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990

0906 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black tung benefit trust or private foundation)

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treesury > The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2006 calendar year, or tax year beginning **DEC. 31** JUNE 30 20 09 2008, and ending Employer identification number C Name of organization VFW 1657 Check if applicable: 603742 75: Doing Business As VFW POST 1657 Address change Number and street (or P.O. box if mail is not delivered to street address) Telephone number Room/suite Name change P.O. BOX 2684 (806)669-1264 muten lettini City or town, state or country, and ZIP + 4 ☐ Termination PAMPA, TEXAS 79066 **G** Gross receipts \$ 988732.17 Amended return Name and address of principal officer: Application pending DANNY'M, MARTIN 7921 TUMBLEWEED RD. LEFORS TEXAS H(b) Are all affiliates included? Hes No Tex-exernet status: [2] 501(c) (19) ◄ (insert no.) [3] 4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ (1923) / H(c) Group examption number Type of organizations Corporation ☐ Trust ☐ Association ☑ Other ▶ 1926 M State of legal domicile: TX Part I Summary 1 Briefly describe the organization's mission or most significant activities: ... HONOR OUR DEAD BY HELPING THE LIVING Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its assets. 209 Number of voting members of the governing body (Part VI, line 1a). 4 0 Number of independent voting members of the governing body (Part VI, line 1b) 5 8 Total number of employees (Part V, line 2a). . . ð 4 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part Vill, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34. 7b 0 Proper Year Current Year Contributions and grants (Part VIII, line 1h) . 988732.17 Program service revenue (Part VIII, line 2g) . 0 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 988732.17 32517.72 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part DL column (A), line 4) . . . 76974.74 \$ 16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1052.00 1052.00 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24ft Total expenses. Add lines 13-17 (must equal Part IX. column (A), line 25), 861632.13 361022.16 19 Revenue less expenses. Subtract line 18 from line 12 627710.01 End of Year Beginning of Year 339047.40 368861.84 Total essets (Part X. line 16) . 0 1 29814.44 7 21 Total liabilities (Part X. line 26) SCANNED WHERE Net assets or fund balances. Subtract line 339047.40 339047.40 Parti AUSTIN, TEXAS Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge , and can place findication of property jother than officed! " rongang dor'w to nethermoto" "is no beand a E. DANNY M. Martin - Commander Type or print name and title À Ùit Citack # Preparer's identifying number and employed > L Pald Preparer's Ferm's name (or yours EN Use Only if anif-employees, address, and ZIP + 4 iPhone no. ≥ (

May the IRS discuss this return with the preparer shown above? (see instructions)

For Drivery Act and Department Reduction Art Matter see the sens

TYes The

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PADA	-

2	Did the organization undertake any significant progra the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		which were not listed on	☐ Yes ☑ No
3	Did the organization cease conducting, or make sign services?	ificant changes in how it co	onducts, any program	☐ Yes ☑ No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each Section 501(c)(3) and 501(c)(4) organizations and sec allocations to others, the total expenses, and revenue	tion 4947(a)(1) trusts are re-	quired to report the amou	
4a	(Code:) (Expenses \$0 incl			
4b	(Code:) (Expenses \$ 0 incl			
4c	(Code:) (Expenses \$0 inc	luding grants of \$	0) (Revenue \$	0)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$	0) (Revenue		
4e	Total program service expenses ► \$	(Must equal Part IX,	Line 25, column (B).)	

Par	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	(✓
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
148	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	ļ	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e7 if "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		-
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_ - ✓	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	-
22	Did the organization report more than \$5,000 on Part IX, column (A), tine 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was Issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25.	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Pa	t IV Checklist of Required Schedules (continued)			
	,		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
8	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another ontity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	26b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			

organization? If "Yes," complete Schedule R, Part V, line 2.
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			—
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓_
	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)?	48		1
Ь	ff "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 Financial Accounts.			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Ĩ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4968?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on Part VIII, line 12	:		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	[]		1
	saled members of sharifolding	1 1		1
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt Interest received or accrued during the year. 12b	128		1

