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Inended ECOPY

Return of Organization Exempt From Income Tax

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

Form **990**

Open to Public

OMB No. 1545-0047

| htte | ernel Reve | nue Service | | The organization may have to | se a copy of this re | turn to satis | sty state report | ing requirements. | Inspection | |
|------------|------------|---------------|----------------------|--|----------------------------|---------------------------------------|-------------------|--|---|--------------------|
| A | For t | the 2007 c | alendar | year, or tax year beginning | | , 2007, a | nd ending | | , 20 | _ |
| В | Check | f applicable: | | C Name of organization | | | | D Employer iden | tification number | - |
| _ | | ss change | use IRS label or | COAST RIFLE AND PIST | OL CLUB INC | | | 64 | 0907927 | _ |
| = | Name | - | print or type. | Number and street (or P.O. box | f mail is not delivered to | street addre | ess) Room/sulte | E Telephone nun | nber | - |
| | inftial r | return | 800 | P.O. BOX 7122 | | | | <u> </u> | | |
| = | Termin | | Specific instruc- | City or town, state or country, a | nd ZIP + 4 | | | F Accounting method: | ☑ Cash ☐ Accrusi | - |
| ñ | Amend | led return | tions. | BILOXI, MS 39532 | | | | Other (spec | elfy) 🕨 | |
| = | | tion pending | • 5ec | tion 501(c)(3) organizations and | 4947(a)(1) nonexemp | x charitable | | not applicable to secti | | |
| | | • • • • | trus | its must attach a completed Sch | edule A (Form 990 or 1 | 990- | | - | lates? 🔲 Yes 🗹 No | |
| G | Websi | te: 🕨 | | | | | | | flates > | |
| | | laction time | (chack a | nly one) ▶ 🔽 501(c) () ∢ (ii | ment on) | \ | | affiliates included? | Yes No | |
| | | | | | | | ⊣ ` ` | attach a list. See ins separate return filed by | • | |
| K | | | | rganization is not a 509(a)(3) sup re than \$25,000 A return is not req | | | Organiza | gour covered by a group | ruling? Type No | |
| | | | | a complete return | na eo , not n use organiza | AUUTI CHIDOSES | | Exemption Number > | | |
| | | | | | | | | | nization is not required | |
| L | Gross | receipts. A | Add lines | 66, 86, 96, and 106 to line 1 | ≥ 127805 | 5.00 | | |), 990-EZ, or 990-PF). | |
| P | art I | Reven | ue, Ex | penses, and Changes In | Net Assets or I | Fund Bala | ances (See | the instructions. |) | |
| | 1 | Contribu | rtions, c | gifts, grants, and similar am | ounts received: | | | | | |
| | а | | | donor advised funds . | | 1a | | | | |
| | Ь | Direct po | ublic su | pport (not included on line | 1a) | 1b | | | | |
| | c | - | | support (not included on lin- | - | 1c | | | | |
| | d | Governm | ent co | ntributions (grants) (not incl | uded on line 1a) | 1d | | | | |
| | e | | | 1a through 1d) (cash \$ | | sh \$ |) | 10 | | |
| | 2 | | | revenue including governme | | | art VII, line 93) | 2 | | |
| | 3 | Members | ship du | es and assessments | | <i>.</i> | | 3 | 127805.00 | |
| | 4 | Interest o | on savii | ngs and temporary cash im | | | | . 4 | | |
| | 5 | Dividend | s and i | nterest from securities . | | | | . 5 | ···· | |
| | 6a | Gross re | nts . | | | 6a | | | | |
| | Ь | Less: rer | ntal exp | enses, | | 6b | | | | |
| | С | Net renta | al incon | ne or (loss). Subtract line 6t | from line 6a . | | | . 6c | | |
| 2 | 7 | Other inv | estmer | nt income (describe 🕨 👚 | | · · · · · · · · · · · · · · · · · · · | |) 7 | | |
| Revonue | 8a | Gross an | nount f | rom sales of assets other | (A) Securities | | (B) Other | | | |
| Ş | | than Inve | entory | | | 8a | | | | |
| | b | Less: cost | t or othe | r basis and sales expenses. 🗀 | | 8b | | | | |
| | C | Gain or (| loss) (a | ttach schedule) L | | 8c | | | | |
| | d | | | . Combine line 8c, columns (| | | | . 8d | | |
| | 9 | Special ev | ents and | d activities (attach schedule). If | any amount is from g | paming, che | ock here 🕨 🗀 | | | 711 |
| | а | Gross rev | venue (i | not including \$ | of | | | | | Rec in Corre |
| | 1 | | - | ported on line 1b) | | 9a | | | | 불은 |
| | | | | enses other than fundralsin | | 9b | | | | ec in B |
| | С | Net incor | ne or (l | oss) from special events. \$ | on de enlaparidu | m line sq | | . 9c | | S B |
| | I . | | | nventory, less returns and a | | 165 U | =0 | | | Batching/ Ogden |
| | Ь | | | ods sold | | 10b | 7있 | | | 호콧 |
| | C | Gross prof | fit or (los | s) from sales of inventory (attack | # achedrile) - Enphas | at line 10b t | rohijine 10a | 10c | | ₽`≆. |
| | , | Office 104 | iciliae fi | ionir rait vii, iine tooj , j | ∞, <i>.</i> | | | . 11 | | 7 |
| _ | 12 | | | dd lines 1e, 2, 3, 4, 5, 6c, 7, | 80, 90, 100, and 1 | <u> </u> | <u> </u> | . 12 | 127805.00 | |
| 9 | 13 | | | s (from line 44, column (B)) | OGNE | N, UT | · | 13 | 110894.38 | MAR |
| 8 | 14 | _ | | d general (from line 44, co | | 14, U I | | . 14 | ···· | <u>ح</u> . |
| Expenses | 15 | | | n line 44, column (D)) | | | | 15 | | |
| ឃ័ | 18 | - | | liates (attach schedule) | | | | 16 | | |
| | 17 | Total exp | enses. | . Add lines 16 and 44, colu | mn (A) | <u></u> | <u> </u> | . 17 | 110894.38 |) nnių |
| 뚕 | 18 | Excess of | r (defici | it) for the year. Subtract line | 17 from line 12 | | | 18 | 16910.62 | ร |
| Net Assets | 19 | Net asset | ts or fu | nd balances at beginning o | year (from line 73 | 3, column | (A)) | 19 | 96856.31 | 4 |
| 亩 | 20 | Other cha | ınges lı | n net assets or fund balanc | es (attach explana | tion) | | 20 | , | |
| z | 21 | Net assets | s or fun | d balances at end of year. C | ombine lines 18, 19 | , and 20 | | 21 | 113766.93 | |

