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# 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)

**2008**

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning**

**and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>KING WILLIAM ASSOCIATION</b>		<b>D Employer identification number</b> 74-6091120
		Number and street (or P.O. box, if mail is not delivered to street address) <b>1032 S. ALAMO</b>	Room/suite _____	<b>E Telephone number</b> 210-227-8786
		City or town, state or country, and ZIP + 4 <b>SAN ANTONIO, TX 78210</b>		<b>F Group Exemption Number</b> ▶ _____

• 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) ▶ \_\_\_\_\_

**I Website:** ▶ [HTTP://WWW.KINGWILLIAMASSOCIATION.ORG/](http://www.kingwilliamassociation.org/)

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

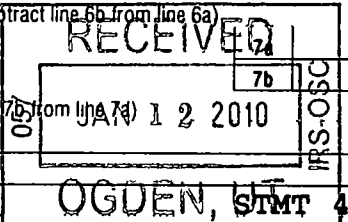
**J Organization type** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **531,159.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																				3,855.
	2	Program service revenue including government fees and contracts																				13,380.
	3	Membership dues and assessments																				10,395.
	4	Investment income																				21,426.
	5a	Gross amount from sale of assets other than inventory																				
	5b	Less: cost or other basis and sales expenses																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																				
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																				
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																				482,103.
6b	Less: direct expenses other than fundraising expenses																				255,703.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																				226,400.	
7a	Gross sales of inventory, less returns and allowances																					
7b	Less: cost of goods sold																					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																					
8	Other revenue (describe ▶ _____)																					
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																				275,456.	
Expenses	10	Grants and similar amounts paid (attach schedule)																				43,905.
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																				34,478.
	13	Professional fees and other payments to independent contractors																				3,011.
	14	Occupancy, rent, utilities, and maintenance																				4,945.
	15	Printing, publications, postage, and shipping																				20,550.
	16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )																				51,302.
	17	<b>Total expenses.</b> Add lines 10 through 16																				158,191.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																				117,265.
	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)																				634,337.
	20	Other changes in net assets or fund balances (attach explanation)																				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																				751,602.



**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	521,230.	638,188.
23	Land and buildings	76,369.	78,069.
24	Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	36,738.	37,635.
25	<b>Total assets</b>	634,337.	753,892.
26	Total liabilities (describe ▶ <b>SEE STATEMENT 3</b> )	0.	2,290.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	634,337.	751,602.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 6

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.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Table with 2 columns: Program Description and Expenses. Rows include: 28 PRESERVATION OF NEIGHBORHOOD THROUGH NEIGHBORHOOD IMPROVEMENTS... (16,821), 29 SUPPORT OF EDUCATION THROUGH DONATIONS TO LOCAL PUBLIC SCHOOLS... (37,000), 30 COMMUNITY INFORMATION THROUGH PREPARATION OF NEWSLETTER AND DIRECTORY... (19,727), 31 Other program services... (13,430), 32 Total program service expenses... (86,978).

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Row 1: SCHEDULE ATTACHED, 0.00, 0., 0., 0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		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		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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
b	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
b	Section 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
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		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ NONE</span>		
42a	The books are in care of <span style="float:right">▶ THE KING WILLIAM ASSOCIATION</span> Telephone no. <span style="float:right">▶ 210-227-8786</span> Located at <span style="float:right">▶ 1032 S. ALAMO, SAN ANTONIO, TX</span> ZIP + 4 <span style="float:right">▶ 78210</span>		
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: <span style="float:right">▶</span>		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: <span style="float:right">▶</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49b</b> If "Yes," was the related organization(s) a section 527 organization?   | <input type="checkbox"/> | <input type="checkbox"/>            |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$100,000 <span style="float: right;">▶</span>				

- 51** Complete this table for the 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
<b>NONE</b>		
Total number of other independent contractors each receiving over \$100,000 <span style="float: right;">▶</span>		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer: *Neil Leatherbury* Date: *5 January 2010*

Type or print name and title: *Neil Leatherbury, treasurer*

**Paid Preparer's Use Only**

Preparer's signature: *Deborah Hartman CPA* Date: *1/5/10* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **ANDERS & HARTMAN CPAS PC**  
**18545 SIGMA RD, SUITE 103**  
**SAN ANTONIO, TX. 78258**

EIN: \_\_\_\_\_ Phone no.: **210-344-2727**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,901.	21,629.	11,731.	10,150.	14,250.	78,661.
<b>2</b> 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	201,081.	325,137.	357,002.	385,157.	482,103.	1,750,480.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	221,982.	346,766.	368,733.	395,307.	496,353.	1,829,141.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						1,829,141.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	221,982.	346,766.	368,733.	395,307.	496,353.	1,829,141.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,462.	10,091.	16,247.	23,124.	21,426.	73,350.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,462.	10,091.	16,247.	23,124.	21,426.	73,350.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	300.	300.	10,336.	10,535.	13,380.	34,851.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						1,937,342.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	<b>94.41</b> %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	<b>96.41</b> %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	<b>3.79</b> %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	<b>2.73</b> %

