noncash prizes 6 Rentifacility costs 7 Food and beverages 5 Noncash prizes 7 Food and beverages 8 Entertainment 9 Other direct expense summary. Add lines 4 through 9 in column (d) 10,872 11 Net moorne summary Combine line 3 column (d), and line 10 15,47 Fart III Gross revenue (e) Bingo (e) Bingo (e) Colher gaming (d) Total gaming (d) Total gaming (d) (e) Prize texpense bings (e) Other direct expenses 3 Noncash prizes (e) Other direct expenses (e) Bingo (f) Total gaming (d) Total gaming (d) (e) Bingo (f) Total gaming (d) (e) Bingo (f) Total gaming (d)				(a) Event #1	(b) Event #2	(c) Other Events	(d)	Total ev	hrougt	n
contributions, contri				(event type)	(event type)	(total number)		col (c))	
contributions, contri	ue		0	10 200	12 222	2 020		,		4.0
contributions, contri	eve			10,200.	12,222.	3,920.			6,3	42.
3 Gross income (line 1 minus line 2). 10,200. 12,222. 3,920. 26,34 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d). 10,872 10 Direct expense summary. Combine line 3 column (d) 15,477 Part IIII Seaming. 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 1 Gross revenue. (d) Total gaming (dd) (e) Brill labbifinates hingolyprograssive bingo (d) (e) through col (e) through col (e) (e) throug	Œ	_								
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8 Rent/facility costs		5	Noncash prizes							
9 Other direct expenses summary. Add lines 4 through 9 in column (d)	Ś									_
9 Other direct expenses summary. Add lines 4 through 9 in column (d)	esue	6	Rent/facility costs							_
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1 Net income summary Combine line 3, column (d), and line 10. 15, 47		9	Other direct expenses	7,002.	3,399.	471.			0,8	72.
1 Net income summary Combine line 3, column (d), and line 10. 15, 47		10	Direct expense summary Add lines 4	1 through 9 in column (d)	•	_	,	1 (.87	2 s
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabatinstant bingo/progressive bingo (c) Other gaming (add col (a) through col (c) a) (b) Pull tabatinstant bingo/progressive bingo (c) Other gaming (add col (a) through col (c) a) (c) Other gaming (add col (a) through col (c) a) (d) Total gaming (add col (a) through col (c) a) (e) Other gaming (add col (a) through col (c) a) (f) Pull tabatinstant bingo/progressive bingo (c) Other gaming (add col (a) through col (c) a) (e) Other gaming (add col (a) through col (c) a) (f) Total gaming (add col (a) through col (c) a) (g) 2 Cash prizes 3 Noncash prizes 4 Rentifacility costs 5 Other direct expenses. 4 Rentifacility costs 5 Other direct expenses. 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7. 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Enter the state(s) in which the organization operate gaming activities in each of these states? 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 If "No," explain" 10 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization of the explain the foliation of the explain the foliation of the explain the foliation the foliation the fo		11 Net income summary Combine line 3, column (d), and line 10								
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							L	11		
	14							12		

Sched	ule G (Form 990 or 990-EZ) 2009			Page 3		
			Yes	No		
13	Indicate the percentage of gaming activity operated in					
а	The organization's facility					
b	An outside facility					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records					
	Name ►					
	Address >					
15a		4 5 0				
b	revenue?	15a				
	amount of gaming revenue retained by the third party > \$					
c	If "Yes," enter name and address of the third party					
	Name ►					
	Address ►					
16	Gaming manager information	,				
	Name •					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	172				

b Enter the amount of distributions required under state law to be distributed to other exempt organizations

or spent in the organization's own exempt activities during the tax year 🕨 💲

ATTACHMENT	1	

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
INTEREST INCOME	9.
moma r	
TOTAL	<u> </u>

ATTACHMENT	3	

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES

715.

TOTAL

715.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

	BEGINNING	END
DESCRIPTION	OF YEAR_	OF YEAR
SAVINGS	34,352.	27,483.
TOTALS	34,352.	27,483.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RAISE FUNDS TO SUPPORT CHARITIES AND TO PROVIDE AND SUPPORT VARIOUS SERVICE PROJECTS IN THE LOCAL COMMUNITY

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 6

PROGRAM SERVICE ACCOMPLISHMENT 1

SUPPORT LOCAL CHARITIES
PIKES PEAK HOSPICE - \$500
TRI LAKES CARE - \$1,550
HEARS - \$5,000
BIG BROTHERS AND SISTERS - \$500
BOYS AND GIRL SCOUTS - \$750
SERTEENS - \$2,996
SOAPBOX DERBY - \$500
SERTOMA INTERNATIONAL - \$1,550

EXPENSE ACCT. AND OTHER ALLOWANCES	· o	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0
COMPENSATION	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	3.00	GRAND TOTALS
NAME AND ADDRESS	SEE ATTACHED - ALL VOLUNTEERS OFFICERS ROTATED ANNUALLY COLORADO SPRINGS, CO	GRAND