| Pai | | | | | D) are required for sent optional for others. | |
|-------------|---|---------|-----------------------|--|---|--|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 a | Grants paid from donor advised funds (attach schedule) | | | | | |
| | (cash \$) | | | | | |
| | If this amount includes foreign grants, check here $ ightharpoonup$ | 22a | | | | |
| 22b | Other grants and allocations (attach schedule) | 1 1 | | | | |
| | (cash \$)_ | | | | | |
| | If this amount includes foreign grants, check here 🕨 🗌 | 22b | | | | 经工程和自然 |
| 23 | Specific assistance to individuals (attach schedule) | 23 | ********** | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25a | Compensation of current officers, directors, key employees, etc. listed in Part V-A | 25a | | | | |
| h | Compensation of former officers, directors, | | | | | |
| | key employees, etc. listed in Part V-B | 25b | | | | |
| C | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons | | | | | |
| | described in section 4958(c)(3)(B) | 25c | | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | 26 | | | | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | 27 | | | | |
| 28 | Employee benefits not included on lines | | | | | |
| | 25a - 2 7 | 28 | | | | |
| 29 | Payroll taxes | 29 | | | | |
| | Professional fundraising fees | 30 | | | | |
| | Accounting fees | 31 | | | | |
| | Legal fees | 32 | | | | ······································ |
| | Supplies | 33 | | | | |
| | Telephone | 35 | | | | |
| | Postage and shipping | 36 | 26207.00 | 26207.00 | | |
| 36 | Occupancy | 37 | 84181.73 | 84181.73 | | |
| | Equipment rental and maintenance, | 38 | 04101.73 | 04101.73 | , | |
| | Printing and publications | 39 | | | | |
| | Travel | 40 | | | | |
| | Interest | 41 | | ·· - · · · · · · · · · · · · · · · · · | | |
| | Depreciation, depletion, etc. (attach schedule) | 42 | | | | |
| 43 | Other expenses not covered above (itemize): | 43a | 89.60 | 89.60 | | · · · · · · · · · · · · · · · · · · · |
| | TELEPHONE | 43b | 416.05 | 416.05 | | |
| | | 43c | 470.00 | 47,0.00 | | |
| c. d | | 43d | | | | |
| | | 43e | | | | |
| | | 431 | | | | |
| 9. | | 43g | | | | |
| 14 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 110894.38 | 110894.38 | | |
| | Costs. Check ▶ ☐ if you are following SOP | | | | - | |
| ine an | y joint costs from a combined educational campaign | and fun | draising solicitation | reported in (8) Pm | gram services? . > | Yes No |
| | ," enter (i) the aggregate amount of these joint cost | | | | | |
| | amount allocated to Management and general \$ | · • | | amount allocated t | | |
| , | | | | | | |

