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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning JANUARY 1, 2013, and ending DECEMBER 31, 2013

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization <u>HENDERSON RADIO CONTROL MODEL AIRPLANE CLUB</u>		D Employer identification number <u>61-1209483</u>
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>14501 US 41-S</u>		E Telephone number <u>270 748 1493</u>
City or town, state or province, country, and ZIP or foreign postal code <u>ROBARDS KY 42452-9795</u>		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other LOCAL CHAPTER OF NATIONAL AMA
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, 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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21								
Revenue	1 Contributions, gifts, grants, and similar amounts received																	0																			
	2 Program service revenue including government fees and contracts																	0																			
	3 Membership dues and assessments																	2700																			
	4 Investment income																	39																			
	5a Gross amount from sale of assets other than inventory																																				
	b Less: cost or other basis and sales expenses																																				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																		0																		
	6 Gaming and fundraising events																																				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																				
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)																																					
c Less: direct expenses from gaming and fundraising events																																					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																		0																			
7a Gross sales of inventory, less returns and allowances																																					
b Less: cost of goods sold																																					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																					
8 Other revenue (describe in Schedule O)																		7001																			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																		9740																			
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																				
	11 Benefits paid to or for members																																				
	12 Salaries, other compensation, and employee benefits																																				
	13 Professional fees and other payments to independent contractors																																				
	14 Occupancy, rent, utilities, and maintenance																		5068																		
	15 Printing, publications, postage, and shipping																		67																		
	16 Other expenses (describe in Schedule O)																		2068																		
17 Total expenses. Add lines 10 through 16																		7203																			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																	2537																			
	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)																	10,651																			
	20 Other changes in net assets or fund balances (explain in Schedule O)																	0																			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																		13,188																		

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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 <i>CHECK BOOK</i>	1639	4129
23 Land and buildings		
24 Other assets (describe in Schedule O)	9012	9059
25 Total assets		
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,651	13,188

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? *RECREATIONAL USE OF R/C AIRCRAFT*

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	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32 Total program service expenses (add lines 28a through 31a)	32 0

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
<i>KEITH BENTON, PRESIDENT CLAY KY 42404</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>HAROLD PARKER - VICE PRESIDENT PROVIDENCE KY 42450</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>ROBERT M MORTON SEC/TRES ROBAROS KY 42452</i>	<i>4</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>BOARD MEMBERS</i>				
<i>HAROLD PARKER PROVIDENCE KY 42450</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>TINA ZIEMAN ROBAROS KY 42452</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>TOM SHEPHERD STURGIS KY 42459</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>KEV WAHL SEBREE KY 42455</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		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)?		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		X
35b			
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		X
35c			
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>0.00</u>		
37b	Did the organization file Form 1120-POL for this year?		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?		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 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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			
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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 ▶ <u>KENTUCKY</u>		
42a	The organization's books are in care of ▶ <u>Robert M. Morton Sec/Treas</u> telephone no. ▶ <u>270-748-1493</u> Located at ▶ <u>14501 US 41-S</u> <u>Robards KY</u> ZIP + 4 ▶ <u>42452-9195</u>		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		X
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
45b	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)		X
45b			

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 only

All section 501(c)(3) organizations 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

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

	Yes	No
49a		X

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

	Yes	No
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 title of each employee	(b) 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
<i>NONE</i>				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
<i>NONE</i>		

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

<i>Robert M Morton</i> Signature of officer	Date
ROBERT M MORTON Type or print name and title	<i>SEC/TRES</i> Date <i>2-22-14</i>

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