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# SCANNED JUL 21

Form **990-EZ** 

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 use this form

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

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

OMB No 1545-1150

Open to Public Inspection

Α	For t	he 2009 ca	<u>alendar</u>	year,	or tax	year b	eginnir	1g			, 200	9, and	endi	ing				,		
В	Check	if applicable		C Na	ame of	organizat	ion									D E	mple	yer id	entification n	umber
Н		s change	Please use IRS				S INC									3	0-	052	27073	
		change	label or print or	No	umber a	and street	(or PO	box, if mail	is not delive	red to str	eet address)	) F	loom/s	suite		E Te	elep	hone n	umber	
A	Initial i		type See	111	w c	COLLE	GE AV	/E								-   - (	57	75)	388-24	88
H		led return	Specific Instruc-	Cı	ity or to	wn, state	or country	y, and ZIP +	4									- F.		
		ation pending	tions	SIL	VER	CITY	•				]	NM 8	806	61				ıp ⊏x ber	emption	<b>•</b>
		• Section :	501(c)(3 nust atta	3) orga	nizati	ions an	d 49470	(a)(1) non A (Form	exempt of 990 or 9	charita 190-EZ)	ble trusts		<del></del>	Ac		ng meth		х	Cash	Accrual
	Web		I/A										Н	rec	eck ► quired	to attac	h S	e org	anızatıon ı lule B (For	s <b>not</b> m 990,
J	Tax-e	xempt status	s (check o	only one	) — [	<b>X</b> 501(	c) (	<b>3</b> ) ◀ (ins	sert no )	494	7(a)(1) or	527		99	0-EZ, d	or 990-F	'F)			
K	Chec \$25,0	k ►if 000 A For	the org m 990-E	anızat EZ or F	ion is Form	not a s 990 ret	section urn is r	509(a)(3) ot requir	support ed, but if	ing org	anızatıon ganızatıo	and it n choo	s gro	oss r to file	eceipts e a reti	are no urn, be	rm sur	ally <b>r</b> e to	i <b>ot</b> more the file a comp	nan olete return.
	ınste	lines 5b, 6 ad of Forn	n 990-E.	Z													ı	<b>\$</b>		68,397.
Pa	rt I									sets c	r Fund	Bala	nce	<b>s</b> (S	ee th	e instr	uc	<u>tion</u>	s for Par	
	1	Contribut																1		5,778.
	2	Program						ment fee	s and co	ntracts							$\vdash$	2		62,614.
	3	Members	•		asses	ssment	S										-	3		
	4	Investme										۱ -	ı				-	4		5.
	l	Gross an							tory			5 a					-			
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	l	Net income	•					• .		n lina 6a	`	0.0	<u>'I                                     </u>				-	6 c		
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	11	Benefits					attacii s	criedule)			REU						-	1		
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N S	14	Occupan								Leal	100			- [	<u> </u>		-	4		32,133.
Ě	15	Printing,	publicat	tions,	posta	ge, and	d shippi	ng		-	000	5-01	1.4		=		1	5		2,210.
•	16	Other expen	ises (desc	cribe 🟲	See	Other E	Expense	es Staten	nent		OGD	EIV,	<u> </u>	1	i	_)	1	6		11,002.
	17	Total exp	enses.	Add Iı	nes 1	0 throu	igh 16									-	1	7		59,687.
	18	Excess o	r (defici	it) for I	the ye	ear (Su	btract li	ne 17 fro	m line 9)	)							1	8		8,710.
A S S E T	19	Net asset						of year (f	rom line	27, col	umn (A))	(must	agre	ee wi	th end	-of-year	1	 9		
	20	Other cha	anges ir	net a	assets	or fun	d balan	ces (atta	ch explar	nation)							2	0		
S	21	Net asset	-													<b>•</b>	2	1		8,710.