| Part III | Statement of Program | Service Accomplishments | (See the instructions) |
|----------|-----------------------|-------------------------|------------------------|
| | Charlette of Fredrain | OCT TIOC ACCOMPLICATION | (000 the manuchalis.) |

| Form 990 is available for public inspection and, for some people, serves as the primary or sole source of informatic | on about a |
|--|-------------|
| particular organization. How the public perceives an organization in such cases may be determined by the information | presented |
| on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the org | anization's |
| programs and accomplishments. | ` ` |

| JI | ograms and accomplishments. | • |
|----|--|--|
| W | hat is the organization's primary exempt purpose? ▶ THE SAFE USE OF FIREARMS | Program Service |
| ρf | organizations must describe their exempt purpose schlevements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Expenses (Raquired for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| a | PROMOTE THE SAFE USE OF FIREARMS | - |
| | | |
| | | |
| | *************************************** | |
| | *************************************** | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | 110894.38 |
| b | | |
| | | |
| | | |
| | *************************************** | |
| | | |
| | (Grants and allocations \$) if this amount includes foreign grants, check here ▶ □ | |
| _ | | |
| C | | |
| | | |
| | | |
| | | |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| d | | |
| | | |
| | | |
| | | |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| 8 | Other program services (attach schedule) | ~ · · · · · · · · · · · · · · · · · · · |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | |

Form **990** (2007)

