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Form **990-EZ**

Department of the Treasury

Statute clear

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, organizations that operate one or more hospital facilities,

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public Inspection

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements							
		2009	To 1 2009	7	0.0		
			ar year, or tax year beginning Jan Jan 2011, and ending		٠٠٠ .	J , 20 09	_
В	Check If ap		C Name of organization		<i>-</i>	tification number	
닏	Address o	-	trients of Hobbs State Park - Conservation Ara, Inc			687756	_
H	Name cha Initial retu	•	Number and street (or P O box, if mail is not delivered to street address)	E Telep	hone num	ber	
Ħ	Terminate		City or town, state or country, and ZIP + 4				_
	Amended	ap Exemp	otion				
	Applicatio	on pending	Rosers AR 12757-0709	Nun	nber 🕨		
G	Account	ting Method	Cash ☐ Accrual Other (specify) ►	H Check I	► 🞾 if ti	ne organization is no	ot
-	Websit		www. friends of hobbs. com			n Schedule B	
<u>J 1</u>	ax-exen	npt status (che	ck only one) — 🔀 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 🔲 527	(Form 9	90, 990-E	Z, or 990-PF)	
	Check 🕨		e organization is not a section 509(a)(3) supporting organization or a section 527 organization				
			0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) i	may be rec	juired (se	e instructions). But i	if
	_		ses to file a return, be sure to file a complete return				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets (Part II,			
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		_
F	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the				
_			the organization used Schedule O to respond to any question in this Par	<u>tl</u>	· · ·	<u></u>	3
	1		ns, gifts, grants, and similar amounts received		1	1,000,00	<u> </u>
	2	-	ervice revenue including government fees and contracts		2		
	3		ip dues and assessments	/ED.	3	17,055.68	<u>,</u>
	4	Investment			4	787.06	2
,	🧐		unt from sale of assets other than inventory . 5a. JN 04	7()]4	ł		
•	88	Less cost	or other basis and sales expenses	ALL ALL			
	BANNE	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line SBRAN OGDE	۸۲۱. ۱	5c		_
,		_	a fariaraioning overtion	4			
. 0		\$15,000) .	ome from gaming (attach Schedule G if greater than				
Revenue		•	[<u>-u</u>				
ě Č	냳		me from fundraising events (not including \$of contributions aising events reported on line 1) (attach Schedule G if the	ons			
Œ			1	:			
9	18		t expenses from gaming and fundraising events 6c				
•	2		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	uhtract			
•	2014	line 6c)	of (1000) from gaming and fundraising events (add lines of and ob and s	Subtract			
	7a	•	s of inventory, less returns and allowances		6d		_
)	b		of goods sold				
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
~	8		nue (describe in Schedule O)		8		_
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.	9	18.812.24	7
	10		similar amounts paid (list in Schedule O)		10	18 832 91	5
	11		aid to or for members	.	11	101.000	_
Ş	12	•	ther compensation, and employee benefits		12	·	_
Expenses	13	Professiona	al fees and other payments to independent contractors	တ္တု	13	10,800,00	<u> </u>
	14		/, rent, utilities, and maintenance	이	14	1070	_
	15	Printing, publications, postage, and shipping					_
	16		inses (describe in Schedule O)	-	15 16	4.020.2	Z
	17	Total expe	enses. Add lines 10 through 16	▶	17	33.1053,18	?
Ś	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,840,44	ZY
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with			
As			r figure reported on prior year's return)		19	59, 710,09	4
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20		_
z	21	Net assets	or fund balances at end of year Combine lines 18 through 20	. <u>.</u> >	21	44,869.60	I
Fo	r Papen		ion Act Notice, see the separate instructions. Cat No 106421			orm 990-EZ (201	111