Part VI Governance, Management, and Disclosure (Sections A, B, and C request Information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
		نــــــ	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			Ì
	circumstances, processes, or changes in Schedule O. See instructions.			
12	Enter the number of voting members of the governing body			}
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware-during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
-	Does the organization have members, stockholders, or other persons who may elect one or more members			
,,	of the governing body?	78		1
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			ł
_	The governing body?	8a		✓
-	• • •	8b		1
D On	Each committee with authority to act on behalf of the governing body?	9a		1
9a			\vdash	
U	# "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9ь		1
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<u> </u>	1
11	to there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at		}	1
6	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	111	<u> </u>	1 4
Sec	tion B. Policies		V	T
40-	Dura the supported to have a continue and the of telegraph will be 4.11. 4.11.	12a	Yes	No.
	Does the organization have a written conflict of interest policy? If "No," go to line 13	128		-
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40%		1
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13	<u> </u>	1
14	Does the organization have a written document retention and destruction policy?	14	ļ	1
15	Did the process for determining compensation of the following persons include a review and approval by	. ,		} :.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a		✓
Þ	Other officers or key employees of the organization?	15b		1
	Describe the process in Schedule O. (see instructions)	1		ľ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		1
	with a taxable entity during the year?	160		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	Ì	1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1		
	the organization's exempt status with respect to such arrangements?	16b		1
Sec	tión C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TEXAS			
18.		a(E)(:	oniy)	
	available for public inspection. Indicate how you make these available. Check all that apply.		-	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: > JOHN CHANEY 905 S. MAIN SKELLYTOWN TX.	rds o	f the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any o	offic	er,	dire	ctor,	trus	tee, or key em	ployee.	
(A)	(8)	l			> }			(D)	(Ē)	(F)
Name and Title	Average hours per	Poert			_	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual inustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DANNY M. MARTIN-MANAGEMENT-SALARY	30	1		1				9750.00		
ROD PORTER -FINANCIAL OFFICER	30			V	1			30469.24		
JOYCE DAUGHTERY-EMPLOYEE	40				1			8635.50		
HECTOR LEAL-EMPLOYEE	12.7				1			2772.00		
ROSA LINDA JACKSON-EMPLOYEE	33.7				1			7407.50		
FLOYD SACKETT-EMPLOYEE	21.6				1			4568.00		
DEBBIE BEEN-EMPLOYEE	29.8				1			6242.00		
TERRY SANCHEZ	29.2				1			5330.50		
JOYCE DAUGHTERY-SALARY 20HRS WEEK					1			1800.00		
***************************************				_			_			
				_	_					
			_		_					

Par	Section A. Officers, Directors, Inc.	istees, key	Eirib	ioy	ees,	an	a migi	nes	Compensated	Employees (CO	nunue	<u>"</u>	
	(A)	(B)	_			C)			(D)	(E)		(F)	
	Name and title	Average hours per week		c Institutional trustee	Officer	al Key employee	Highest compensated employee	oly Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	en Com org an	nount o other pensatili om the anization d relate anization	f on on d
												_	-
		-											
								L					
						L.							
1b	Total	<u> </u>						>	76974.74				
2	Total number of individuals (including thes organization ►	e in 1a) wi	no rec	ceiv	ed (nor	e tha	n \$1	00,000 in repo	ortable compens	ation	from 1	the
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director Schedule J	or tr	uste JCh	e, ind	key ividi	empi uai	oye 	e, or highest o	compensated	3		✓
4	For any individual listed on line 1a, is the state organization and related organizations individual.	greater tha	an \$1	50,0	300	? If '	"Yes,"	' co	mplete Schedu		4	-	√
5	individual	or accrue	com	pen	satı	on	from	anv	unrelated org	anization for	5		√
Se	ction B. Independent Contractors	7.50, 00,							, possos.	'	1 5		<u> </u>
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	lepe	ende	ent (contra	acto	ers that receive	d more than \$1	00,00) of	
	(A) Name and business ad	dress							(B) Description of s	services	Compe) insation	
								+					
_									· · · · · · · · · · · · · · · · · · ·				
								\perp					
								-					
2	Total number of independent contractors compensation from the organization ► ((including	those	e in	1) \	who	recei	ived	more than \$1	00,000 in			
													

