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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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2005**Open to Public Inspection**

For the 2005 calendar year, or tax year beginning

07-01, 2005, and ending

06-30, 2006

Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Wichita Wagonmasters, Inc.

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. Box 1106

City or town, state or country, and ZIP + 4

Wichita, KS 67201-1106

D Employer identification number

48-0833534

E Telephone number

(316) 684-3150

F Group Exemption

Number . . . ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. ☒ Cash ☐ Accrual
Other (specify) ▶

Website: ▶ www.wagonmasters.orgOrganization type (check only one) - ☐ 501(c)(4) ◀ (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)

Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **77,731**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	30,130
3	Membership dues and assessments	3	47,329
4	Investment income	4	272
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ <u>30,130</u> of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	21,575
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	(21,575)
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶ <u>TER BRANCH</u>)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	56,156
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	3,205
15	Printing, publications, postage, and shipping	15	147
16	Other expenses (describe ▶ <u>ADDITION</u>)	16	44,903
17	Total expenses (add lines 10 through 16)	17	48,255
18	Excess or (deficit) for the year (line 9 less line 17)	18	7,901
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	7,607
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	15,508

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,480	17,407
23 Land and buildings		2,141
24 Other assets (describe ▶ <u>ADDITION</u>)	3,582	915
25 Total assets	8,062	20,463
26 Total liabilities (describe ▶ <u>ADDITION</u>)	455	5,455
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,607	15,008

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2005)

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Part III Statement of Program Service Accomplishments <small>See page 42 of the instructions</small>	Expenses <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)</small>
What is the organization's primary exempt purpose? <u>Promote living in Wichita, KS</u>	
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, or other relevant information for each program title	
28 <u>Promote the "good life" in Wichita, KS by sponsoring, hosting, cooking and serving for local civic and charitable organizations as well as the ge</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees <small>(List each one even if not compensated. See page 42 of the instructions.)</small>				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation <small>(If not paid, enter -0-)</small>	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Mike Moore PO Box 1106 Wichita, KS 67201	Captain 4	0	0	0
Steve Dillard PO Box 1106 Wichita, KS 67201	First Mate 2	0	0	0
Brian McGuire PO Box 1106 Wichita, KS 67201	Purser 6	0	0	0

Part V Other Information <small>(Note the attachment requirement in General Instruction V, page 14.)</small>		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 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?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b Did the organization file Form 1120-POL for this year?	37b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved ▶ 38b			
39 501(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			
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14) (Continued)

- 41** List the states with which a copy of this return is filed. **▶ Kansas**
- 42 a** The books are in care of **▶ Brian McGuire** Telephone no. **▶ 316-684-3150**
 Located at **▶ 2024 N. Woodlawn, Suite 402** ZIP + 4 **▶ 67208-1879**
- 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)?
- | | Yes | No |
|------------|-----|----------|
| 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
- 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**

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

**Please
Sign
Here**

Signature of officer

Date

Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's
signature

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours
if self-employed),
address, and ZIP + 4

EIN

Phone no

EEA

Form 990-EZ (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Wichita Wagonmasters, Inc.

Employer identification number

48-0833534

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ▶		

Overflow Statement

2005

Page 1

Name as shown on Return

Wichita Wagonmasters, Inc.

Employer identification number

48-0833534

Other liabilities**Description****Amount**

Bathtub deposits	\$ 455
Scholarship payable	5,000
Total:	\$ 5,455

Other deductions**Description****Amount**

Bank charges	\$ 184
Dues	258
Flowers and donations	660
Fees and state licenses	140
Monthly website	853
Vests, uniforms and bangles	5,374
Social activities for members	37,434
Total:	\$ 44,903

Other liabilities**Description****Amount**

Bathtub deposits	\$ 455
Total:	\$ 455