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Department of the Treasury Internal Revenue Service

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)

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 \$500,000 and total assets
less than \$1,250,000 at the end of the year may be the form.

The organization may have to use a copy of this return to salvest that recording recurrements.

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	he 2009 ca	lendary	year, or tax year beg	ginning	, 2009), and en	ding			
₽_	Check	if applicable		C Name of organization	1			_]	D Emplo	yer ide	ntification number
Ш	Addres	s change	Please use IRS	ENNIS RODEO,	INC.				26-	064	3719
Ц	Name	change	label or print or	}	or P O box, if mail is not delivere	d to street address)	Roo	m/suite	E Telepi		
Ы	Initial r	eturn	type.	P.O. BOX 236	•		l		(4)	161	682-4473
Н	Termin		See Specific	· · · · · · · · · · · · · · · · · · ·	country, and ZIP + 4				(3)	101	002-44/3
H		ou rotuin	Instruc- tions	1	country, and 211 1 4			į.			mption
ш	Applica	ation pending		ENNIS		<u> </u>	IT 59	729	Num		<u> </u>
		• Section : m	501(c)(3 just atta	l) organizations and ach a completed Scl	4947(a)(1) nonexempt cl hedule A (Form 990 or 99	haritable trusts 0-EZ).		G Accounting n Other (specif		<u>x</u>	Cash Accrual
ı	Webs	site: ► <u>N</u>	/A						ittach S		nization is not le B (Form 990,
J	Tax-ex	xempt status	(check or	nly one) — 🗶 501(c)	(3) ◀ (insert no)	4947(a)(1) or	527	990-EZ, or 9	90-PF)		
K	Chec \$25,0	k ► ∐ıf 000 A Forr	the orga n 990-E	anization is not a sec Z or Form 990 retur	ction 509(a)(3) supporting n is not required, but if the	g organization a le organization (ind its g chooses	ross receipts are to file a return, b	normali e sure	y not to file	more than a complete return
L	Add I	ines 5b, 6l ad of Form	o, and 7 990-EZ	b, to line 9 to detern	nine gross receipts; if \$5	00,000 or more,	, file For	m 990		- \$	93,039.
Pa	ırt I	Reve	enue, l	Expenses, and (Changes in Net Ass	ets or Fund	Balane	es (See the i	nstruc	tions	for Part I.)
	1				ar amounts received					1	5,747.
	2	Program	service	revenue including go	overnment fees and contr	acts				2	87,292.
	3	_		s and assessments						3	
	4	Investmer	nt incom	ne						4	
	5a	Gross am	ount fro	om sale of assets oth	ner than inventory		5a				
	b	Less. cos	t or othe	er basis and sales e	xpenses		5Ь				
R	c	Gain or (los:	s) from sa	ale of assets other than in	ventory (Subtract line 5b from I	ine 5a)				5 c	
REVENUE	6	Special ever	nts and ac	tivities (complete applical	ble parts of Schedule G) If any	amount is from gar	ming, chec	ck here			
N	a	Gross rev	enue (n	not including \$	of cor	ntributions			_		
Ę		reported (-		 		6 a				
	Ь	•		enses other than fund	draising expenses		6 b				
2010			-		ctivities (Subtract line 6b from	line 6a)				6 c	
7				ventory, less returns		•	7 a			$\neg \vdash$	
\mathcal{D}	b	Less cos	t of goo	ds sold			7b				
, ⊲	C	Gross pro	ofit or (lo	oss) from sales of in	ventory (Subtract line 7b	from line 7a)				7 c	
	8	Other reven	ue (descri	ıbe ►) [8	
4	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5	c. 6c. 7c. and 8		•			9	93,039.
	10			ar amounts paid (att		ſ		PARIVED		0	
α	11			or for members	acii scricadicy	i	\	RECEIVED	' H	1	