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
CONCERTS IN THE PARK	6,371.
LAVACA TREE PLANTING	2,129.
SPAY/NEUTER PROGRAM	1,376.
SIDEWALK REPAIR	8,713.
UNDERGROUND UTILITY CONVERSION	5,794.
MEMBERSHIPS	5,000.
SOCIALS	5,260.
TRASH BAGS	180.
WEBSITE	95.
COMMITTEE EXPENSE	148.
DUES & SUBSCRIPTIONS	540.
BANK CHARGES	80.
BOARD MEETINGS	1,367.
COMPUTER REPAIRS	160.
EQUIPMENT RENTAL	3,078.
STORAGE	1,957.
SUPPLIES	1,075.
TELEPHONE & INTERNET	2,216.
OFFICE EXPENSE	270.
INSURANCE	5,338.
TRAVEL	155.
TOTAL TO FORM 990-EZ, LINE 16	51,302.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES	10,812.	10,812.
HISTORICAL BOOKS/FURNISHINGS	12,452.	12,452.
DEPOSITS	300.	300.
FAIR ADVANCES	2,496.	3,491.
PAYROLL TAX REFUND	98.	0.
SIDEWALK IMPROVEMENTS	10,580.	10,580.
TOTAL TO FORM 990-EZ, LINE 24	36,738.	37,635.

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FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX LIABILITIES	0.	1,256.
OTHER PAYABLE	0.	1,034.
TOTAL TO FORM 990-EZ, LINE 26	0.	2,290.

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FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ARTS/EDUCATION SAY SI 1518 SOUTH ALAMO SAN ANTONIO, TX 78204	NONE	21,050.
COMMUNITY SUPPORT ELIZABETH LLANAS FIRE FUND 421 CEDAR STREET SAN ANTONIO, TX 78204	NONE	3,205.
COMMUNITY SUPPORT DANIEL MANSBACH MEDICAL FUND	NONE	325.
EDUCATION ALAMO COMMUNITY COLLEGE DISTRICT 201 W SHERIDAN SAN ANTONIO, TX 78204	NONE	325.
EDUCATION BONHAM CHARTER ACADEMY 925 S ST MARYS ST SAN ANTONIO, TX 78205	NONE	6,000.
EDUCATION PAGE MS BAND 401 BERKSHIRE AVE SAN ANTONIO, TX 78210	NONE	4,000.

KING WILLIAM ASSOCIATION

74-6091120

EDUCATION  
BRACKENRIDGE HIGH SCHOOL LIBRARY

NONE

9,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

43,905.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

NEIGHBORHOOD PRESERVATION AND COMMUNITY DEVELOPMENT

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 7

DESCRIPTION	GRANTS	EXPENSES
NEIGHBORHOOD SOCIALS	0.	5,260.
NEIGHBORHOOD SPAY & NEUTERING PROGRAM	0.	1,376.
MISCELLANEOUS PROGRAM SERVICES	0.	423.
MUSIC IN THE PARK	0.	6,371.
TOTAL TO FORM 990-EZ, LINE 31		13,430.



# 2009-2010 BOARD OF DIRECTORS CONTACT LIST

updated 11/13/09

Term	Name	Home Phone	Business Phone	Cell Phone	E-mail	Address
2009-12	Richard (Dick) Davis, President	227-3388		573-9929	rdavis109@sabx.rr.com	134 Crofton, 78210
2008-11	Molly Shafer, Vice President	223-6831		831-0470	mssmith@sabx.rr.com	212 Madison #5, 78204
2007-10	Neil Leatherbury, Treasurer			885-7897	nleatherbury@att.net	212 Madison #7, 78204
2008-11	Jack Kent Jr., Secretary		258-9570	213-7855	jkent103@gmail.com	103 W. Johnson, 78204
2005-10	Brad Shaw, Past President		977-3014	225-2723	sa_brad@me.com	133 Wickes, 78210
<b>Board of Directors</b>						
2007-10	Janis De Lara			389-8882	janisdla@gmail.com	311 Wickes, 78210
2007-10	Hope Garza-Cortés	226-6209		274-4636	hope@studiocortes.com	709 E. Guenther, 78210
2009-12	Michael Girdley			865-3782	michael@yeldrig.com	120 Cedar, 78210
2008-11	Michael Shearin Guarino	223-4251	226-1246		mguarino@fpcarch.com	231 Adams, 78210
2007-10	Ed Haverlah	223-8079		830-570-7565	havehart@swbell.net	516 King William, 78204
2008-11	Sherry Hess		916-6772	722-0238	sherry-hess@sabx.rr.com	802 S. Main, 78204
2008-11	Curtis Johnson			862-6743	cdxsa@aol.com	403 Madison, 78204
2007-10	Jim Johnson	271-3593		854-9903	jimj8_2@swbell.net	317 Pereida, 78210
2009-12	Charles Schubert	222-9826	227-2968		charles@roberthughesgallery.com	516 E. Guenther, 78210
2009-12	Debra Walker	222-0347			debracwalker@gmail.com	523 King William, 78204
	VACANT POSITION					

## King William Association

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## King William Fair

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