

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-ÉZ**

Short Form

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in Section 512(b)(13) must file Form
990. All other org- anizations 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

Α	For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30	, 2009
		ployer identification number
X	1 Please	6-4090874
	l., i lishal or les un en	lephone number
X	Initial return Type PO Box 914	
	Termination See Douglas, WY 82633	
	t tuons t	oup Exemption
لبا		ımber ►
	 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 metho Other (specify) ► 	od X Cash Accrual
	H Check ► X if	the organization is not
1	Website: ► www.wyhsra.org required to attach	Schedule B (Form 990,
<u>J</u> _	Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) oi 527 990-EZ. or 990-Pf	
K	Check ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are nor \$25,000 Å return is not required, but if the organization chooses to file a return, be sure to file a complete return.	mally not more than
_		
_	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	► \$ 146,449.
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	
	1 Contributions, gifts, grants, and similar amounts received	1 15,892.
	Program service revenue including government fees and contracts	2 95,227.
	3 Membership dues and assessments	3 24,915.
	4 Investment income	4 1,340.
	5a Gross amount from sale of assets other than inventory 5a 2, 863.	
	b Less cost or other basis and sales expenses	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) See Statement 1	5 c 157.
REVERU	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming check here	
N U	a Gross revenue (not including \$ of contributions	
Ě	reported on line 1) 6a 6,212.	
	b Less direct expenses other than fundraising expenses 6b 3, 450.	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 2,762.
	7a Gross sales of inventory, less returns and allowances	1.
	b Less cost of goods sold 7b 7b	7.0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	8 140 202
	5 Total revenue (add mies 1, 2, 5, 4, 56, 66, 76, and 6)	9 140,293.
	10 Grants and similar amounts paid (attach schedule) See Statement 2 11 Benefits paid to or for members	10 1,500. 11
E		12
EXPENSE	12 Salaries, other compensation, and employee benefits RECEIVED 13 Professional fees and other payments to independent contractors	13 500.
Ň	()	14
		15 35.
S	15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Statement 3	16 115, 981.
	17 Total expenses (add lines 10 through 16)	17 118,016.
80	18 Excess or (deficit) for the year (Subtract line 17 from line 9) OGDEN, UT	18 22,277.
Õ	18 Excess or (deficit) for the year (Subtract line 17 from line 9) OGDEN, UI 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) 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 22 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 inste	
A See	figure reported on prior year's return)	19 0.
Z	20 Other changes in net assets or fund balances (attach explanation) See Statement 4	20 155,047.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 177,324.
P	art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 inste	
==	(See the instructions for Part II) (A) Beginning of year	
≃22	-1	22 177,324.
= 423		23
	4 Other assets (describe ►) 5 Total assets	. 25 177,324.
າ∠: ⊃ າ		
5 25	6 Total liabilities (describe > 0 7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 0	

	990 EZ (2008) American Legion				-409	90874 Page 2
Part			(See the instruction	ons)		Expenses
Deser deser	s the organization's primary exempt purpose? <u>See</u> ribe what was achieved in carrying out th ribe the services provided, the number of	e Statement 5 e organization's exempt purp persons benefited, or other	poses. In a clear and correlevant information for	oncise manner,	and	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional
progra 28	organized state finals ro	deo to qualify mem	bers for Natio	nal Finals	for o	thers)
	and to acomplish mission participants.	and subboic MAOUITI	ig nigh school	Todeo		
	(Grants \$) If the Provided support to member	is amount includes foreign gi		rodeo	28 a	60,559.
			-			
		ıs amount ıncludes foreign gr		<u> </u>	29 a	23,954.
	Provided support to rodeo mission	participant and m	nembers to acco	mplish		
		is amount includes foreign gr	rants, check here		30 a	29,329.
		is amount includes foreign gi	rants, check here	> []	31 a	
-	Total program service expenses (add lii			<u> </u>	32	113,842.
Part	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	ns and	(e) Expense account and other allowances
<u>See</u>	Statement 6		0.		0.	0.
					-	
	· · · · · · · · · · · · · · · · · · ·					
ВАА	·	TEEA0812L 0	01/14/09			Form 990-EZ (2008)