E	12	•		ompensation, and er	mnlovee benefits	1				2	
P	13			•	s to independent contract	iors	013 13	AAR 19-2010	186	13	1,788.
M.	14			, utilities, and mainte			0 "	MAR A D LUIU	1991	4	3,175.
STREET STILL	15	•		tions, postage, and s		1	L) 蜂	5	1,690.
5	16			ribe ► See Other Ex		Ī	\mathcal{C}	GDEN, U	T H	6	86,278.
	17			Add lines 10 through				<u> </u>		7	92,931.
_	18				ract line 17 from line 9)					18	108.
A			•		•		_		<u> </u>	-	100.
N S E E	19	Net asset	s or tun	id balances at begini n prior year's return)	ning of year (from line 27	', column (A)) (i	must ag	ree with end-of-y		<u>_</u>	77 145
N S E E T	20				balances (attach explana	tion)		•	—	20	77,145.
Ś	21		-		f year. Combine lines 18	-		• •		21	77,253.
D.	art II				ets on line 25, column (B)		0 05 000	o filo Form 000			
5	at t 11	_ Data	ince 3		ctions for Part II)) are \$1,200,000	o or mor	T .			
27		ch coupe	e and	(See the instruc nvestments .	cuons ior Part II)			(A) Beginning	198.		(B) End of year
			-	ivestillerits .	• • •	•					22,761.
23		nd and buil ner assets	_	no. Þ		`		122,	597.	24	114,142.
24		tal assets	(uesci iii			_/		137	0.	_	136 903
			e (doco	ribe ► See L-2	6 Ctmt	,			795.	-	136,903.
					olumn (R) must agree w	/ ith line 21)			650. 145		<u>59,650.</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Form 990-EZ (2009) ENNIS RODEO, IN				-064	3719 Page 2					
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ns.)	(D)	Expenses					
What is the organization's primary exempt purpose? PR	F THE PUBLIC	(Regu	ured for section)(3) and (4)							
Describe what was achieved in carrying out the describe the services provided, the number of program title.	cise manner, ach	organ 4947 for ot	ured for section)(3) and (4) uzations and section (a)(1) trusts, optional hers)							
28 PROVIDE RODEO EVENTS FOR	THE BENEFIT OF TH	E PUBLIC								
AND SURROUNDING COMMUNIT	AND SURROUNDING COMMUNITY									
(Grants \$ 0.) If the	nis amount includes foreign gra	ants, check here		28 a	62,254.					
29										
(Grants \$) if the	nis amount includes foreign gra	ants, check here		29 a						
30										
		-,,,								
(Grants \$) If the structure (attach schedule	nis amount includes foreign gra	ants, check here	<u>▶</u>	30 a						
, <u> </u>	nis amount includes foreign gra	ants, check here	▶ □	31 a						
32 Total program service expenses (add li			•	32	62,254.					
Part IV List of Officers, Directors	1 	ployees. List each on	e even if not com	pensa	ted (See the instrs)					
(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 pla deferred compens	ns and	(e) Expense account and other allowances					
RICHARD ARMITAGE										
PO BOX 174	DIRECTOR									
MCALLISTER MT 59740	3.00	0.		0.						
MIKE MCKITRICK	DIRECTION									
PO_BOX_640 ENNIS MT 59729	DIRECTOR 3.00	0.		ο.						
CHAD COFFMAN	3.00			<u> </u>						
PO BOX 1590	DIRECTOR									
ENNIS MT 59729	3.00	0.		0.						
COLLIN RICE										
PO_BOX_288	DIRECTOR									
MCALLISTER MT 59740	3.00	0.		0.						
JESS MCGUNNESS	DIRECTION									
2333 STAGECOACH TRAIL RD MANHATTAN MT 59741	DIRECTOR 3.00	0.		ο.						
MANNATIAN M133741	3.00	· · · · · · · · · · · · · · · · · · ·								
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	1		1		t					