| Whose required, attached schedules and amounts within the description content about to be twend-typear amounts only. 45 Cash—non-interest-bearing 96856.31 45 113766.93 46 Savings and temporary cash investments 48 470 47 Accounts monivable 470 470 48 Pledges receivable 480 480 480 480 49 Crarts receivable 480 | Pa | art IV | Balance Sheets (See the Instructions.) | | | |
|---|----|----------|--|---------------------------------------|--|---|
| 46 Savings and temporary cash investments 47a Accounts receivable b Less: allowance for doubtful accounts 48a Pledges receivable b Less: allowance for doubtful accounts 48b Less: allowance for doubtful accounts 48c Pledges receivable 50a Roceivables from current and former officers, directors, trustees, and key employees (attach schedule) B Roceivables from current and former officers, directors, trustees, and key employees (attach schedule) B Roceivables from current and former officers, directors, trustees, and key employees (attach schedule) B Roceivables from current and former officers, directors, trustees, and key employees (attach schedule) B Roceivables from current and former officers, directors, trustees, and key employees (attach schedule) B Roceivables from current and former officers, directors, trustees, and key employees (attach schedule) B Roceivables from current and former officers, directors, trustees, and key employees (attach schedule) B Less: allowance for doubtful accounts B Temporary restricted for seale or use S 3 Prepaid experises and deferred charges S 3 Prepaid experises and deferred charges S 3 Inventories for asia or use S 5 Inventories for asia or use S 5 Inventories for asia or use S 5 Inventories for asia or use | 1 | Note: | | (A) Beginning of year | | (B) End of year |
| 46 Savings and temporary cash investments 47a Accounts receivable b Less: allowance for doubtful accounts 48a Piedges receivable b Less: allowance for doubtful accounts 48b Less: allowance for doubtful accounts 48c Piedges receivable 50a Rocevables from current and former officers, directors, trustees, and key employees (attach schedule) 5 Becevables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(g)(1)(1) and persons described in section 4958(g)(1)(1) and persons described in section 4958(g)(1)(1) (attach schedule) 51a Other notes and loans receivable (statuch schedule) 5 Less: allowance for doubtful accounts 51a Director allowance for doubtful accounts 51a Director allowance for doubtful accounts 51b Statumentofes for sale or use 51a Prepaid expenses and deferred charges 53 Prepaid expenses and deferred charges 54a Investments—other securities (attach schedule) 55a Investments—other securities (attach schedule) 55a Investments—other (attach schedule) 55b Other assets, including program-related investments (describe ▶ 57b Total liabilities, (attach schedule) 56 Other includities (attach schedule) 57c Other includities (attach schedule) 57d Other includities (atta | | 45 | Cash—non-interest-bearing | 96856.31 | 45 | 113766.93 |
| b Less: allowance for doubtful accounts 475 48a Plodges receivable 48b 48c | | 46 | - | | 46 | |
| b Less: allowance for doubtful accounts 475 48a Plodges receivable 48b 48c | | | | | | |
| All Pladges receivable Less: allowance for doubtful accounts All All | | 47a | Accounts receivable | | | |
| 48a Piedges receivable 48b | | b | | | 47c | |
| b Less: allowance for doubtful accounts 48b 49 | | | | | | |
| 1 1 2 3 3 3 3 3 3 3 3 3 | | 48a | Pledges receivable | | 7 | |
| Soa Receivables from current and former officers, directors, trustees, and key employees (attach schedule) B Receivables from current and former officers, directors, trustees, and key employees (attach schedule) B Receivables from current and former officers, directors, trustees, and key employees (attach schedule) B Receivables from current and former officers, directors, trustees, and key employees (attach schedule) B Receivables from current and former officers, and experiments—buildings, and experiments—buildings, and equipment basis and equipment equ | | Ь | Less: allowance for doubtful accounts . 48b | | | |
| Receivables from other disqualified persons (es defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(8) (attach schedule) 506 516 | | 49 | Grants receivable | | 49 | |
| b Receivables from other disqualified persons (as defined under section 4958(f(f)) and persons described in section 4958(g(5)(8) (attach schedule) 51a Other notes and loans receivable (attach schedule) 51b | | 50a | Receivables from current and former officers, directors, trustees, and | | | |
| 4958(f)(1) and persons described in section 4958(c)(3)(8) (attach schedule) 51a 51b 51b 51c 51c 51c 51c 51c 51b 51c | | | , | | 50a | |
| 151a | | ь | | | -A | |
| Solid Sol | | | | | N. P. S. B. BOOK P. | |
| b Less: allowance for doubtful accounts 51b 52 strength 52 Inventories for sale or use 52 Inventories for sale or use 52 53 Inventories for sale or use 53 55 54 Investments—publicly-traded securities 54 54 b Investments—bublicly-traded securities 54 54 b Investments—bublicly-traded securities 54 54 b Investments—band 54 54 b Investments—and 54 54 54 b Investments—and 54 54 54 b Investments—and 54 55 55 b Less: accumulated depreciation (attach schedule) 55 55 55 57 10 10 10 10 58 Investments—other (attach schedule) 57 55 59 Total assets (including program-related investments (describe 55 57 55 55 55 55 50 Total assets (frust equal line 74). Add lines 45 through 58 96856.31 59 113766.93 50 Accounts payable and accrued expenses 61 62 63 61 Grants payable 62 63 64 64 62 Deferred revenue 62 63 64 63 Cans from officers, directors, trustees, and key employees (attach schedule) 64 64 64 55 Other liabilities (describe 65 65 65 65 Total liabilities (describe 67 67 Unrestricted 68 70 70 70 70 70 70 70 7 | Ø | 518 | ` i ### ! | | 10094 | |
| 53 Prepaid expenses and deferred charges 53 Section 54a Investments—publicly-traded securities Section 54b Investments—other securities (attach schedule) Cost FMV Section 54a FMV Section 54b Investments—other securities (attach schedule) FMV Section 55b Section 55c Section 55c Section | 4 | ١. | scrieduro) | | 51c | |
| 53 Prepaid expenses and deferred charges 53 S4a Investments—publicly-traded securities S4a Investments—publicly-traded securities S4a | Ą | | Less. anowarios for doubtful accounts . | | - | |
| 54a Investments—publicly-traded securities | _ | | | | | · • • • • • • • • • • • • • • • • • • • |
| 5 Investments—other securities (attach schedule) | | | | | 54a | |
| 55a investments—land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) | | 94a h | | | | |
| b Less: accumulated depreciation (attach schedule) | | l | | | 1000 F | |
| b Less: accumulated depreciation (attach schedule). 55b 55c 5c 55c 5c 55c 5c 55c 5c 5c 5c 5c 5c 5c 5c | | 33a | ##= | | | |
| 550 | | , h | · · · | | | |
| 56 Investments—other (attach schedule) 57a Land, buildings, and equipment: basis . b Less: accumulated depreciation (attach schedule) 57b Cother assets, including program-related investments (describe ▶ | | - | | ····· | 55c | |
| 57a Land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) . 57b Stockedule) . 57c Stockedule) . 57b Stockedule) . 57c Stockedule) . 57d Stockedule) . 57d Stockedule) . 57d Stockedule) . 57d Stockedule) . 58 Other assets, including program-related investments (describe ▶ | | 56 | • | | 56 | |
| b Less: accumulated depreciation (attach schedule). 57b 58 Other assets, including program-related investments (describe ▶ | | | · · · · · · · · · · · · · · · · · · · | | | |
| Schedule) 58 Other assets, including program-related investments (describe > 59 Total assets (must equal line 74). Add lines 45 through 58 | | , | Less: accumulated depreciation (attach | : | | |
| (describe ► Total assets (must equal line 74). Add lines 45 through 58 | | | Solidation | | 57c | |
| Total assets (must equal line 74). Add lines 45 through 58 | | 58 | | | | |
| 60 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 62 Gauss from officers, directors, trustees, and key employees (attach schedule) 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 Eda Tax-exempt bond liabilities (attach schedule) 64 b Mortgages and other notes payable (attach schedule) 65 Other flabilities (describe ►) 65 65 Total liabilities. Add lines 60 through 65 Corganizations that foliow SFAS 117, check here ► and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 69 Permanently restricted 69 Organizations that do not foliow SFAS 117, check here ► and complete lines 70 through 71 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 96856.31 73 113766.93 | | | | 06856 24 | | 113766 03 |
| 61 Grants payable 62 62 Deferred revenue 62 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64 Tax-exempt bond liabilities (attach schedule) 64 65 Other liabilities (describe 65 66 Total liabilities, Add lines 60 through 65 67 Organizations that foliow SFAS 117, check here 67 through 69 and lines 73 and 74. 68 Temporarily restricted 69 69 Permanently restricted 69 69 Organizations that do not foliow SFAS 117, check here 69 69 Permanently restricted 69 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 72 73 Total net assets or fund balances, Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 96856.31 73 113766.93 | _ | | | 30030:31 | | 113700.33 |
| 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees (attach schedule) 63 schedule) 64 Tax-exempt bond liabilities (attach schedule) 65 Other liabilities (describe ► | | | ' ' | | | |
| 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | · · · · · · · · · · · · · · · · · · · | | | |
| schedule) | 60 | | | | | |
| B Mortgages and other notes payable (attach schedule) | æ | 63 | | | 63 | |
| B Mortgages and other notes payable (attach schedule) | ğ | 64a | • | | 64a | |
| 85 Other flabilities (describe ► | Ï | | · · · · · · · · · · · · · · · · · · · | | 64b | |
| 88 Total liabilities. Add lines 60 through 65 | | | | | 65 | |
| Organizations that foliow SFAS 117, check here ▶ □ and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted | | | | | | |
| 67 through 69 and lines 73 and 74. 68 Unrestricted | | _ | | | 66 | |
| 67 Unrestricted | | | | | | |
| 70 Capital stock, trust principal, or current funds | 8 | ı | - ··· | | | |
| 70 Capital stock, trust principal, or current funds | Ž | | | 00000 24 | | 442766 02 |
| 70 Capital stock, trust principal, or current funds | 윰 | | | 90000.31 | | 113766.83 |
| 70 Capital stock, trust principal, or current funds | 8 | | | | - | |
| 70 Capital stock, trust principal, or current funds | 틝 | | | | | |
| equal line 21) | 4 | | , | | | |
| equal line 21) | g | | | | _ | |
| equal line 21) | \$ | | | · · · · · · · · · · · · · · · · · · · | | |
| equal line 21) | \$ | | | | | |
| equal line 21) | ᅗ | | | | | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 96856.31 74 113766.93 | ~ | | equal line 21) | 96856.31 | 73 | 113766.93 |
| | | 74 | Total liabilities and net assets/fund balances, Add lines 66 and 73 | 96856.31 | 74 | 113766.93 |

