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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning****, 2009, and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization**Texas Panhandle Builders Association**

Number and street (or P.O. box, if mail is not delivered to street address)

5601 Enterprise Circle

City or town, state or country, and ZIP + 4

Amarillo**TX 79106****D** Employer identification number**75-0949942****E** Telephone number**(806) 353-3565****F** Group Exemption Number

▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶**I** Website: ▶ **www.tpba.org****J** Tax-exempt status (check only one) — ☒ 501(c) (**6**) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ▶ \$ **321,298.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	265,718.
	3	Membership dues and assessments		3	47,419.
	4	Investment income		4	3,661.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c		
7a	Gross sales of inventory, less returns and allowances	7a	4,500.		
b	Less cost of goods sold	7b	3,000.		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1,500.	
8	Other revenue (describe ▶ _____)		8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	318,298.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	134,585.
	13	Professional fees and other payments to independent contractors		13	17,798.
	14	Occupancy, rent, utilities, and maintenance		14	11,665.
	15	Printing, publications, postage, and shipping		15	13,424.
	16	Other expenses (describe ▶ See Other Expenses Statement)		16	198,175.
	17	Total expenses. Add lines 10 through 16		17	375,647.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-57,349.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	310,255.
	20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt		20	-3,550.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	249,356.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	328,475.	22 249,922.
23 Land and buildings	3,494.	23 2,707.
24 Other assets (describe ▶ See L-24 Stmt)	42,542.	24 217,682.
25 Total assets	374,511.	25 470,311.
26 Total liabilities (describe ▶ See L-26 Stmt)	64,256.	26 220,955.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	310,255.	27 249,356.

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

Form 990-EZ (2009)

SCANNED JUN 29 2010

2
A

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? Promotion and education in the area of home building.

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	<u>Directory - Compilation of members and services offered by various contractors and subcontractors. Distributed to all members and associates.</u>	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	<u>Newsletter - Distributed monthly to members and associates. Promotes and news and advertising concerning the area's building environment.</u>	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	<u>Parade - Annual showcase of newly constructed homes to educate and inform the public on the newest innovations used by the construction industry.</u>	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (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 to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Brent King</u> <u>6906 Longleaf</u> <u>Amarillo TX 79104</u>	Imm. Past Pres. 2.00	0.	0.	
<u>Muff London</u> <u>6003 Tuscany Village</u> <u>Amarillo TX 79119</u>	President 2.00	0.	0.	
<u>Boyd Johnston</u> <u>7701 Garden Oaks</u> <u>Amarillo TX 79119</u>	1st Vice Pres. 2.00	0.	0.	
<u>Paul Lyons</u> <u>P.O. Box 933</u> <u>Canyon TX 79015</u>	2nd Vice Pres. 2.00	0.	0.	
<u>Lew Bradshaw</u> <u>5601 Enterprise Circle</u> <u>Amarillo TX 79106</u>	Executive Director 40.00	71,210.	0.	
<u>Waylon Adams</u> <u>4730 Canyon Drive</u> <u>Amarillo TX 79109</u>	Director 1.00	0.	0.	
<u>Winston Allen</u> <u>6226 Canyon Drive</u> <u>Amarillo TX 79109</u>	Director 1.00	0.	0.	
<u>J.C. Calcote</u> <u>P.O. Box 15105</u> <u>Amarillo TX 79105</u>	Director 1.00	0.	0.	
<u>Mandy Cartrite</u> <u>#40 Cypress</u> <u>Amarillo TX 79124</u>	Director 1.00	0.	0.	
<u>Deborah Hornsby</u> <u>2501 Lakeview Street</u> <u>Amarillo TX 79109</u>	Director 1.00	0.	0.	
<u>Linda Littlejohn</u> <u>P.O. Box 8648</u> <u>Amarillo TX 79114</u>	Treasurer 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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		
a 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?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b 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 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b 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 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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41		

42a The organization's books are in care of **Carol S. Pounds** Telephone no **(806) 353-3565**
Located at **5601 Enterprise Circle** **Amarillo** **TX** ZIP + 4 **79106-4631**

	Yes	No
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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c 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 42c		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 **43**

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead 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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from 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	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>Lew Bradshaw</u>		Date <u>5-8-10</u>	
	Type or print name and title <u>Lew Bradshaw</u>		Executive Officer	
Paid Preparer's Use Only	Preparer's signature <u>Ronald W Meyer CPA</u>	Date <u>05/05/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>RONALD W. MEYER, P.L.L.C.</u> <u>504 LAVACA ST STE 1010</u> <u>AUSTIN TX 78701-2857</u>		EIN <u>(512) 476-4511</u>	
	Phone no <u>(512) 476-4511</u>			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures –
(The term 'expenditures' means amounts paid or incurred.)

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2009

MCI

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return

Texas Panhandle Builders Association

Employer Identification No

75-0949942

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts receivable	36,924.	34,038.
Prepaid expenses	5,618.	6,414.
Construction in process	0.	177,230.
Totals to Form 990-EZ, Part II, line 24	42,542.	217,682.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts payable and accrued expenses	30,951.	21,555.
Deferred revenue	33,305.	37,400.
Note payable	0.	162,000.
Totals to Form 990-EZ, Part II, line 26	64,256.	220,955.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Advertising	1,067.
Bad debt	470.
Charitable donations	1,000.
Community involvement	372.
Conferences, conventions, and meetings	136,922.
Depreciation	787.
Dues	1,289.
Habitat for Humanity	1,423.
Information technology	3,291.
Insurance	2,142.
Membership drive	742.
Miscellaneous	2,860.
Office expense	7,293.
President's fund	241.
Travel	38,276.
Total	198,175.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Chris Lyons 7480 Golden Pond #100 Amarillo TX 79121 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kirk Martin 2701 East 3rd Street Amarillo TX 79104 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Clint Norton 4201 S. Georgia St. Amarillo TX 79110 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Stan Swearingen 1000 N. Western St. Amarillo TX 79106 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kirk Martin 2701 East 3rd Street Amarillo TX 79104 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Clint Norton 4201 S. Georgia St. Amarillo TX 79110 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Stan Swearingen 1000 N. Western St. Amarillo TX 79106 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Clint Norton 4201 S. Georgia St. Amarillo TX 79110 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Stan Swearingen 1000 N. Western St. Amarillo TX 79106 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Stan Swearingen 1000 N. Western St. Amarillo TX 79106 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Seth Thomason P.O. Box 1261 Amarillo TX 79105 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Eric White 2700 S. Western St. Amarillo TX 79109 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lori Williams 6211 I-40 West Amarillo TX 79106 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joe Wilson 3423 Soncy Amarillo TX 79119 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lynn Rollins 7136 I-40 West Amarillo TX 79106 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Scott Branson 6500 Canyon Dr., Ste. 100 Amarillo TX 79109 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Paul Davis 400 NE 2nd Amarillo TX 79107 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Matt Dietz 8626 Olympia Amarillo TX 79110 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Brandon Dumas 5124 W. 16th Ave. Amarillo TX 79106 Foreign city _____ Foreign country _____	Title Director Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized loss on investments	- 3,550.
Total	<u>- 3,550.</u>