Forn Pa i	1 990-EZ (2009) ENNIS RODEO, INC. 26-064371 TV Other Information (Note the statement requirements in the instrs for Part V.)	9	Р	age 3
			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? If 'Yes,' attach a conformed copy of the changes	34		х
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 why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
1	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37 ь		X
38	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 outstanding at the end of the period covered by this return?	38 a		Х
l	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9 . 39a	1		
	Gross receipts, included on line 9, for public use of club facilities	1		
40	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►			
1	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		x
,	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations 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 List the states with which a copy of this return is filed. ►	40 e		x
	The organization's books are in care of PAT HAMILTON Located at PO BOX 236 Telephone no (406) ENNIS MT ZIP + 4 > 59729 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		Yes	73 No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts 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	42 c		x
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year .	_	► []	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44	-	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	45		X (2000

BAA

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	xtion 4947(a)(1) noi	nexempt charitab	charitable trusts only le trusts must answer o	. All se questio	ction ns	
46 Did th	ne organization engage in direct or indirec	t political campaign activ	rities on behalf of or i	n opposition to candidates		Yes	No
for pu	ublic office? If 'Yes,' complete Schedule C	Part I		., ., .,	46		<u>x</u>
	ne organization engage in lobbying activiti	•	· ·		47	\vdash	X
	organization a school as described in sec		· ·	dule E	48		<u>x</u>
	ne organization make any transfers to an e	•	elated organization?		49 a		X
b If 'Ye	s,' was the related organization a section	527 organization?			49 b	<u>. </u>	<u> </u>
50 Comp emplo	plete this table for the organization's five hoyees) who each received more than \$100	,000 of compensation fr	om 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 and deferred compensation	accou	opense ont and lowances	5
NONE _							
51 Comp	number of other employees paid over \$10 plete this table for the organization's five hoensation from the organization. If there is	iighest compensated ind	ependent contractors	who each received more tha	an \$100,(000 of	
NONE	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
MONE _							
d Total	number of other independent contractors	each receiving over \$10	0,000	<u> </u>			
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (**Signature of officer** **Entricip A Harity Parer (Type or print name and title**	nined this return, including according to the return officer) is based on a small of the return of t	mpanying schedules and sta ill information of which prep	tements, and to the best of my knowledge X 3 - /5 - /0	_	elief, it i	s
Paid	Preparer's signature), (1)	Date 03/02/1	Check if See Self-employed	arer's Ident	ifying Nu	ımber
Pre-	Firm's name (or Neil and Compan	Y, CPA'S PC	103/02/1	- cmproyed - j jj/-/		<u></u>	
parer's Use	yours if self- employed). > 1184 N 15th Ste			EIN ►			
Only	address, and ZIP + 4 Bozeman		MT 59715	-3266 Phone no ► (406)	587-	923	9
	S discuss this return with the preparer she	own above? See instruct			X Ye		No
BAA				<u></u>	Form 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