| Pa | rt IV-A | Reconciliation of Revenue per Aumstructions.) | dited Financial Staten | nents With Re | venue pe | er Return | (See the |
|----------------|------------|---|--|--|---|--|--|
| a | | enue, gains, and other support per aud | | 3 | | a | 127805.00 |
| b _. | | included on line a but not on Part I, lin | | 1 6 4 1 | | | |
| 1 | | alized gains on Investments | | b1 | | | |
| 2 | | services and use of facilities , . , . | | b3 | | | |
| 3 | | es of prior year grants | | 03 | | | |
| 4 | Other (sp | ecify): | | b4 | | | |
| | | 51 through 54 , , , , | | | | b | |
| C | | line b from line a | | | | | |
| ď 1 | | included on Part I, line 12, but not on I at expenses not included on Part I, line | | d1 | | | |
| 2 | | ecify): | | | | | |
| • | Outer (sp | | | d2 | | | |
| | Add lines | d1 and d2 | | | | d | |
| 8 •20 | Total rev | enue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Au | | | | e Retur | 127805.00 |
| 8 | | enses and losses per audited financial | | | perioco j | a | 110894.38 |
| b | | included on line a but not on Part I. line | | | | | |
| 1 | | services and use of facilities | | b1 | | | |
| 2 | | adjustments reported on Part I, line 20 | | b2 | | | |
| 3 | | ported on Part I, line 20 | | b3 | | | |
| 4 | Other (sp | ecify): | | | | | |
| | | | | <u>b4</u> | | | |
| | | b1 through b4 | | | | b — | 440004.20 |
| C | - | | | | | C | 110894.38 |
| ď | | included on Part I, line 17, but not on I | | ! d1 | | | |
| 1 | | it expenses not included on Part I, line | | | | | |
| 2 | Otner (spe | ecify): | | d2 | | | |
| _ | | d1 and d2 | | | | d | 140004 20 |
| e Par | | Current Officers, Directors, Trustees | | | | e officer | 110894.38 |
| T EII | | r key employee at any time during the ye | ar even if they were not | compensated.) (S | ee the ins | structions.) | , cirector, trustee, |
| | | (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0) | (D) Contributi benefit pla compen | ors to employee ns & deferred sation plans | (E) Expense account and other ellowances |
| CHI | STER AB | BOTT | PRESIDENT | | | | _ |
| | | | | 0 | ļ | 0 | • |
| ТО | / WILTZ | | VICE PRESIDENT | 0 | | 0 | 0 |
| JEA | N UNTER | SDHER | SECRETARY | 0 | | 0 | 0 |
| ANI | RE CHAN | IPAGNE | TREASURER | <u> </u> | | <u>×</u> | ************************************** |
| | | | INCAGGRER | 0 | | 0 | 0 |
| GU) | SAENGE | iR | RSO | 0 | | 0 | 0 |
| HAF | RY LAME | Y | DIRECTOR | <u>-</u> | | × | |
| | | | | 0 | <u> </u> | 0 | 0 |
| PET | E HANSE | N | DIRECTOR | 0 | | 0 | 0 |
| GLE | N DAWS | ON . | DIRECTOR | 0 | | 0 | 0 |
| | | | | <u> </u> | | | • |
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| | | | | | | | Form 990 2007 |

