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Form 990 EZ

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)

OMB No 1545-1150

2008

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

B Check respective containing C Name of organization C Name of O	A F	or the	2008 calendar ye	ear, or tax year beginning	07-01	, 2008, and	ending	06-	30 , 20 09
Solitation Charges Solitation Solitati	В	check if a		_				D Employer in	dentification number
Investment income Provided		ddress c						48-083	33534
Indian return Speech Cays or town, sites or country, and 2(P + 4 Factor Exemption Americal return Cays or town, sites or country, and 2(P + 4 Factor Exemption Americal return Cays or town, sites or country, and 2(P + 4 Factor Exemption American Cays or town, sites or country, and 2(P + 4 Factor Exemption American Cays or town, sites or country, and 2(P + 4 Factor Exemption American Cays or town Cays	D۱	lame cha			delivered to street	address)	Room/suite	E Telephone	number
		nıtıal retu	m type						
Annexide return Annexide re	□	erminatio		ific PO Box 1106				(316)	84-3150
Approaches perfering		vmended	return Instr	uc- City or town, state or country, and ZIP + 4				F Group Exer	nption
a completed Schedule A (Form 990 or 990-EZ). Website: wagonamasters.org		pplication		Wichita, KS 67201-1106				Number •	· · >
Website:		Sec	tion 501(c)(3 <mark>) org</mark>	anizations and 4947(a)(1) nonexempt ch	aritable trust	s must attach	G A	ccounting method	d: X Cash Accrual
Website: ► wagonmasters.org required to attach Schedule B (Form 990, Dreganization yet) cross to not preclosed to not pr			a	completed Schedule A (Form 990 or 990	-EZ).		0	ther (specify)	
Organization type (clock only one) x 501(c) (4 4 ((nest no.) 4947(a)(1) or 527 990-EZ or 990-PF)							н с	heck ▶ χ if th	e organization is not
K Check	1 1	Vebsite	e: 🕨 wagonma	sters.org			re	equired to attach	Schedule B (Form 990,
s 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 ▶ \$1,074 Revenue, Expenses, and Changes in Net Assets or Fund Balances 1	_								
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	K	Check	If the organ	zation is not a section 509(a)(3) supporting	organization a	ı nd ıts gross r	eceipts are r	normally not more	than \$25,000. A return
Revenue Expenses and Changes in Net Assets or Fund Batances 1									
1 Contributions, girts, grants, and similar amounts received 1			es 5b, 6b, and 7b,	o line 9 to determine gross receipts, if \$1,0	00,000 or more	e, file Form 99	0 instead of	Form 990-EZ	\$ 91,074
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Membership dues and assessments 4 Instrument including 5 Gross amount from sale of assets other than inventory 5 Less. cost or other basis and sales expenses 5 Cann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5 Cann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5b) (attach schedule) 5 Cann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5b) (attach schedule) 5 Cann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5b) (attach schedule) 5 Cann or (loss) from sale of assets other than fundraising expenses 6 Spoole events and activities (Subtract line 5b from line 6a) 6 Spoole events on a control or (sold) from line 1) 6 Less. direct expenses other than fundraising expenses 6 Db 6 Less cost of goods sold 7 Carrier or (sold) from special events and activities (Subtract line 6b from line 6a) 7 Carrier or (sold) from special events and activities (Subtract line 7b from line 7a) 7 Carrier or (sold) from special events and activities (Subtract line 7b from line 7a) 7 Carrier or (sold) from special events and activities (Subtract line 7b from line 7a) 7 Carrier or (sold) from special events and activities (Subtract line 7b from line 7a) 7 Carrier or (sold) from special events and activities (Subtract line 7b from line 7a) 7 Carrier or (sold) from special events and activities (subtract line 7b from line 7a) 8 Carrier or (sold) from special events and activities (subtract line 7b from line 7a) 9 Special revenue (describe Statis and special events and speci	Pe	Till I	Revenue, E	xpenses, and Changes in Net A	ssets or F	und Balan	ces (See	the instructions f	or Part I.)
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7a Gross sales of inventory, less returns and allowances 7a	رو ۷۱	6	Special events and a	ctivities (complete applicable parts of Schedule G) If ar	ny amount is from	gaming, ch	eck here 🕨		
7a Gross sales of inventory, less returns and allowances 7a	Z	a	Gross revenue (not including \$ of	contributions			ł	
7a Gross sales of inventory, less returns and allowances 7a	υZ.		reported on line	1)		• • • • <u>6a</u>			
7a Gross sales of inventory, less returns and allowances 7a	٠ <u>٦</u>	5 b							
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10 Grants and similar amounts paid (attach schedule) 10			•						
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15	е	11	Professional fee:	s and other payments to independent contra					
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	NS	13						40	40.005
21 Net assets or fund balances at end of year. Combine lines 18 through 20	t e	20		· · · · · · · · · · · · · · · · · · ·					42,295
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 42,295 27 41,305							, 		
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Form 990-EZ (200)8) Wi	.chita	Wagonmaster	s Inc		48-0	08335	34 Page 2
Partille . Sta	tement of Pr	ogram	Service Acco	mplishments (See the	e instructions for Part III	l.)	T	Expenses
What is the organi	ization's primary e	exempt pi	urpose? Promote	the " good life"	' in Wichita, KS			quired for 501(c)(3)
			-	exempt purposes. In a clea	·		and	(4) organizations
			_	d, or other relevant inform			onti	4947(a)(1) trusts; onal for others.)
				Festival in 1974,				1
				ntertainment for a				
			 					