Pa	t II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u>	🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			59,710.04	22	44,869.6
23	Land and buildings		· · · · · /		23	
24 25	Other assets (describe in Schedule O)		[(0.0.0.1	24 25	11.1 010 60
26	Total liabilities (describe in Schedule O)			39, 110,04	26	44,887.00
27	Net assets or fund balances (line 27 of column	(B) must agree with	h line 21)	59.710.04	27	114 869 60
Par			 _			5
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III .	(Rec	Expenses juired for section
What	is the organization's primary exempt purpose?	Support pre	params of Ho	lls State Park	501(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplineasured by expenses. In a clear and concise m	nanner, describe the			494	nizations and section (a)(1) trusts, optional thers)
perso 28	ons benefited, and other relevant information for ea	ach program title.	1			Υ
20	I has El de Park the	Kare of	inater Salas	1.		
		Kansas, Bu	OSTAMS	r.Kp.y		
		includes foreign gra	ants, check here .	▶ 🗇	28a	18,112.94
29	Funded permanent ex			Center		
		/ / /	& alult visis	lors		
						8000.00
	(Grants \$) If this amount	includes foreign gra		<u>, ▶ □</u>	29a	8000 100
30		ands for na	U 115Nor COM	4er		
	baucational Denetted to	er x 151 tois				
	(Grants \$) If this amount	includes foreign gra	ants, check here	▶ □	30a	2800,00
31	Other program services (describe in Schedule O)					9.0-
	· ·	includes foreign gra	ants, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a				32	38,912.96
Par	· · · · · · · · · · · · · · · · · · ·				nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to a	ny question in this (c) Reportable			· · · · <u> </u>
	(a) Name and address	(b) Title and average hours per week	compensation	(d) Health benefits, contributions to employe		
	(a) Name and address	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	 benefit plans, and deferred compensation 		ther compensation
	Toku Sampier	President			╁	
	1207 Rolling Baks, Rosers AR	25 hrs/wL	0	0		-0
	Dong Schrantz	Vice Pres.				
	211 W. 3rd Rusers AR	the luk	0	0		<u> </u>
	Janet Herryus	Secretery	-			
	3225 Ind Rugers AR	1 W/WK	0	0	4-	
	Jerry Hualow	Treasurer	*			-
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33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the anneaded documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?) 35b II "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 35b Use the organization acceptance of the organization and explanation on Schedule O. 35c Uses the organization acceptance of the year? If "Yes," complete Schedule C, Part III. 35c Did the organization and organization acceptance of the year? If "Yes," complete Schedule C, Part III. 35c Did the organization organization acceptance of the year? If "Yes," complete Schedule C, Part III. 35d Did the organization organization acceptance or interest or indirect, as described in the instructions ▶ 37a III. 35d Did the organization berom from, or make any lonas to, any officer, director, trustee, or key employee or were any such lonas made in a prory year and still outstanding at the end of the tax year covered by this return? 35d Did the organization borrow from, or make any lonas to, any officer, director, trustee, or key employee or were any such lonas made in a prory year and still outstanding at the end of the tax year covered by this return? 35d Did the organization borrow from, or make any lonas to, any officer, director, trustee, or key employee or were any such lonas made in a prory year the total facilities. 35d Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under the section 4912 per proposed to the organization on any office	Part	· · · · · · · · · · · · · · · · · · ·			
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detailed description of each activity in Schedule O Were any significant of hanges made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to live 138, has the organization fled a Form 990-17 for the year? If "Yes," corporating, and proxy tax requirements during the year of "Yes," complete Schedule C, Part III . Solid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III . Solid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III . Solid the organization beform 1120-PDL for the year? Did the organization beform 1120-PDL for the year? Did the organization beform 1120-PDL for the year? Did the organization borrow from, or make any losens 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 tax year covered by this return? Bif "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(1) organizations Enter amount of tax imposed on the organization during the year under: section 4911 P : section 4912 P : section 4955 P : Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under: section 4911 P : section 4956 excess benefit transaction during the year, or did it engage in any excellent 4956 excess benefit transaction during the year or did it engage is any excellent 4956 excess	22	Did the exemination engage in any complicant activity not previously upported to the IDC2 If "Ves." evenues a		Yes	No
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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. 278 289 280 291 292 293 294 295 296 296 297 297 298 298 298 298 298 298		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			V
The ramount of political expenditures, direct or indirect, as described in the instructions ▶ 37a b) Did the organization file Form 1120-POL for this year? 38a 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 tax year covered by this return? 38b If "Yes," complete Schedule L. Part II and enter the total amount involved 38b Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9 39a Gross receipts included on line 9 39a Gross receipts included on line 9 39a Gross received on any of the sample state 19a April 19a Gross receipts and 19a Gross receipts line 19a Gross receipts line 19a Gross receipts line 19	36				V
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a Initiation fees and capital contributions included on line 9. 39a Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9, for public use of club facilities. 39b Gross receipts, included on line 9. 39c 39c 39b Gross receipts, included on line 9. 39c 39c 39c 39c 39c 39c 39c 3		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
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Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► section 4912 ► section 4915 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b C 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. d 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. 40e 41 List the states with which a copy of this return is filed. ► Alican 54 42a The organization's books are in care of ► Telephone no Located at ► ZIP + 4 ► 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, securities account, or other financial account)? If "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. c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c if "Yes," enter the name of the foreign country. ► 43 Section 4947(a)(1) nonexempt interest received or accrued during the tax year		This are the capital control of the capital control of the capital cap	-		
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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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?	b			Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?			42b		V
If "Yes," enter the name of the foreign country. ► 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 . ► 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	` .		
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 . ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	С	· · · · · · · · · · · · · · · · · · ·	42c		
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year • 43		Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		44a		V
c Did the organization receive any payments for indoor tanning services during the year?	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			-
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 	_	Did the organization receive any payments for indoor tanning services during the year?	44c		V
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a				V
Form 990-EZ (see instructions)	45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	***	ı	N