Pa	ırt II	Bala	nce S	heets	s. If T	otal as	sets on	line 25,	column (	B) are	\$1,250,0	00 or n	nore	, file	Form 9	990 inst	eac	d of F	orm 990-E	Z
				(5	See th	he instr	uctions	for Part	11)					(A) E	Beginni	ing of ye	$\overline{}$		<b>(B)</b> End	
22		sh, saving:		nvestn	nents								L				$\overline{}$	22		11,558.
23		nd and bui															$\overline{}$	23		0.
24		ner assets	(describ	эе ►	See	L-2	4 Stm	ıt		_)			<u> </u>			0		24		500.
25		al assets			_	_							$\vdash$					25		12,058.
26		tal liabilitie								)	07\		$\vdash$			0	_	26	<del> </del>	3,348.
27		assets or									-	otio = -						27	Form 90	8,710. 0-EZ (2009)
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (20							-052	27073 Page 2
Part III Sta	atement of	Program Sei	rvice Ad	complishments	(See the instruction	ons.)	l	Expenses
					MPROVERISHED FA		(Reg 5010	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Describe what wa	as achieved i	n carrying out th	e organiz	ation's exempt purp	ooses. In a clear and co relevant information for	ncise manner,	orgai	nizations and section
program title	vices provided	a, the number of	persons	benefited, or other	relevant information for	eacn	14947	(a)(1) trusts, optional thers)
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					E BEEN DONATED BY		ļ.,	
	EEDS MITT B				NT HUNGER IN GROUNT	TY COUNTY, NM.		
(Grants \$		0.) If th	is amoun	t includes foreign gi	rants, check here	<u> </u>	28 a	59,687.
29	- <b></b> -			. <b>.</b>				
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(Grants \$		) If th	ıs amoun	t includes foreign gi	rants, check here		29 a	
30				<u> </u>				
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(Grants \$				t includes foreign gi	rants shock hara	<del></del>	30 a	
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(Grants \$	iaili services	•	•	t includes foreign a	ranta chack hara	▶ □	31 a	
				t includes foreign gi	iants, check fiere		32	E0 607
		expenses (add li			mlavaaa tiitii ti		<u> </u>	59,687.
Part IV   Lis	st of Office	rs, Directors,			ployees. List each or			
(a) N	lame and add	lroce	(b) Title	and average hours week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla	t0 ne and	(e) Expense account and other allowances
(a) IV	iaine and add	11622	per	to position	not paid, enter -0)	deferred compens		and other anowances
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111 W COLL			BOYBD	MEMBER				
				MEMBER	6 700			
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ROBERT PIT		<del></del>						
111 M COLL	EGE_AVE_	<b></b>	BOARD	MEMBER				
SILVER CIT	Y	NM 88061	1.00		0.		0.	
ANDRE JOUR	DAN							
111 W COLL	EGE AVE		BOARD	MEMBER				
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CAROLYN SM								
111 W COLL			ממגסם	MEMBER				
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ALICIA EDW.								
111 M COLT			BOARD	MEMBER				
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JEFF GOIN					İ			i
111 W COLL	EGE AVE		BOARD	MEMBER				
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TEEA0812 01/30/10