	Inued suppor	t or t		d other civic cool				
(Grants \$) If this amo	ount includes foreign grant	ts, check here • • • •	· · · · >	28a	0
29								
		····			<u> </u>			
(Grants \$) If this amo	ount includes foreign grant	ts, check here · · · ·	•••• □	29a	
30			•	••				
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31 Other program	n services (attach	schodule					1000	
(Grants \$	i scivices (attacii	Jonedan	•	ount includes foreign grant	to about horo		31a	
			nes 28a through 31				32	
		•		•				0
Part V List	or Officers, Dire	ctors, In	istees, and Key Er	nployees. List each one e		•		
	(a) Name and a	ddress		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit pl		(e) Expense account and
				devoted to position	enter -0)	deferred compens	ation	other allowances
Brian McGuir				Treasurer	STMA01			
PO Box 1106	Wichita KS,	67201	110	3	(<u> </u>	0	0
Devin Hansen				President				
PO Box 1106	Wichita KS,	67201	110	4		y i	0	0
Bobby Thomps	on			Vice President				
PO Box 1106	Wichita KS,	67201	110	2		i k	0	o
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					EEA			Form 990-EZ (2008)

	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes · · · · · · · · · · · · · · · · · · ·	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	3		
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Y
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		10.05	
	Did the organization file Form 1120-POL for this year?	37b		v
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
-	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	S	<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	July 1	Se de la	<u>X</u>
39		100		
	The state of the s		7	N-2
		23		
	Gross receipts, included on line 9, for public use of club facilities			
υа	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	#8 E		100
Þ	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 · · · · · · · · · · · · · · · · · ·	40b		<u> </u>
С	Enter amount of tax imposed on organization managers or disqualified persons during	1	***	
	the year under sections 4912, 4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Enter amount of tax on line 40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	100		
	transaction? If "Yes," complete Form 8886-T	40e		X
11	List the states with which a copy of this return is filed. KS			
2 a	The books are in care of ▶ Brian McGuire Telephone no. ▶ 316-6	84-3	150	
	Located at ▶ 2024 N Woodlawn Suite 402 Wichita, KS ZIP+4 ▶ 67208	-187	9	
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, secunties account, or other financial		Yes	No
	account)?	42b	100	v
	If "Yes," enter the name of the foreign country.	219	30.000	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			4.5
	and Financial Accounts.		19.5	126
_		40-		*
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
12	If "Yes," enter the name of the foreign country:		_	_
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	• • •	• • •	L
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · • • 43			
			Yes	No
	Delthe consenter and the second secon	ه مدارسها		
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			ł
	Form 990-EZ	44		X
14 15	Form 990-EZ · · · · · · · · · · · · · · · · · · ·			X
	Form 990-EZ			X X X

Form **990-EZ** (2008)

6 Did the	and complete the tables for lines 50 and 51. e organization engage in direct or indirect polit	ical campaign activities on	behalf of or in opposi	tion to		Yes	No
	dates for public office? If "Yes," complete School				46		-
	e organization engage in lobbying activities?	•	C Part II		47	-	
	organization operating a school as described i	•			48		
	e organization make any transfers to an exemp		•		49a		
	s," was the related organization(s) a section 52		=		49b	-	
	lete this table for the five highest compensated	-					
•	received more than \$100,000 of compensation						
4(a)	lame 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		xpense unt and owance	
	er of other employees paid over \$100,000 lete this table for the five highest compensated	J	<u> </u>				
(2	a) Name and address of each independent contractor paid	more than \$100,000	(b) Туқ	oe of service (r	c) Comper	sation	
otal numbe	er of other independent contractors each receiv	ving over \$100 000					
Total numbe Sign Here	Under penalties of penury, I declare that have example to Derday Signature of officer Brian McGuire, Treasurer Type or pnnt name and title	amined this return, including accord	panying schedules and sta	ntements, and to the best of my knowled of which preparer has any knowled Date	rledge 199	رځ	
Sign	Under penalties of perjury, I declare that have examined belief, it perfuse correct, and complete Daylor. Signature of officer Brian McGuire, Treasurer	amined this return, including accompany of preparer (other than officer	ppanying schedules and sta) is based on all information)	n of which preparer has any knowled) } }	(See ins	st.)

Federal Supporting Statements Name(s) as shown on return Felin

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
Member meetings, ceremonies	9,753
Social activities for members	44,289
Annual Chili Cook off operating exp	31,672
Total	85,714

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

	Beginning	
Description	of Year	End of Year
Bath tuv boat deposits	455	455
Total	455	455

Form 990EZ, Part I, Line 8 Other Revenues Schedule 2

Description	Amount
Annual Chili Cook off registrations	40,324
Total	40,324