|) | | | | Page |
|--|--|---|--|---|
| Current Officers, Directors, Trustee | s, and Key Employe | es (continued) | | Yes No |
| | rustees permitted to vi | ote on organizatio | on business at board 8 | |
| ees listed in Schedule A, Part I, or hig fors listed in Schedule A, Part II-A or | thest compensated parties to each | professional and other through | other independent family or business | 75b 🗸 |
| nsated employees listed in Schedule A, ndent contractors listed in Schedule A, ations, whether tax exempt or taxable, the nition of "related organization.". " attach a statement that includes the info | Part I, or highest or Part II-A or II-B, rec at are related to the commation described in | ompensated pro- ceive compensation? See | fessional and other ion from any other | 75c 🗸 |
| officer, director, trustee, or key employee re | ceived compensation of | r other benefits (d | escribed below) during | the year, list the |
| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
| | | | | |
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| | | | | 1 |
| | | | | |
| | the total number of officers, directors, and trigs y officers, directors, trustees, or key employees listed in Schedule A, Part II, or highters listed in Schedule A, Part III-A or iships? If "Yes," attach a statement that ideay officers, directors, trustees, or key insated employees listed in Schedule A, indent contractors listed in Schedule A, actions, whether tax exempt or taxable, the inition of "related organization.". " attach a statement that includes the informer officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comparison. | the total number of officers, directors, and trustees permitted to vigs | re total number of officers, directors, and trustees permitted to vote on organizations. y officers, directors, trustees, or key employees listed in Form 990, Part V-A, or his ress listed in Schedule A, Part I, or highest compensated professional and extors listed in Schedule A, Part II-A or II-B, related to each other through ships? If "Yes," attach a statement that identifies the individuals and explains the sy officers, directors, trustees, or key employees listed in Form 990, Pansated employees listed in Schedule A, Part I, or highest compensated profedent contractors listed in Schedule A, Part II-A or II-B, receive compensations, whether tax exempt or taxable, that are related to the organization? See inition of "related organization." " attach a statement that includes the information described in the instructions are organization have a written conflict of interest policy? Former Officers, Directors, Trustees, and Key Employees That Received Compensation of the person below and enter the amount of compensation or other benefits in the approprise (A) Name and address (B) Loans and Advances | ne total number of officers, directors, and trustees permitted to vote on organization business at board gs |