Forn	1 990-EZ (2009) SINGLE SOCKS INC. 30-052707	3	F	age :
Pa	Other Information (Note the statement requirements in the instrs for Part V.)	_	Yes	No
			162	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		х
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.			
i	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?	35 a		х
I	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<del> </del>	
	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
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.  Do Did the organization file Form 1120-POL for this year?	37b		X
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
1	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities	-		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911. ► section 4915. ► section 4915.	1		
	section 4911 ►, section 4912 ►, section 4955 ►			
	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 b		х
•	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
	Telephone no (575)  Located at 111 W COLLEGE AVE  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		- 248  Yes	88 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.  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country	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		<u> </u>	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44	-	х
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	<u>l</u> .	х

Page 4

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitable	charitable trusts only. e trusts must answer qu	All se uestio	ction ns	
46 Did th	he organization engage in direct or indire	ct political campaign as	ctivities on behalf of or	in opposition to candidates		Yes	No
for pu	ublic office? If 'Yes,' complete Schedule (	C, Part I		ar opposition to canalactes	46		Х
	he organization engage in lobbying activit	•			47		X
	e organization a school as described in se		•	edule E	48		<u>x</u>
	he organization make any transfers to an	•	related organization?		49a		<u>x</u>
	es,' was the related organization a section	_			496	!	
50 Complemple	plete this table for the organization's five oyees) who each received more than \$10	0,000 of compensation	from the organization	If there is none, enter 'None	e '		
(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		pense nt and owances	s
NONE _							
f Total	number of other employees paid over \$1	00,000	·				
NONE	(a) Name and address of each independent control			(b) Type of service	(c) Comp	ensatio	<u>n</u>
NONE .							
						_	
<b>d</b> Total	number of other independent contractors	s each receiving over \$	100,000				
	Under penalties of perjury, I declare that I have examinue, correct, and complete. Declaration of preparer (	nined this return, including according than officer) is based on	ompanying schedules and state all information of which prepar	ments, and to the best of my knowled er has any knowledge	ge and be	elief, it is	5
Sign Here	Signature of officer			$\frac{1}{2}$ $\frac{3}{3}$	10	)	
	Teffrey R. ( Type or print name and title	501J, 10	lasurs-				
Paid Pre-	Preparer's Mili Ut	. ,	Date 05/17/10	I Self.	er's Identi structions	fying Nu	mber
parer's	Firm's name (or MORONES & KNUTT	INEN, LLC					
Use	yours if self employed),	FREET		EIN ►			
Only	address, and ZIP + 4 SILVER CITY		NM 88061	Phone no ► (575)	538-		
May the IR	RS discuss this return with the preparer sh	nown above? See instru	uctions	<b>►</b>	X Yes		No (2009)

#### 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.

on or a section 4947(a)(1)

Open to Public

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.

Inspection
Employer identification number

	LE SOCKS INC.	hills Observe Charle	- / A II 1			1 11.			27073		
Part	·		is (All organizations	_				) See i	nstruct	ions	
			use it is (For lines 1 thro	-		-					
1			sociation of churches des		n section	n 170(b)	<b>(1)(A)(i</b> )	).			
2	_		A)(ii). (Attach Schedule	-							
3	A hospital or coop	erative hospital servic	e organization described	l in <mark>sect</mark> i	ion 170(	<mark>ь</mark> χ1χΑχ	(iii).				
4	A medical research	n organization operate	ed in conjunction with a l	nospital	describe	d in <b>sec</b>	tion 17	′0(b)(1)(	<b>A)(iii)</b> Er	nter the hospi	tal's
	name, city, and sta										
5	An organization op 170(b)(1)(0)	erated for the benefit Complete Part II )	of a college or universit	y owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in sec	tion
6	A federal, state, or	local government or	governmental unit descr	ibed in s	section 1	170(b)(1)	(A)(v).				
7	二 in section 170(b)(1	(Complete F				vernme	ntal uni	it or fron	n the ger	neral public d	escribed
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II )						
9	investment income	ted to its exempt fund	(1) more than 33-1/3 % of stions — subject to certai less taxable income (less complete Part III)	n except	tions, ar	ıd (2) no	more i	than 33-	1/3 % of	its support fr	om gross
10	An organization or	ganized and operated	exclusively to test for p	ublic saf	ety See	section	1 509(a)	(4).			
11	more publicly supp describes the type	orted organizations (	l exclusively for the bene described in section 509( zation and complete line	(a)(1) or	section	509(a)(2)	ctions ( 2) See	of, or ca <b>section</b>	rry out th <b>509(a)(3</b>	ne purposes on. Check the	of one or box that
	<b>a</b>	<b>b</b> Type II	c 🔙 Type II	II — Fund	ctionally	ıntegraf	ted		d 🗌	Type III- O	ther
e	By checking this be than foundation ma 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control in one or more publicly s	lled dired supported	ctly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	ified persons (a)(1) or sect	other
f	If the organization check this box	received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organization,	
g	Since August 17, 2	006, has the organiza	ation accepted any gift of	r contrib	oution fro	om anv	of the f	ollowina	persons	,7	
	_	_	, , ,			•		- ·-· ··· <b>3</b>			es No
	(i) a person who	directly or indirectly	controls, either alone or	together	with pe	rsons d	escribe	d in (ii) a	and (III)		
	-		upported organization?	-					, ,	11 g (i)	
	(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)	
			n described in (i) or (ii) a							11 g (ui)	
h	Provide the following	ng information about	the supported organization	ons							
	(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	(v) Did y the organ col ( your su	ızatıon in (ı) of	(vi) l organizat (i) organi U S	zed in the	(vii) Amount of	Support
	·			Yes	No	Yes	No	Yes	No		
				1					1		
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Total											
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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

Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t   )				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(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)							
	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	<del> </del>	T	····	7	1		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	)9	(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							
12	Gross receipts from related activ	rities, etc (see in	structions)			*****	12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section	501(c)	(3) ▶ □
	tion C. Computation of Pu							
	Public support percentage for 20 Public support percentage from 3			ne 11, column (f)			14 15	<u> </u>
	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did	I not check the bo	ox on line 13, and	d the line 14 is 33	1-1/3 % or m		
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or n	nore, c	heck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r <b>e.</b> Explain i	n Part	IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies as	box and <b>stop he</b> s a publicly suppo	r <b>e.</b> Explain i orted organiz	n Part zation	IV how the ▶
<u>18</u> ΒΔΔ	Private foundation. If the organic	zation did not che	ck a box on line,	13, 16a, 16b, 17a		_		structions.

## 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)

Sec	tion A. Public Support				·			
	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')					5.7	78.	5,778.
	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					62,6		62,614.
3	Gross receipts from activities that are not an unrelated trade or business under section 513					02,0	14.	02,014.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons					68,3	92.	68,392.
t	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 year							
c	Add lines 7a and 7b							
8	Public support (Subtract line				^			
	7c from line 6)							68,392.
Sec	tion B. Total Support	,						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 200	9	(f) Total
	Amounts from line 6					68,3	92.	68,392.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources					1		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b  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)							68,392.
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section !	501(c)(	3) <b>► x</b>
	tion C. Computation of Pu				-			
15	Public support percentage for 20	009 (line 8, colum	n (f) divided by lir	ne 13, column (f)	)		15	%_
	Public support percentage from						16	
<u>Sec</u>	tion D. Computation of Inv	estment Inco	me Percentage	e				
	Investment income percentage f			-	ımn (f))		17	%_
	Investment income percentage f						18	%
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this be	ox and stop here	. The organization	n qualifies as a p	ublicly supported	organization		▶□
	33-1/3 support tests – 2008. If the state of	this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies	as a publicly supp	orted organi	ızatıon	, and line 18
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	d see instruc	tions	<b>&gt;</b>

Part IV	<b>Suppl</b>   Part	ement Lune	t <b>al Info</b> 17a or	ormati 17b:	<b>on.</b> Co and P	omple art III.	te this . line	s part 12 P	to pro	ovide : anv d	the ex other a	(planat additioi	ions re	equired	d by Pa on, Se	art II, Iir e instru	ne 10; ctions.	
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Schedule A (Form 990 or 990-EZ) 2009 SINGLE SOCKS INC.

30-0527073

Page 4

# Form 990-EZ

### Other Assets and Liabilities

2009

Name as Shown on Return SINGLE SOCKS INC.		Employer Identification No 30 - 0527073
Line 24 - Other Assets:	Beginning of Year	End of Year
UTILITY DEPOSITS		500.
Totals to Form 990-EZ, Part II, line 24		500.
	Paginning	End of

Totals to Form 990-E2, Part II, line 24		500.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
SALES TAX PAYABLE		3,348.
Totals to Form 990-EZ, Part II, line 26		3,348.

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 16 Other Expenses Statement	
Other expenses (describe)	
ADVERTISING	2,332.
CHARITY	7,315.
MERCHANT FEES	300.
LICENSES	1,055.
Total	11,002.