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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUNE 1 , 2010, and ending MAY 31 , 2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BLUEGRASS EAGLES AERIE #7C4

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. Box 73053

City or town, state or country, and ZIP + 4
Bellevue, Ky 41073

D Employer identification number
61-0704592

E Telephone number
859-261-0244

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (8) ◀ (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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	34480
	4	Investment income		4	
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 126825		
	b	Less: cost of goods sold	7b 64462		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	62363
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	65843
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	18360
	15	Printing, publications, postage, and shipping		15	516
	16	Other expenses (describe in Schedule O)		16	17045
	17	**Total expenses.** Add lines 10 through 16 ▶		17	35921
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	29922
	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	113,000
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	142,922

59

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	-1945	22	29,922
23	Land and buildings	113,000	23	113,000
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	111055	25	142,922
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	112055	27	142,922

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

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

28			
	(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAN BLANCHET 41073	PRESIDENT 40 HRS	0	0	0
GARY SULLIVAN JR 1142 COLUMBIA ST, NEWPORT, KY	VICE PRESIDENT 30 HRS	0	0	0
DONALD DOURDAN 41076 389 IVY RIDGE DR COLD SPRING, KY	SECRETARY 40 HR	0	0	0
NEIL KURTZ 620 OBSERVATION, NEWPORT, KY 41071	TREASURER 40 HRS	0	0	0
RONALD HAMMOND 714 JANET DR LATONIA, KY 41015	TRUSTEE 40 HRS	0	0	0
BILL HURTY 213 RETREAT ST BELLEVUE, KY 41073	TRUSTEE 20 HRS	0	0	0
NOE MCGUIRE 41074 55 MARY INGLES HWY DAYTON KY	TRUSTEE 20 HRS	0	0	0
DEBBE NELSON 45231 2520 WESTPOINT DR CINTI, OH	TRUSTEE 20 HRS	0	0	0
CARL SMITH 901 5TH AVE DAYTON, KY 41074	TRUSTEE 40 HRS	0	0	0
STUART SUGGS 77 WINDING WAY FT THOMAS, KY 41075	10 HRS	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 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		X
41	List the states with which a copy of this return is filed. ▶ KENTUCKY			
42a	The organization's books are in care of ▶ DAN BLANCHET Telephone no. ▶ 859-663-0521			
	Located at ▶ 624 THOMAS IN UNIT 401 BOI KY ZIP + 4 ▶ 41073-0053			
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		X
	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.**			
c	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 ▶ 43			0

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		X

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

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

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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.

Sign Here

Signature of officer — Date: 9-22-11

Type or print name and title: DAN BLANCHET PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no

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

AERIE 964, DONALD C JOURDAN
389 IVY RIDGE DR
COLD SPRING, KY 41076-8841

AERIE 964
AUDITOR'S REPORT
May 31, 2011

PART I
ASSETS

1. CASH BALANCES:
   (a) Benefit Fund.....$ 12,200
   (b) General Fund.....$ 10,800
   (c) Social Fund.....$ 3,760
   (d) B.M. Fund .....$ 0
   (e) Other.....$ 0
2. TOTAL CASH BALANCES.....$ 26,760
3. INVESTMENTS:
   (a) Benefit Fund.....$ 0
   (b) General Fund.....$ 0
   (c) Social Fund.....$ 0
   (d) B.M. Fund .....$ 0
   (e) Other.....$ 0
4. TOTAL INVESTMENTS.....$ 0
5. TOTAL (Lines 2 & 4).....$ 26,760
6. GAINS (+) OR LOSS (-)
   SINCE LAST REPORT.....$ 28,760
7. (a) Value of Real Estate.....$ 113,000
   (b) Insurance Value Real Estate $ 1,000,000
8. (a) Furniture & Fixtures..... $ 32,840
   (b) Value of Insurance on
   Furniture & Fixtures.....$ 50,000
9. (a) Liability Insurance?.....Yes X No___
   (b) Liquor Liability Insurance? Yes X No___
   (c) Employees/Officers Bonded? Yes X No___
   (d) Auxiliary Bonded w/Aerie? Yes___ No X
10. Petty Cash.....$ 2400
11. Buffet Merchandise.....$ 422
12. Office Supplies.....$ 261
13. TOTAL ASSETS
   (Lines 5,7a,8a,10,11 & 12)...$ 175,683
14. LIABILITIES:
   (a) Indebtedness on Real Estate $ 0
   (b) Indebtedness on Furniture...$ 0
   (c) Other Indebtedness.....$ 0
15. TOTAL LIABILITIES.....$ 0
16. NET ASSETS
   (Line 13 less Line 15).....$ 175,683
17. DUES Collected year to date:
   $ 3,480
18. EARMARKED MONEY IN BENEFIT
   FUND FOR EMPLOYEE TAXES.....$ 0

Return original OR send IRS 990 as report

PART II
ANALYSIS OF BUFFET SALES

1. Total Sales (Year to Date)....$ 0
   LESS
2. Cost of goods sold.....$ 0
3. GROSS PROFIT.....$ 0
4. Percentage of Total Sales.....% 0
5. Total Direct Expenses.....$ 0
   (Items 3,4,5,6,7 Trustees Weekly)
6. NET PROFIT.....$ 0
7. Percentage of Total Sales.....% 0

ANALYSIS OF SOCIAL ROOM OPERATIONS

8. Other Social Room Receipts....$ 350
   (Do not include Sales, Item 1)
9. Social Room Expenses.....$ 200
10. Total Social Room Receipts....$ 150
   (Deduct item 9 from item 8)

11. **TOTAL GROSS RECEIPTS FROM ALL SOURCES**
   (Year to Date)....$ 128,283

Please provide the following information:
Fundraising Activities:
Total Raised year to date $ 2,084
Total Distributed year to date
   Local:$ 2,084
   State:$ 0
   Grand Aerie:$ 0

Date of last 990 Filed with IRS 2010
Is the Grand Aerie named as Additional Insured?
   Yes X No_____

Any paid employees? Yes___ No X
All Federal/State/Local taxes paid? Yes X No___
Please provide explanation for any NO answers:

Auditor Signature Donald C Jourdan

Worthy President's Signature