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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

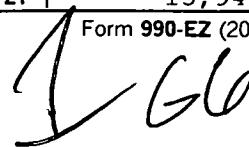
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- 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

|  |  |  |  |
|--|--|--|--|
| <b>A</b> For the 2011 calendar year, or tax year beginning <b>May 1</b> , 2011, and ending <b>Apr 30</b> , 2012  |  |  |  |
| <b>B</b> Check if applicable   |  | <b>C</b> Name of organization<br><b>GEN. CONF. OF GR CHAPTERS HRAM AND GR COURTS H of J Foundation</b><br>Number and street (or P O box, if mail is not delivered to street address) <b>c/o Arthur Parrott 727 E. 60TH ST P.O. BOX 1104</b><br>Room/suite<br>City or town, state or country, and ZIP + 4 <b>CHICAGO IL 60637</b> |  |
| <b>D</b> Employer identification number<br><b>32-0084536</b>   |  | <b>E</b> Telephone number<br><b>(773) 744-6912</b>   |  |
| <b>F</b> Group Exemption Number<br><b>►</b>  |  |  |  |
| <b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____   |  |  |  |
| <b>I</b> Website: ► <b>N/A</b>   |  |  |  |
| <b>J</b> Tax-exempt status (ck 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   |  |  |  |
| <b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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  |  |  |  |
| <b>L</b> 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 ► \$ <b>58,989.</b>   |  |  |  |
| <b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.)<br>Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>  |  |  |  |
| <b>1</b> Contributions, gifts, grants, and similar amounts received <b>1 2,005.</b><br><b>2</b> Program service revenue including government fees and contracts <b>2 12,500.</b><br><b>3</b> Membership dues and assessments <b>3 0.</b><br><b>4</b> Investment income <b>4 0.</b>   |  |  |  |
| <b>5a</b> Gross amount from sale of assets other than inventory <b>5a 0.</b><br><b>b</b> Less cost or other basis and sales expenses <b>5b 0.</b><br><b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) <b>5c 0.</b>   |  |  |  |
| <b>6</b> Gaming and fundraising events<br><b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) <b>6a 0.</b><br><b>b</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) <b>6b 44,000.</b><br><b>c</b> Less direct expenses from gaming and fundraising events <b>6c 44,984.</b><br><b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <b>6d -984.</b>        |  |  |  |
| <b>7a</b> Gross sales of inventory, less returns and allowances <b>7a 0.</b><br><b>b</b> Less cost of goods sold <b>7b 0.</b><br><b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) <b>7c 0.</b><br><b>8</b> Other revenue (describe in Schedule O) <b>8 484.</b><br><b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 <b>9 14,005.</b>  |  |  |  |
| <b>10</b> Grants and similar amounts paid (list in Schedule O) <b>10 12,500.</b><br><b>11</b> Benefits paid to or for members <b>11 0.</b><br><b>12</b> Salaries, other compensation, and employee benefits <b>12 0.</b><br><b>13</b> Professional fees and other payments to independent contractors <b>13 0.</b><br><b>14</b> Occupancy, rent, utilities, and maintenance <b>14 0.</b><br><b>15</b> Printing, publications, postage, and shipping <b>15 0.</b><br><b>16</b> Other expenses (describe in Schedule O) <b>16 0.</b><br><b>17</b> <b>Total expenses.</b> Add lines 10 through 16 <b>17 12,500.</b> |  |  |  |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) <b>18 1,505.</b><br><b>19</b> 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) <b>19 16,010.</b><br><b>20</b> Other changes in net assets or fund balances (explain in Schedule O) <b>20 -3,570.</b><br><b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 <b>21 13,945.</b>   |  |  |  |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)



**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  | 16,010.               | 22              |
| 23 Land and buildings  | 0.                    | 23              |
| 24 Other assets (describe in Schedule O)                                       | 0.                    | 24              |
| 25 Total assets  | 16,010.               | 25              |
| 26 Total liabilities (describe in Schedule O)                                  | 0.                    | 26              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 16,010.               | 27              |
|  | 16,010.               | 13,945.         |

**Part III Statement of Program Service Accomplishments** (see the instrs 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? To Provide Scholarships, Student Aid & Charity