| Par | t VI Other Information (See the instructions.) | | Yes | No |
|----------|---|------|-----|----------|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 78 | | ★ |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | | 1 |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | | ▼ ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | | ✓ |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | √ |
| 80a | is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | | ✓ |
| þ | If "Yes," enter the name of the organization ➤ | | | |
| 81a b | Enter direct and indirect political expenditures. (See line 81 instructions.) | 81b | | ₩ |
| | | Form | 990 | (2007 |

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|------------------------|--|------------|-----------|--------------------|--|--|--|
| Pa | rt VI Other Information (continued) | | Yes | No | | | |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | √ | | | |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. | | | | | | |
| | (See instructions in Part III.) | 理性 | | | | | |
| | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a 83b | * | | | | |
| | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 84a | | 7 | | | |
| | Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | | | | | |
| 85a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | 85a | 1 | | | | |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | | ✓ | | | |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | | | | |
| C | Dues, assessments, and similar amounts from members | | ં † | | | | |
| đ | | | | | | | |
| 0 | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | | | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) [85f] | | | | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f7 | 85g | | | | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | | | | | |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a | | | | | | |
| b | Gross receipts, Included on line 12, for public use of club facilities | | 0.01 | | | | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | |
| | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | | | | | |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | MITTER SE | erransii | | | |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | E | | | | |
| b | 501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction | 89b | | | | | |
| | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ | | | | | | |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization > | | | $\hat{Q}(\hat{Q})$ | | | |
| | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | | | | | |
| | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | | | | | |
| 9 | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | | | | | |
| 90a | List the states with which a copy of this return is filed ▶ | | | | | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | | | | | | |
| | The books are in care of ► ANDRE CHAMPAGNE Located at ► P.O. BOX 7122 Telephone no. ► (228) ZIP + 4 ► 395 | | -268 | ? | | | |
| ь | 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 | | Yes | No | | | |
| | | 91b | 1.70 3.41 | √ | | | |
| | 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 Figure 1 Accounts | | | | | | |