Part	VIII	Statement of Re	venue				T	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
है है	sa.	Federated campaigns	1a	0		.cva.us	 	010, 010, 01014
E E		Membership dues	1b	668.70				
9 E	1	•	1c	0				Ì
E Z		Fundraising events .	1d	0			Ī	1
8 E		Related organizations	· · · · - 	0				
5	1	Government grants (contri	Duno.15/.				1	1
풀	1	All other contributions, gifts, o	grants,	o			1	į
草ち	_	and similar amounts not inclu					{	į
Contributions, gifts, grants and other similar amounts		Noncash contributions include Total. Add lines 1a-1f		-	668.70			
	 ''	TOTAL FROM MICO 14-11	· · · · · · · · ·	Business Code	000.70	 	 	-
Š					o		}	}
8	28				ō		 	
9	b	***************************************			0		 	
ž	-			· · · · · · · · · · · · · · · · · · ·	0		 	
<u>ح</u>	9				0			
Pogram Service Revenue	f	All other program servi	ce revenue		0		 	
§.	۵	Total. Add lines 2a-2f			0			
							<u> </u>	
	3	Investment income (incother similar amounts)			0		}	
		Income from investment of			0			
	5	Royalties		u proceeus	0			
	-	110yeattos	(i) Real	(ii) Personal				
		Conna Danta	0	0	Ì			1
	68	Gross Rents	0	0				
	D	Less: rental expenses Rental income or (loss)	0	0				
	d	·	oss)		o			
	ŧ -	•	(i) Securities	(ii) Other				
	/a	Gross amount from sales of assets other than inventory	0	0				
	_	•						
		Less: cost or other basis and sales expenses ,	0.	O.				
	_ ا	Gain or (loss)	0	0		•		
	ď				o			
evenue		Gross income from events (not including \$	fundraising Q					
æ	1	of contributions reported		o			1	
ē] _	See Part IV, line 18						1
Other		Less: direct expenses Net income or (loss) fro		<u> </u>	0		1	ľ
_	Ī	•	_	<u> </u>			 	
	98	Gross income from garr		988732.17)	1
	-	See Part IV, fine 19 Less: direct expenses.						1
		Net income or (loss) from			450525.85			
	Ī		-		100020.00			
	100	Gross sales of inverteums and allowances				•	1	
	h	Less: cost of goods so					1	
		Net income or (loss) from			0		1	
		Miscellaneous Rev		Business Code				
	11a						}	
	Ь					-	1	
	-	••••••						
	4	All other revenue					1	
		Total. Add lines 11a-1			0		1	
		Total Revenue. Add li						
		9c, 10c, and 11e			450525.85			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B). (C), and (D)

	Wil Other or Americanous illust courbane co-		required to confi	Here Columns (b), (C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			1	
•	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in	' I			· · · · · · · · · · · · · · · · · · ·
_	the U.S. See Part IV, line 22	32517.72			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the	1		•	
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0			
6	Compensation not included above, to disqualified	1			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	76974.74			
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroil taxes	18398.63	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
8	Management	0			·····
b	Legal	0)			
e	Accounting	1052.00			
đ		0	·····		
8	Professional fundraising services. See Part IV, line 17				
f	investment management fees	0			
g	Other	0			
12	Advertising and promotion	1994.82	· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	14750.13			
14	Information technology	0	·		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest				
21	Payments to affiliates	0	··		
22	Depreciation, depletion, and amortization.	5960.29			
23	Insurance	0300.29			
24	Other expenses, Itemize expenses not			*	
	covered above. (Expenses grouped together				, 1
	and tabeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	_	· ·		,
_	DDAELT CHARE	163611.29	···		<u>. </u>
3	DONATIONS	45762.54			
0	***************************************				
ي مہ					
u					
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	361022.16			
26	Joint Costs. Check here ► ☐ If following		· · · · · · · · · · · · · · · · · · ·		
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and)	
	fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	139646.84	1	169461.28
ļ	2	Savings and temporary cash investments	39400.56	2	39400.56
1	3	Pladges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part it of Schedule L	0	6	0
4	7	Notes and loans receivable, net	0		0
Assets	8	Inventories for sale or use	0	8	0
2	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost basis 10a 160000.00			
		Less: accumulated depreciation. Complete			
	U	Part VI of Schedule D	160000.00	10c	160000.00
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	339047.40	18	339047.40
i	17	Accounts payable and accrued expenses		17	0
	18	Grants payable		18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond flabilities		20	0
9	21	Escrow account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified parsons. Complete Part II of Schedule L	0	22	.0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable		24	0
	25	Other tiabilities. Complete Part X of Schedule D	36188.32	25	29814.44
	26	Total liabilities. Add lines 17 through 25	36188.32	26	29814.44
Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
4	27	Unrestricted net assets	0		0
	28	Temporarily restricted net assets	0		0
2	29	Permanently restricted net assets	0	29	0
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.	•	-	•
\$	30	Capital stock or trust principal, or current funds	0		0
9	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
٠ <u>٠</u>	32	Retained earnings, endowment, accumulated income, or other funds	0		0
ž	33	Total net assets or fund balances	0	+	0
D.	34 irt XI	Total liabilities and net assets/fund balances	0	34	0
Ý	ILL VI	Financial Statements and Reporting	······································		Yes No
1 2:		counting method used to prepare the Form 990: Cash Cash Accrual re the organization's financial statements compiled or reviewed by an ind		t?`.	
_		re the organization's financial statements audited by an independent acc			26 ✓
_		res to lines 2a or 2b, does the organization have a committee that assumes		sight (
		audit, review, or compilation of its financial statements and selection of an in			2c /
	As a the	a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?	audit or audits as se		
) If "\	Yes, did the organization undergo the required audit or audits?	<u> </u>	<u> </u>	. 3b 🗸