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 <u>Scholarship Grants were provided to colleges for needy students in the amount of \$11,500.</u> |                                       |      |         |
| (Grants \$ 11,500.) If this amount includes foreign grants, check here                               | ► <input type="checkbox"/>            | 28a  | 11,500. |
| 29 <u>Charity donations were made to charitable organ. in the amount of \$1,000.</u>                 |                                       |      |         |
| (Grants \$ 1,000.) If this amount includes foreign grants, check here                                | ► <input type="checkbox"/>            | 29a  | 1,000.  |
| 30 <u>-----</u>  |                                       |      |         |
| (Grants \$ ) If this amount includes foreign grants, check here                                      | ► <input checked="" type="checkbox"/> | 30a  |         |
| 31 <u>Other program services (describe in Schedule O)</u>  |                                       |      |         |
| (Grants \$ ) If this amount includes foreign grants, check here                                      | ► <input type="checkbox"/>            | 31a  |         |
| 32 <u>Total program service expenses (add lines 28a through 31a)</u>                                 |                                       | ► 32 | 12,500. |

**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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|---|---|--|
| <u>James A. L. Myers</u><br>8021 Trenholm Road<br>Columbia SC 29206     | Chair of Board   | 0.  | 0.  | 0.   |
| <u>James W. Johnson</u><br>2920 Wakefield Court<br>Hephzibah GA 38015   | President  | 0.  | 0.  | 0.   |
| <u>Shirley Lassiter</u><br>3000 Driftwood Drive<br>Durham NC 27707      | Vice Pres  | 0.  | 0.  | 0.   |
| <u>Roosevelt Huggins</u><br>1811 Kirk Avenue<br>Killeen TX 76543        | 1st Vice Pres  | 0.  | 0.  | 0.   |
| <u>Bettye Spencer</u><br>1916 Elizabeth Oaks Ave<br>Charlotte NC 28216  | 2nd Vice Pres  | 0.  | 0.  | 0.   |
| <u>Arthur L. Parrott</u><br>727 East 60th Street<br>Chicago IL 60637    | Treasurer  | 0.  | 0.  | 0.   |
| <u>Carolyn Anderson-Thomas</u><br>188 Moss Road<br>Springfield MA 01119 | Secretary  | 0.  | 0.  | 0.   |
| <u>Damon P. Anderson</u><br>7725 So. Troy Street<br>Chicago IL 60637    | Asst. Secy   | 0.  | 0.  | 0.   |
| -----   |  |   |   |  |
| -----   |  |   |   |  |
| -----   |  |   |   |  |
| -----   |  |   |   |  |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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  Yes  No  
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)  Yes  No  
34  X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  Yes  No  
35a  X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O  
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III  
35b  Yes  No  
35c  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  Yes  No  
36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**  0.  
b Did the organization file Form 1120-POL for this year?  Yes  No  
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?  Yes  No  
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  Yes  No  
38b  Yes  No  
38a  X

39 Section 501(c)(7) organizations Enter  Yes  No  
a Initiation fees and capital contributions included on line 9  
b Gross receipts, included on line 9, for public use of club facilities  Yes  No  
39a  Yes  No  
39b  Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_  Yes  No  
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  Yes  No  
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  Yes  No  
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  Yes  No  
40c  Yes  No

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  Yes  No  
40e  X

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The organization's books are in care of ► Arthur L. Parrott Telephone no ► (773) 744-6912  
Located at ► 727 East 60th Street Chicago IL ZIP + 4 ► 60637  Yes  No  
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)? If 'Yes,' enter the name of the foreign country ► \_\_\_\_\_  Yes  No  
42b  X

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.? If 'Yes,' enter the name of the foreign country ► \_\_\_\_\_  Yes  No  
42c  X

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**  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  Yes  No  
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  Yes  No  
c Did the organization receive any payments for indoor tanning services during the year?  Yes  No  
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  Yes  No  
44b  X

44c  X

44d  Yes  No

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  Yes  No  
b 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)  Yes  No  
45b  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

|    | Yes | No |
|----|-----|----|
| 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 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) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE   | NONE   | 0.  | 0.  | 0.   |
| -----  | -----  | -----   | -----   | -----                                      |
| -----  | -----  | -----   | -----   | -----                                      |
| -----  | -----  | -----   | -----   | -----                                      |
| -----  | -----  | -----   | -----   | -----                                      |
| -----  | -----  | -----   | -----   | -----                                      |

e Total number of other employees paid over \$100,000 ► 0

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   | NONE                | 0.               |
| -----  | -----               | -----            |
| -----  | -----               | -----            |
| -----  | -----               | -----            |
| -----  | -----               | -----            |
| -----  | -----               | -----            |

e Total number of other independent contractors each receiving over \$100,000 ► 0