ГС	art V Other information (Note the statement requirement in General instruction V)			
			Yes	No
33	B Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description ວ໌ each activity	33		Х
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, 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 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		_X_
37	7a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37 b	-	_x_
38	Ba 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?	38 a		_X_
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A	,		
39	9 501(c)(7) organizations Enter:			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A			
40	Da 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			
	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,' complete Schedule L, Part I	40 b		x
	c Enter amount of tax imposed on organization managers or disqualified persons during the			- 33
	year under sections 4912, 4955, and 4958 • 0.	,		
	d 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	40 e		x
41	1 List the states with which a copy of this return is filed None			L <u>**</u> _
42	2a The books are in care of ► Dixie Huxtable Telephone no ►	-		
	Located at ► PO Box 914 Douglas WY ZIP + 4 ► 82633			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		_X_
	If 'Yes,' enter the name of the foreign country	ı	•	
			-	,
		, ' [
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	-		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country.			
			_	
4:	3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		,	Yes	No
4	4 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
4	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	45 m 990	-F7 /	3008) X
	ICEAUGIZI UITIAUT FOI	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		CUUCI

Form 990-8	EZ (2008) American Legion Hig	h School Rodeo	of		26-40	90874	F	Page 4
Part VI	Section 501(c)(3) organization and complete the tables for line	s only. All section 5		nizations i		questions Statemen		9
for pu 47 Did th 48 Is the 49a Did th b If 'Ye	ne organization engage in direct or indirect or indirect office? If 'Yes,' complete Schedule (ne organization engage in lobbying activities organization operating a school as describe organization make any transfers to an s,' was the related organization(s) a sect office this table for the five highest competitude.	C, Part I Lies? If 'Yes,' complete S Libod in section 170(b)(1 exempt non-charitable i Lion 527 organization?	Schedule C, Part)(A)(II)? If 'Yes, elated organizat	II ' complete S lion?	chedule E	46 47 48 49 a 49 b		No X X X X
receiv	ved more than \$100,000 of compensation Name and address of each employee paid more than \$100,000	from the organization (b) Title and average hours per week devoted to position	(c) Compensatio	n (d) Cont	inbulions to employer enefit plans and ried compensation	e (e) E:	opense int and lowance	
None		devoted to position		0010	Ted compensation	Ovice di		
·						 		
51 Comr	of other employees paid over \$100,000 Deter this table for the five highest compete the organization. If there is none, enter the organization of	nsated independent con None '	tractors who eac	ch received r	more than \$100,	000 of comp	ensati	ıon
None_	(a) Name and address of each independent contri	actor paid more than \$100,000		(b) Type	e of service	(c) Com	pensatio	n
						<u> </u>		
Total numb	per of other independent contractors rece		>				1-4-4	
Sign Here	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title	inner this return, including accomposed than officer) is based on all	ipanying schedules and information of which		5 -	mowieage and bi	/ O	
Paid Pre-	Preparer's signature Low Bon Firm's name (or CPA Advantage,	er CPA	Date 5-1			Preparer s Identi (See instructions N/A	fying Nu	mber
parer's Use Only	yours if self- employed), address, and ZIP + 4 315 Walnut Stre Douglas, WY 826	et			EIN ►	N/A 07) 358-	1818	}

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

BAA

► X Yes No Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public

Department of the Treasury Internal Revenue Service

Total

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number American Legion High School Rodeo of Wyoming, 26-4090874 Part | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 c | Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (i) Name of Supported (v) Did you notify the organization in col (i) of your support? (ii) EIN (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (vi) Is the (iv) Is the (vii) Amount of Support organization in col (i) organized in the US? rganization in col (i) listed in your governing document? Yes Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

b 33-1/3 support test — 2007. 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 ▶ 17a 10%-facts-and-circumstances test - 2008. 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 **b 10%-facts-and-circumstances test** — **2007.** 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 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008 TEEA0402L 12/17/08

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 yr beginning in)▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 40,807 40,807. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 101,439 101,439. Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the 0. organization without charge 0 0. 0 0 142,246 142,246. 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0. 0. 0 0 0. persons **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, 0. 0 0 0 0 0 and 12 for the year or \$5,000 0 0 0 0 0. 0. c Add lines 7a and 7b 8 Public support (Subtract line 142,246. 7c from line 6) Section B. Total Support **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) ► (a) 2004 0 0 0 0 142,246 142,246. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 1,340 1,340. **b** Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 ō 0. 0 0 1,340 340. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is 0. regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV 1,349 1,349. 144,935. 13 Total support. (add Ins 9, 10c, 11, and 12) 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) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 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 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or	990-EZ) 2008	Ameri	can Le	egion	High	School	Rodeo	of	26-4090874	Page 4
Part IV	Suppleme	ntal Informa	ation. Con	nplete t	his pa	rt to p	rovide the	explana	ition requ	26-4090874 Jired by Part II, nation. (see inst	line 10,
	Part II, line	: 17a or 17t	o, or Part	III, line	12. Pr	ovide	any other	addition	al inform	nation. (see inst	ructions)
						-					
						_					
											
