



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning		07/01	, 2010, and ending	06/30	20	11	
B Check if applicable		C Name of organization		D Employer identification number			
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND ACCEPTED MASO		61-0621169			
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number		
		PO BOX 11839			502-776-5544		
		City or town, state or country, and ZIP + 4			F Group Exemption Number ►		
		LOUISVILLE, KY 40251			5377		
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ► www.phgky.com							
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Check ► <input type="checkbox"/> 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				► \$ 137,856			
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 <input checked="" type="checkbox"/>							
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0				
	2 Program service revenue including government fees and contracts	2	3,300				
	3 Membership dues and assessments	3	77,630				
	4 Investment income	4	15				
	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 \$ 0 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	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 in Schedule O)	8	56,911					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	137,856					
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0				
	11 Benefits paid to or for members	11	3,600				
	12 Salaries, other compensation, and employee benefits	12	15,000				
	13 Professional fees and other payments to independent contractors	13	420				
	14 Occupancy, rent, utilities, and maintenance	14	47,733				
	15 Printing, publications, postage, and shipping	15	5,199				
	16 Other expenses (describe in Schedule O)	16	52,167				
	17 Total expenses. Add lines 10 through 16	17	124,119				
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,737				
	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	156,240				
	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	169,977				

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	76,240	22 83,677
23 Land and buildings	80,000	23 86,300
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	156,240	25 169,977
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	156,240	27 169,977

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

What is the organization's primary exempt purpose? See Schedule O, Statement 2

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	NOT FOR PROFIT FRATERNAL ORGANIZATIONS PROVIDES CHARITY AND SCHOLARSHIPS DEATH BENEFITS FOR DECEASED MEMBERS (12) AT \$300.00 THE ORGANIZATION PROVIDED HELP TO THE (Continued on Schedule O, Statement 3) (Grants \$ 4,200) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
29	Provided Pythagoras youth organization with Monies \$2495.00 for their annual convention (Grants \$ 2,495) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	2,495
30	 (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	6,695

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
See Schedule O, Statement 4				

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	✓
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	✓
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	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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 tax year 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	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	40a	✓
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		
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	40b	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40c	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 ► ANTHONY D HARRIS Telephone no. ► 502-776-5544 Located at ► 1304-06 S 28TH ST, LOUISVILLE, KY 40210 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	43	□
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

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)

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

	Yes	No
45		✓
45a		
46		✓

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		✓
48		✓
49a		✓
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 ►

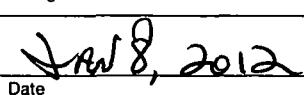
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 . . . ►

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	
► robert newton, Junior Grand Warden			
► Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND ACCEPTED MASONS OF

Employer identification number

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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 10%-facts-and-circumstances test—2009. 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 Private foundation. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			144,307	150,909	137,856	433,072
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
6 Total. Add lines 1 through 5	0	0	144,307	150,909	137,856	433,072
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				0		0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						433,072

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	144,307	150,909	137,856	433,072
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				0		0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				0		0
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.)	0	0	144,307	150,909	137,856	433,072
14 First five years. 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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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 33 1/3% support tests—2009. 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 type="checkbox"/>		
20 Private foundation. 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. Also complete this part for any additional information. (See instructions).

General Explanation - NONE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

MOST WORSHIPFUL PRINCE HALL GRAND LODGE FREE AND ACCEPTED MASONS OF

Employer identification number

61-0621169

Form 990-EZ, Part I, Line 8 - GRAND LODGE REGISTRATIONS 24,800.00 GRAND LODGE SUPPLIES 5211.00 HALL RENTALS
26,900.00

Form 990-EZ, Part I, Line 10 - NO GRANTS

Form 990-EZ, Part I, Line 11 - ELENOR KAVANAUGH FOR ROOSEVELT KAVANAUGH \$300.00 JO SMITH FOR GEORGE P SMITH JR
\$300.00 SUZANNE KELLER FOR WILLIAM KELLER \$300.00 ANNA HACKETT FOR VARDY HACKETT \$300.00 SHARON POSEY FOR
WILLIAM POSEY \$300.00 TERA COPELAND FOR CHARLES COPELAND \$300.00 LAFFON C WILLIAMS FOR THOMAS L WILLIAMS
\$300.00 MARY E PARKS FOR RICHARD F PARKS \$300.00 MARILYN SETTLES FOR JOHN SETTLES \$300.00 JOYCE HESTER
SPAULDING FOR JAMES SPAULDING \$300.00 AMANDA CLEMENTS FOR NATHANIEL CLEMENTS \$300.00 MARY A THOMAS FOR
CHARLES W THOMAS \$300.00