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              | ► <i>Arthur L. Parrott</i>                       | Date <i>12-14-12</i>                          |                      |   |              |
|                        | Signature of officer                             | Type or print name and title <i>Treasurer</i> |                      |   |              |
| Paid Preparer Use Only | Print/Type preparer's name <i>James H. Black</i> | Preparer's signature <i>James H. Black</i>    | Date <i>12-14-12</i> | Check <input type="checkbox"/> if self-employed | PTIN <i></i> |
|                        | Firm's name ►                                    | Firm's EIN ►                                  |                      |   |              |
|                        | Firm's address ► <i>None Paid Preparer</i>       | Phone no. ►                                   |                      |   |              |

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

*Member Board of Directors.*

**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 yr beginning in) ▶

|  | (a) 2007       | (b) 2008       | (c) 2009       | (d) 2010    | (e) 2011      | (f) Total       |
|--|----------------|----------------|----------------|-------------|---------------|-----------------|
| 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')  | 0.             | 340.           | 340.           | 350.        | 2,005.        | 3,035.          |
| 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 | 29,100.        | 42,000.        | 37,200.        |             |               | 108,300.        |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   | 0.             | 0.             | 0.             | 0.          | 0.            | 0.              |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  | 0.             | 0.             | 0.             | 0.          | 0.            | 0.              |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  | 0.             | 0.             | 0.             | 0.          | 0.            | 0.              |
| <b>6 Total. Add lines 1 through 5</b>  | <b>29,100.</b> | <b>42,340.</b> | <b>37,540.</b> | <b>350.</b> | <b>2,005.</b> | <b>111,335.</b> |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   | 0.             | 0.             | 0.             | 0.          | 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.             | 0.             | 0.          | 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)   |                |                |                |             |               | <b>111,335.</b> |

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

|   | (a) 2007       | (b) 2008       | (c) 2009       | (d) 2010    | (e) 2011      | (f) Total       |
|---|----------------|----------------|----------------|-------------|---------------|-----------------|
| <b>9</b> Amounts from line 6  | <b>29,100.</b> | <b>42,340.</b> | <b>37,540.</b> | <b>350.</b> | <b>2,005.</b> | <b>111,335.</b> |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0.             | 0.             | 0.             | 0.          | 0.            | 0.              |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          | 0.             | 0.             | 0.             | 0.          | 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.             | 0.             | 0.          | 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 Ins 9, 10c, 11, and 12)   | <b>29,100.</b> | <b>42,340.</b> | <b>37,540.</b> | <b>350.</b> | <b>2,005.</b> | <b>111,335.</b> |

**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** ▶

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

|   |    |          |
|---|----|----------|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.00 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                      | 16 | 100.00 % |

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

|  |    |        |
|--|----|--------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))   | 17 | 0.00 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17  | 18 | 0.00 % |
| <b>19a 33-1/3% support tests – 2011.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> |    |        |
| <b>b 33-1/3% support tests – 2010.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input 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"/>  |    |        |

**Supporting Statement of:**

Form 990-EZ/Line 1

| Description                  | Amount        |
|------------------------------|---------------|
| <u>INDIVIDUAL DONATIONS:</u> |               |
|                              | 25.           |
|                              | 20.           |
|                              | 25.           |
|                              | 25.           |
|                              | 25.           |
|                              | 10.           |
|                              | 20.           |
|                              | 20.           |
|                              | 20.           |
|                              | 25.           |
|                              | 25.           |
|                              | 25.           |
|                              | 1,500.        |
|                              | 20.           |
|                              | 20.           |
|                              | 200.          |
| Total                        | <u>2,005.</u> |

**Supporting Statement of:**

Form 990-EZ/Line 2

| Description   | Amount         |
|---|----------------|
| <u>Scholarships, Student Aid &amp; Charity Donations:</u> |                |
| Holy Royal Arch Masons                                    | 7,500.         |
| Heroines of Jericho                                       | 5,000.         |
| Total   | <u>12,500.</u> |