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: ket value
Financial derivatives			
Closely-held equity interests			
Other			
•••••			
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments Program Relate	d See Form 990 Part X	line 13	
(a) Description of investment type	(b) Book value	(c) Method of value	tion:
la) pescription of investment type	(D) BOOK VAIUE	Cost or end-of-year ma	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1	· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
	· ····································		
			
**************************************			···
			·
			<u></u>
Part X Other Liabilities. See Form 990, Part X, col.		<u> ▶ </u>	
1. (a) Description of liability	(b) Amount		
Federal income taxes	18398.63		
UTILITIES	6403.10		
PHONE	2062.90		
REPAIRS AND EQUIPMENT	2949.81		,
		7	
			`
			ı
		_	
		_	
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	29814.44	4	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Га	Ų	more than \$15,000 on F	orm 990-EZ, line 6a. L	ist events with gross r	eceipts greater than \$	5,000.	rept	n ieu	
			(a) Event #1	(b) Event #2	(c) Other Events	(d) To (Add col			
			(event type)	(event type)	(total number)	col.			
une									
Revenue	1	Gross receipts							
&	2	Less: Charitable contributions							
	3	Gross revenue (line 1 minus line 2)							
i	4	Cash prizes							
SOSU	5	Non-cash prizes							
Direct Expenses	6	Rent/facility costs							
Olrec	7	Other direct expenses						<u>. </u>	
	8	Direct expense summary. Ad Net income summary. Comb				(0)
Pé					990. Part IV. line 19.	or repo	nted	mor	Э.
_		than \$15,000 on Form							
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tot col. (a)			
8	1	Gross revenue			988732.17		9	8873	2.17
nses	2	Cash prizes							
Direct Expanses	3	Non-cash prizes							
Direc	4	Rent/facility costs							
	5	Other direct expenses .			538206.32		5	3820	6.32
	8	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No				···
	7	Direct expense summary. Ac	d lines 2 through 5 in c	olumn (d)		(53	8206	.32)
	B	Net gaming income summar	y. Combine lines 1 and	7 in column (d)			4	5052	5.85
								Yes	No
9		ter the state(s) in which the o the organization licensed to o	-	=			9a	1	
b		No,* Explain:							,
									,
10a		ere any of the organization's (Yes," Explain:	-	ŕ	nated during the tax yea		10a		1
44							11	1	
11 12	is	es the organization operate of the organization a grantor, but med to administer charitable	eneficiary or trustee of		•	entity	12	-	1

tule G (Form 990	990-EZ) 2008							Pag
•				1 1			Yes	۲
	_	gaming activity operated		13a	100 %			ı
-	•		· · · · · · · · · · · · · · · · · · ·	13b	0 %	ł		1
An outside fa			· · · · · · · · · · · · · · ·	لتتتنا		ł		1
Provide the nand records:	Provide the name and address of the person who prepares the organization's gaming/special events books and records:							
Name ▶ RO	T. PORTER							
Address ▶ .	.O. BOX 268	4 PAMPA, TEXAS						
Does the org	anization hav		rd party from whom the organia			15a		
		of gaming revenue recei	ved by the organization ► \$					
If "Yes," ente	-							
Name ▶								
Address ▶								-
Gaming man	ger information	on:						
Name ► RO	T. PORTER		•					
Gaming man	ger compens	ation ▶\$3	0469.24					
Description of	services pro	vided MANAGE STO	RE AND KEEP RECORDS					
☐ Director/d	ficer	Employee	☐ Independent contract	or				
Mandatory d	stributions:							
Is the organi	ation required	d under state law to ma	ke charitable distributions from t	he gam	ing proceeds to	1	· .	1
	e gaming lice					17a		1
Enter the am	unt of distribu	utions required under sta	ite law distributed to other exemp	t organ	izations or spent		1	1

Schedule G (Form 990 or 990-EZ) 2008