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|---|-------------------------------------|---------------------|--|-----------------------|--|
| Part VI Other Information (continued) | | | | | Yes No |
| c At any time during the calendar year, did the fire the foreign countries of the foreign countries and enter the amount of tax-exempt interests. | ntry ▶ sts filina Form 99 | 00 in lieu of Form | 1041—Chec | k here | |
| Part VII Analysis of Income-Producing | | | | | |
| Note: Enter gross amounts unless otherwise | Unrelated | business income | Excluded by set | tion 512, 513, or 514 | (E) Related or |
| Indicated. | (A) Business code | (B) | (C) | (D) | exempt function |
| 93 Program service revenue; | DUSTIESS COO | e Amount | Exclusion code | Amount | Income |
| 8 | | | | | |
| b | | | | | |
| C | | | | | |
| d | | <u> </u> | | | |
| f Medicare/Medicaid payments | | - | | | |
| g Fees and contracts from government agence | | | 1 | | |
| 94 Membership dues and assessments | | | | | 127805,00 |
| 95 Interest on savings and temporary cash investme | | | ļ | | |
| 96 Dividends and interest from securities . | EDWEIDENCO EDWEIDENCO PS | | STREET STREET | | IN INVESTIGATION TO SELECT |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal proper | | | | | |
| 99 Other investment income | 1 | | | | |
| 100 Gain or (loss) from sales of assets other than invent | | | | | |
| 101 Net income or (loss) from special events | , ' | | | | |
| 102 Gross profit or (loss) from sales of inventor | у | | | | |
| 103 Other revenue: a | } | - | | | |
| b | | - | | | |
| d | | | | | |
| A | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | FEFE | | | | |
| 105 Total (add line 104, columns (B), (D), and (I | 3) | | | <u> </u> | 127805.00 |
| Note: Line 105 plus line 1e, Part I, should equal ti | | | | a total daktoon t | |
| Part VIII Relationship of Activities to the A | | | | | |
| Line No. Explain how each activity for which inco | | | | mportamily to the | accomplishment |
| | | | , , , , , , , , , , , , , , , , , , , | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IX Information Regarding Taxable Su (A) | (B) | | ies (See the i | | |
| Name, address, and E/N of corporation, | Percentage of ownership interest | (C) Nature of ac | tivities | (D) Total income | (E) End-of-year |
| partiessip, or disregarded entity | % | | | | assets |
| | % | | | | |
| | % | | | | |
| | % | | | | |
| Part X Information Regarding Transfers As | sociated with Per | sonal Benefit Cor | itracts (See th | ne instructions.) | |
| (a) Did the organization, during the year, receive any funds,(b) Did the organization, during the year, pay pay | | | | | ☐ Yes ☐ No ☐ Yes ☐ No |
| Note: If "Yes" to (b), file Form 8870 and Form 4 | | | | _ | _ = |

| Part | Information Regarding is a controlling organization | | m Controlled Entities, Com | plete only if the organization |
|-----------------------|--|---|---|--|
| 106 | Did the reporting organization me the Code? If "Yes," complete the | ake any transfers to a co | ntrolled entity as defined in sec | tion 512(b)(13) of Yes No |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
| а | | | | |
| b | | | | |
| c | | - | | |
| | Totals | | | |
| 107 | Did the reporting organization re- 512(b)(13) of the Code? If "Yes," | ceive any transfers from complete the schedule b | a controlled entity as defined in elow for each controlled entity. | Yes No |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
| a | | | | |
| Ь | | - | | |
| С | | | | |
| | Totals | | | |
| 108 | Did the organization have a bindi rents, royalties, and annuities des | scribed in question 107 at | oove? | |
| Pleas Sign Here | Under penalties of perfury, I declare that and belief, it is taue, correct, and complete in the signature of officer Type or print name and title | I have examined this return, including Declaration of populary (other | After officer) is based on all information | ments, and to the best of my knowledge n of which preparer has any knowledge $8-/2-/3$ |
| Paid Prepare | Preparer's signature Firm's name (or yours) | | Date Check If self- employed ▶ | Preparer's SSN or PTIN (See Gen. Inst. X) |
| Use Onl | | | EIN Phone | |
| | | | | Form 990 (2007) |