**Part II** **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| REVENUE         |   | (a) Event #1<br><u>Banquet</u><br>(event type) | (b) Event #2   | (c) Other events | (d) Total events<br>(add column (a) through column (c)) |
|-----------------|---|--|----------------|------------------|---|
|                 |   | (event type)                                   | (total number) |                  |   |
|                 | 1 Gross receipts  | 44,000.  |                |                  | 44,000.   |
|                 | 2 Less. Charitable contributions                              | 0.   |                |                  | 0.  |
|                 | 3 Gross income (line 1 minus line 2)                          | 44,000.  |                |                  | 44,000.   |
| DIRECT EXPENSES | 4 Cash prizes   |  |                |                  |   |
|                 | 5 Noncash prizes  |  |                |                  |   |
|                 | 6 Rent/facility costs   |  |                |                  |   |
|                 | 7 Food and beverages  | 44,984.  |                |                  | 44,984.   |
|                 | 8 Entertainment   |  |                |                  |   |
|                 | 9 Other direct expenses                                       |  |                |                  |   |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) |  |                |                  | ► 44,984.   |
|                 | 11 Net income summary Combine line 3, column (d), and line 10 |  |                |                  | ► -984.   |

**Part III** **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE         |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming<br>(add column (a) through column (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
|                 | 1 Gross revenue  |   |   |   |   |
| DIRECT EXPENSES | 2 Cash prizes  |   |   |   |   |
|                 | 3 Non-cash prizes  |   |   |   |   |
|                 | 4 Rent/facility costs  |   |   |   |   |
|                 | 5 Other direct expenses  |   |   |   |   |
|                 | 6 Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d)       |   |   |   | ►   |
|                 | 8 Net gaming income summary Combine lines 1, column (d) and line 7 |   |   |   | ►   |

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

Yes      No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes  No

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a %  
13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

Yes  No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Director/officer       Employee       Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes  No

**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. ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

## Schedule Q (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

Memorial Services Donations 484.

Total

484.

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

Depreciation 0.Amortization 0.

Total

0.

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**Purpose of Payment Scholarship & Student Aid

| Class of Activity  | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|--------------------|--|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> W. Derick Rendell Harding | NONE                   |              |
|                    |  |                        | 2,500.       |
|                    |  |                        |              |
|                    |  |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment Scholarship & Student Aid

| Class of Activity  | Grantee's Name and Address  | Grantee's Relationship | Amount Given |
|--------------------|---|------------------------|--------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ryan J. Fite | NONE                   |              |
|                    |   |                        | 2,500.       |
|                    |   |                        |              |
|                    |   |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Schedule Q (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

## Purpose of Payment

Scholarship & Student Aid

| Class of Activity  | Grantee's Name and Address   | Grantee's Relationship | Amount Given  |
|--------------------|--|------------------------|---------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br><u>Trinica N. Lacy</u> | <u>NONE</u>            | <u>2,500.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

|            |                           |  |  |
|------------|---------------------------|--|--|
| Book Value | How Book Value Determined |  |  |
| FMV        | How FMV Determined        |  |  |

## Purpose of Payment

Scholarship & Student Aid

| Class of Activity  | Grantee's Name and Address   | Grantee's Relationship | Amount Given  |
|--------------------|--|------------------------|---------------|
| <u>Scholarship</u> | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br><u>Gregory Rouse</u> | <u>NONE</u>            | <u>2,000.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

|            |                           |  |  |
|------------|---------------------------|--|--|
| Book Value | How Book Value Determined |  |  |
| FMV        | How FMV Determined        |  |  |

## Purpose of Payment

Scholarship & Student Aid

| Class of Activity  | Grantee's Name and Address   | Grantee's Relationship | Amount Given  |
|--------------------|--|------------------------|---------------|
| <u>Scholarship</u> | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/><br><u>Taylor M. Bradley</u> | <u>NONE</u>            | <u>2,000.</u> |

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

|            |                           |  |  |
|------------|---------------------------|--|--|
| Book Value | How Book Value Determined |  |  |
| FMV        | How FMV Determined        |  |  |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

| Purpose of Payment |  | Charity Donation       |              |
|--------------------|--|------------------------|--------------|
| Class of Activity  | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
| Charity            | Business <input checked="" type="checkbox"/> Person<br>American Cancer Society | NONE                   | 1,000.       |
|                    |  |                        |              |
|                    |  |                        |              |

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

| Book Value | How Book Value Determined |
|------------|---------------------------|
| FMV        | How FMV Determined        |