Gleneagle Membership Roster 10/1/2010

ne, Occupation	Ret Ret	Ret, Constr		. Real Est	;		Ret USAF	Homemaker	Ret Banking		Homemaker	Ret USAF	Ret	Ret USA	Ret USAF	Ret	. Pool Man.	<u>~</u>	Ret USAF	œ			48 Ret Army/law	70 Real Estate	-	Ret Engineer	t0 CPA	•	' US Congress	Ret USAF	Ret USAF	 Ret USAF 	Ret Reg Nurse	Ret Real Estate	Investments	Ret Eng		-0407 Financial Serv			Ret USA
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(H) Phone	522-9777	487-2986	488-9879	488-8962	481-1906	495-3700	598-4078	598-4078	481-9184	488-3765	481-5702	488-8328	481-9889	481-4608	488-2861	488-1044	598-5111	488-0009	487-2985	481-4197	599-4265	481-2424	527-1270	495-9289	488-0653	590-7042	303-660-9682	210-653-5855	481-3387	488-2476	488-3010	270-763-9719	270-763-9719	488-8474	488-3831	488-2312	481-1115	481-1115	488-9625	481-4403	481-0036
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City Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Monument	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Monument	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Windcrest	Colorado Spring	Monument	Colorado Spring	Elizabethtown	Elizabethtown	Colorado Spring	Colorado Sprir	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring	Colorado Spring
orinted in Bold) Street Address	2545 Trevor Lane	12105 Ambassador Drive #550 I	190 Huntington Beach	240 Pauma Valley Drive	14680 Latrobe Drive	6722 Oasis Butte Drive	6925 Winter Hawk Cir.	e 6925 Winter Hawk Cir.	15843 Longmeadow	15210 Ridgefield Lane	73 Seagull Circle	15210 Churchill Place	,15230 Ridgefield Lane	1040 Caribou Drive West	675 Wuthering Heights Drive	14110 Nichlas Court	735 Northfield Road	338 Mission Hills Way	15765 Holbein Drive	210 Mission Hill Way	14505 C Club Villa Drive	14525 Latrobe Drive	1075 Bowstring Road	12035 Milam Road	290 Rangely Drive	2420 Clayton Ct.	524 South Cascade Ave.	5826 Winterhaven Drive	.2190 Milligan Drive	18417 Gregs Pond Lane	655 Wuthering Heights	1117 Cave Run Lane	1117 Cave Run Lane	342 Mission Hill Way	14585 River Oaks Drive	114521 River Oaks Drive	14410 Granby Road	14410 Granby Road	14120 Gleneagle Drive	14315 Sun Hills Drive	138 Luxury Lane
<i>imation</i> Spouse	Arlene	, ,	1	Diane	Julie		John	Jeannet	Jean	Janet	Ken	Colleen	Jonnye	Doris	Lynn 🚊				Sarah	Helen		Barbara	Kathryn	Sally	Bart	:Diana	Alyssa		Jeanie	_	Deborat	Marilyn	Ken		Gene	Mary	Donna	Dan	Carol	Phyllis	
(Changed information printed in First Name Spouse	Raymond G. Arlen	Robert (Bob)		Jack	John	Robbyn	Jeannette	.John	Earl	Randy		ð	Paul, Jr.	(Bob)	Dennis	Sherry	Bob	Terry	William (Bill)	Herman	Joe	Duane	John	Mike	¥	Bob	John	Jack	Doug	Arch	Randall	Charles (Ken) Marily	Marilyn	Gloria	Joan	William (Bill)	Dan	Donna	, ,	Kay	Chuck
1-Oct # Mem # Last Name 1 67217 Arends						7 82976 Booker	8 29934 Bruce	9 29933 Bruce	10 30874 Campbell	11 76705 Campbell	64400	13 34664 Denny		76184	16 82993 Eagan	17 36066 Edwards	18 37239 Figgie	19 76072 Galloway	20 80581 George		22 67237 Gray	23 40310 Gritzmaker	24 80504 Jensen	25 44853 Jensen	26 78669 Jones	27 46286 Keys	77011	29 47375 Kurtz		31 23080 Layman	32 71187 Liefer	33 48560 Maffet	34 24652 Maffet		82017	.37 48594 Nance		39 67068 O'Bryant		41 50886 Petersen	42 54149 Russell

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	Street Address	3:5	Z IO IS Cedal Diamori	010	Ω.	_	15210 Paddington Drive	_	14730 Cherry Hills Place	7289 Littlefork Lane	-	4419 Centennial Blvd #409	$\overline{}$	2325 Winstead View	14525 Gleneagle Drive	15235 Jessie Drive	12105 Ambassador Dr. Apt #20										,
, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Spouse	; ;	Jean	Gretchen	Kris	Jimmy	Anna	:	Ann	Leonard	Dolores	Joe	! '	Sherry	Anne Mar	·Karen	Gloria										
) ;	Last Name First Name	Sharon		, l odd	Em.	Anna	Jimmy Dr.	Ute	James (Jim)	Delilah	Robert (Bob)	Patricia	Jan	Dick	Herb	Mark	John Gloria										_
		35418 Samek	Scheel	Snerman	Squazzo	Stewart	Stewart	Szılard	Taylor	Vargas	Wascher	White	Winchell	Witzig	Wood	Yoder	Ziegler										
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