Form 990-EZ, Part I, Line 12 - MOST WORSHIPFUL GRAND MASTER HUGH R HARLAN \$6600.00 RIGHT WORSHIPFUL GRAND
SECRETARY \$4200.00 RIGHT WORSHIPFUL GRAND TREASURER \$4200.00

Form 990-EZ, Part I, Line 16 - WEB MAINTENANCE 2,100.00, PEST CONTROL 360.00, GRAND LODGE EXPENSE 18,115.75,
INSURANCE 7,872.00, GRAND LODGE REIMBURSEMENTS 880.00, GRAND MASTER CONFERENCE EXPENSE 800.00, ADT
SECURITY 627.88, DISTRICT MEETING MEALS 2,230.00, PROPERTY TAXES 11,494.93, CLEANING SUPPLIES 1,086.77, RENTAL
REIMBURSEMENT 575.00, KENTUCKY STATE TREASURER 100.00, LEASE COPY MACHINE 4,082.40, MIDWEST CONERENCE FEE
660.00, KNIGHTS AND DIAMONDS GRAND LODGE EXPENSE 1182.24

Schedule O, Statement 1

Form 990-EZ

Page: 1

Line Number

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

Reasonable Cause Explanations

Explanation

NEEDED TIME TO COLLECT ADDITIONAL PAPER WORK

Schedule O, Statement 2

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

Primary Exempt Purpose

NOT FOR PROFIT FRATERNAL ORGANIZATION, PROVIDES CHARITY AND SCHOLARSHIPS

First Program Service Accomplishments Description

Description

NEEDY BY DONATING FOOD, SHOES, AND CLOTHING AND MAKING CONTRIBUTIONS TO CHURCHES AND OTHER ORGANIZATIONS
600 00

Schedule O, Statement 4

Form 990-EZ

Page 2

Line Number Part IV

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

61-0621169

Officers, Directors, Trustees and Key Employees Compensation

		Title and Hours	Compensation	Benefits	Expense
Name	DONALD E CROOM	GRAND SECRETARY 15	4,200	0	0
Address	PO BOX 11839 LOUISVILLE, KY 40251				
Name	ALFONSO VANCE	CCFC 10	0	0	0
Address	PO BOX 11839 LOUISVILLE, KY 40251				
Name	ROBERT C NEWTON	RIGHT WORSHIPFUL GRAND TREASURER 15	4,200	0	
Address	PO BOX 11839 LOUISVILLE, KY 40251				
Name	HUGH R HARLAN	MOST WORSHIPFUL GRAND MASTER 30	6,600	0	
Address	PO BOX 11839 LOUISVILLE, KY 40251				
Name	THOMAS S LOVING	DEPUTY GRAND MASTER 10	0	0	0
Address	PO BOX 11839 LOUISVILLE, KY 40251				
Name	DWIGHT BARNETT	RIGHT WORSHIPFUL SENIOR GRAND WARDEN 10	0	0	
Address	PO BOX 11839 LOUISVILLE, KY 40251				
Name	JONATHON A BRYANT	RIGHT WORSHIPFUL JUNIOR GRAND WARDEN 10	0	0	
Address	PO BOX 11839 LOUISVILLE, KY 40251				
Total:			15,000	0	0

MOST WORSHIPFUL PRINCE HALL GRAND LODGE
F & A M OF KENTUCKY, INC.
1304-06 28TH 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. 2nd St
Danville, KY 40422

Mount Pisgah #20
EIN 61-1134119
c/o Worshipful Master
James Harris
4504 Berhiet 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. 33rd 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 15th 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