									. _	 .	
									. -	 .	
		-							. _		
		-			_ _					- 	
		-	<u>-</u>						. – – – –		-
			- 						- -	- 	
			- 				-				
		~					-				
		~					- -	- -			
							- 		·		
										- 	
						. – – – .			·		
	_					· -					
	- -	-							- 		
						_ .					
					_	. 				. 	
									. _		
			- 		- -	·			. -	-	
~	-		- -								
~	- -						- -			-	
~		-				- -					

TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

2008 Schedule A, Part IV - Supplemental Information								Р	age				
ient W991		American l	egio. Wy	n High S /oming, i	chool nc	Rodeo	of					26-/	109087
Part III, Line 12 - Oth	er Income												
Nature and Sourc	<u>e</u>	2008		2007		2006			2005			2004	<u>-</u>
Reimbursements	Total §	1,349. 1,349.	s		<u> </u>		0.	Ś		0.	·s	···	0.
	10001		-	 	<u> </u>	·		1		<u> </u>		-	<u> </u>

2008	Federal Statements		Page 1
Client W991	American Legion High School Rodeo of Wyoming, Inc		26-4090874
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninven	•		
Gross Sales Price: Cost or Other Basis:	2,863. 2,706.		
	Total Gain (Loss) Publicly Traded Secu	rities 🕏	157.
	Total Net Gain (Loss) From Noninventory	/ Sales <u>\$</u>	157.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pa			
Class of Activity: Donee's Name: Cash Amount Given:	Charitable NHSRA Foundation	\$	1,000.
Class of Activity: Donee's Name: Cash Amount Given:	Scholarship Brittany Bell	\$	500.
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses Crisis fund expense Gifts Insurance Membership refunds Miscellaneous National dues National finals expense NSF checks Office Expenses Refunds - deposit Rodeo expenses - other State Finals expense Student director expense Turnout fees		\$ Total \$	200. 268. 6,654. 1,610. 507. 1,820. 23,954. 1,125. 1,364. 3,560. 4,697. 60,559. 9,203. 460. 115,981.
Statement 4 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets C Prior Period Adjustments Retained earnings transfe		\$ Total \$	696. 154,351. 155,047.

		•
วก	n	О
/ U i	u	~

Client W991

Federal Statements

Page 2

American Legion High School Rodeo of Wyoming, inc

26-4090874

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To foster amateur sports competition, specifically to encourage sportsmanship, character, citizenship and a spirit of competition among Wyoming High School Rodeo participants, while maintaining standards in education, creating opportunities for family bonding, exposing the public to a positive image of rodeo, and preserving and promoting western heritage, and perform all acts necessary to encourage the development of high school rodeo in the State of Wyoming and its participants.

Statement 6 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	
Glenn Barlow	Chairman \$	0.	\$ 0.	\$ 0.
Gillette, WY 82718	10.00			
Dixie Huxtable	National Direct 30.00	0.	0.	0.
Douglas, WY 82633	30.00			
Troy Scott	Vice Chairman 15.00	0.	0.	0.
Douglas, WY 82633	15.00			
Jennifer Bonham	Secretary 20.00	0.	0.	0.
Laramie, WY 82070	20.00			
Kathy Lucas	Board member 2.00	0.	0.	0.
Jackson, WY 83002	2.00			
Tom Parker	Board member 2.00	0.	0.	0.
Casper, WY 82604	2.00			
Tim McInerney	Board member 2.00	0.	0.	0.
Alzada, MT 59311	2.00			
JD Romsa	Board member 2.00	0.	0.	0.
Laramie, WY 82070	2.00			
Stephan Rennells	Board member 2.00	0.	0.	0.
LaBarge, WY 83123	2.00			

21	1	١Ċ
Z١	八	JO

Federal Statements

Page 3

Client W991

American Legion High School Rodeo of Wyoming, inc

26-4090874

Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
John Thurston	Board member 2.00	\$ 0.	\$ 0.	\$ 0.
Lance Creek, WY 82222	2.00			
Randy George	Board member	0.	0.	0.
Riverton, WY 82501	2.00			
Larry Bentley	Board member	0.	0.	0.
Thermopolis, WY 82443	2.00			
Joann Merritt	Board member	0.	0.	0.
Greeley, CO 80631	2.00			
Jim Whipps	Board member	0.	0.	0.
Basin, WY 82410	2.00			
	Total	<u>\$</u> 0.	\$ 0.	\$ 0.

Statement 7 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No