_	_	RODEO			and the second s					26-06				
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions													
The o	<u></u>		•		se it is: (For lines 1 throug	,	•		•					
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		•	•	,	organization described in		` '		•					
4	Ш	A medica	l research	n organization operated	d in conjunction with a hos	spital de	scribed	ın secti	on 170(l	b)(1)(A)(i	iii) Ente	r the hospi	tal's	
5	П	An organ	y, and sta ization op	erated for the benefit of	of a college or university of	owned or	operate	ed by a	governn	nental ur	nit descri	ibed in sec	tion	
6	170(b)(1)(A)(iv). (Complete Part II)													
7	Ä	An organ	ization tha		substantial part of its sup					r from th	ne gener	al public de	escribe	ed
8	Ц	A commu	inity trust	described in section 1	70(b)(1)(A)(vi). (Complete	Part II)							
9	_	from action	vities relat nt income	ted to its exempt funct	more than 33-1/3 % of lons — subject to certain of staxable income (less so complete Part III)	exceptió	ns. and	(2) no n	nore tha	n 33-1/3	% of its	support fr	om ar	oss
10		An organ	ization org	ganized and operated	exclusively to test for pub	lic safety	/ See s	ection 5	09(a)(4)).				
11		more put describes	olicly supp the type	orted organizations d of supporting organiz	exclusively for the benefit escribed in section 509(a) ation and complete lines	(1) or se 11e thro	ection 50 ugh 11h	09(a)(2)	See se	or carry ection 50	out the 09(a)(3).	purposes o Check the	f one of box th	or nat
	_	a Typ		b Type II	c 📙 Type III		-	-			d 📋	Type III—		
е	L	By check than four 509(a)(2)	idation ma	ox, I certify that the organizers and other than	ganization is not controlled to one or more publicly sup	d directly oported of	y or ındı organıza	rectly by tions de	one or scribed	more di in sectio	squalifie on 509(a	d persons)(1) or sec	other tion	
f			anızatıon	received a written dete	ermination from the IRS th	nat is a ⁻	Гуре І, Т	ype II o	r Type I	II suppo	rting org	anızatıon,		
g		Since Au	gust 17, 2	2006, has the organiza	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?			,
													Yes	No
					controls, either alone or to apported organization?	ogether v	vith pers	sons des	scribed i	n (II) an	d (III)	11 g (i)		
		(ii) a fa	amily men	nber of a person desc	ribed in (i) above?							11g (ii)		
		(iii) a 3	5% contro	olled entity of a person	described in (i) or (ii) abo	ove?						11g (iii)		
h		Provide t	he followi	ng information about t	ne supported organization	ıs								
	(0)) Name of Si Organiza		(u) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col i in your rning nent?	the organ	ou notify ization in (i) of upport?	(vi) I organizati (i) organiz U S	on in cal	(vii) Amou	nt of Sup	port
	Yes No Yes No					Yes	No							
			-											
				<u> </u>										
						ļ								
-														
						ļ				<u> </u>				
												-		
Total														

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

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009		DEO, INC.			26-0643719	
Par	t II Support Schedule for	•		•	b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
Sec	(Complete only if you checke tion A. Public Support	d the box on line	5, 7, or 8 of Part	1)			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				1		
12	Gross receipts from related activ	ities, etc. (see ins	structions)		-	12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	' ▶□
Sec	tion C. Computation of Pu	blic Support I	Percentage				
	Public support percentage for 20	•	``	e 11, column (f)		14	<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	1/3 % or more, che	ck this box ►
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	not check a box of blicly supported or	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, che	eck this box
17 a	10%-facts-and-circumstances to or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	ınd-cırcumstances	test, check this t	oox and stop here	. Explain in Part IV	/ how
ł	o 10%-facts-and-circumstances to or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a	ınď-cırcumstances	' test, check this t	oox and stop here	. Explain in Part IV	

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

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 (e) 2009 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 53,482. 5,747. 59,229. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 85,222 87,292 172,514. purpose Gross receipts from activities that are not an unrelated trade or business 0 under section 513 16,000. 16,000. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 154,704. 93,039. 247,743. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 247,743. Section B. Total Support (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (f) Total 154,704 93,039 247,743. 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 247,743. 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 100% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 100% Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 - 2008. 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) 2009	ENNIS	RODEO,	INC.				26-0643719	Page 4
Part IV	Suppleme	ntal Informa	tion. Con	plete this	s part	to provide	e the e	xplanations red	uired by Part II	, line 10;
	Part II, line	17a or 17b	; and Par	t III, line	12. Pr	ovide any	other	xplanations red additional infor	mation. See in	structions.
					-					
										- -
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-										
		-								

Form 990-EZ Part II

Other Assets and Liabilities

2009

Name as Shown on Return SINNIS RODEO, INC.		er Identification No 543719
Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
NOTE PAYABLE	60,650.	59,650.
Totals to Form 990-EZ, Part II, line 26	60,650.	59,650.

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Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
Depreciation	8,455.
STOCK EXPENSES	20,397.
PRIZE MONEY	32,426.
JUDGES/ANNOUNCERS	3,693.
BEVERAGE PURCHASES	4,003.
ARENA SUPPLIES	1,485.
ADVERTISING	1,997.
MEETING EXPENSE	213.
DUES & SUBSCRIPTIONS	205.
INSURANCE	975.
INTEREST EXPENSE	4,530.
NRA FEES	5,678.
TRAVEL	243.
DONATIONS	1,978.
Total	86,278.