Form 99	0-EZ (2011)						Page 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes,"		_	n behalf of or			s No
Part \		and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexempt kempt charitable tr	charitable t rusts must ar	rusts only. A		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part	activities or have a			uring the tax	47 Ye	s No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organization five highest compen	i)? If "Yes," complete ritable related organ on? sated employees (of	ization? ther than office		48 49a 49b trustees	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health b contributions to benefit plans, a compens	o employee (e) E nd deferred ot	Estimated ar her compen	
	None						-
							
							
		Non.	e				
f 51	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the organization	s five highest compe	ensated independent one, enter "None."	t contractors	who each rec	eived mo	re than
(a)	Name and address of each independent contractor pa	ed more than \$100,000	(b) Type of se	rvice	(c) Com	pensation	
						<u> </u>	
					1/.		
d	Total number of other independent contra	actors each receiving	over \$100,000 .	. •	100	<u> </u>	·
52	Did the organization complete Schedule A nonexempt charitable trusts must attach	A? Note: All section 5	01(c)(3) organization	s and 4947(a)	` ' -] Yes [] No
	enalties of perjury, I declare that I have examined this irrect, and complete Declaration of preparer (other than					dge and be	ief, it is
Sign Here	Signature of officer Tom McClue Type or print name and title	re Pres.	'dent	Date		,	
Paid Prep	Print/Type preparer's name	Preparer's signature	[Date	Check if self-employed	PTIN	
Use (Only Firm's name				s EIN ▶		
May th	Firm's address ► ne IRS discuss this return with the prepare	shown above? See	Instructions	Phon	e no	T Voc.	7 Na
iviay li	y the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No						

Form 990-EZ (2011)

Form 990EZ Year 2009 Friends of Hobbs State Park-Conservation Area, Inc

Part I, Line 16							
Other Expenses:							
Annual Mtg	910.06						
T-Shirts	460.71						
Printing	1,482.76						
Postage	227.95						
Advertising	175.00						
Public Relation	462.81						
Misc.	300.93						
Total	4,020.22						