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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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 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

and ending

## B Check if applicable

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

## C Name of organization

PANHANDLE PRODUCERS & ROYALTY  
OWNERS ASSOCIATION

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

3131 BELL STREET, SUITE 209

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

AMARILLO, TX 79106

## D Employer identification number

75-1218554

## E Telephone number

806-352-5637

## 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.PPROA.ORG

J Tax-exempt status (check only one) — ☒ 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H 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 ▶ \$ 229,782.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	83,090.
4	Investment income	4	1,615.
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	93,617.
b	Less: direct expenses other than fundraising expenses	6b	41,031.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	52,586.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ <b>RECEIVED</b> <b>SEP 21 2010</b> <b>PROSC</b> <b>OPEN UT</b> <b>STMT 4</b> )	8	51,460.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	188,751.
10	Grants and similar amounts paid (attach schedule)	10	22,500.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	93,332.
13	Professional fees and other payments to independent contractors	13	6,600.
14	Occupancy, rent, utilities, and maintenance	14	17,089.
15	Printing, publications, postage, and shipping	15	13,076.
16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	58,135.
17	Total expenses. Add lines 10 through 16	17	210,732.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<21,981.>
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	185,807.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	163,826.

## 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	200,512.	165,141.
23 Land and buildings		
24 Other assets (describe ▶ <b>OTHER DEPRECIABLE ASSETS</b> )	1,432.	1,226.
25 Total assets	201,944.	166,367.
26 Total liabilities (describe ▶ <b>SEE STATEMENT 2</b> )	16,137.	2,541.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	185,807.	163,826.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED SEP 29 2010

Revenue

Expenses

Net Assets

9-5  
1

PANHANDLE PRODUCERS & ROYALTY

Form 990-EZ (2009)

OWNERS ASSOCIATION

75-1218554

Page 2

**Part III** Statement of Program Service Accomplishments (See the instructions for Part III.)

**Expenses**

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

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

**28 ANNUAL TWO DAY CONVENTION WITH EDUCATIONAL WORKSHOPS FOR MEMBERS CONCERNING ISSUES AFFECTING THE OIL AND GAS INDUSTRY**

(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a**

**29 SUBSCRIPTIONS TO PETROLEUM INDUSTRY PUBLICATIONS FOR MEMBERS AT REDUCED RATES**

(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a**

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here ☐ **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 instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
JASON HERRICK	PRESIDENT			
521 WEST 8TH, AMARILLO, TX 79101	1.00	0.	0.	0.
BRADY H BROWN	PAST PRESIDENT			
P.O. BOX 9198, AMARILLO, TX 79105	1.00	0.	0.	0.
PAUL A CLARK	VICE PRESIDENT			
P.O. BOX 269, AMARILLO, TX 79105	1.00	0.	0.	0.
DOUG FISK, 720 S TYLER, SUITE 217, AMARILLO, TX 79101	1.00	0.	0.	0.
LESLIE WEAVER	SECRETARY			
P.O. BOX 1, AMARILLO, TX 79101	1.00	0.	0.	0.
RICHARD BROWN	TREASURER			
P.O. BOX 9418, AMARILLO, TX 79105	1.00	0.	0.	0.
GIB BROWN	DIRECTOR			
P.O. BOX 7506, AMARILLO, TX 79114	1.00	0.	0.	0.
W JEFF CHESNUT, 619 S TYLER, SUITE 210, AMARILLO, TX 79101	1.00	0.	0.	0.
JODY CROOK, 807 LAS CIMAS PKWY, SUITE 350, AUSTIN, TX 78746	1.00	0.	0.	0.
GREG GRAHAM	DIRECTOR			
P.O. BOX 146, AMARILLO, TX 79105	1.00	0.	0.	0.
ETHAN D HOUSE, 7201 I-40 WEST, SUITE 319, AMARILLO, TX 79106	1.00	0.	0.	0.
FRANK NESSINGER, 8450 E CRESCENT PKWY., STE 400, GREENWOOD VILLAGE, DOUG SAUNDERS	1.00	0.	0.	0.
P.O. BOX 2805, AMARILLO, TX 79105	1.00	0.	0.	0.
WILLIAM W SMITH, 909 N.W. 71ST ST., OKLAHOMA CITY, OK 73116	1.00	0.	0.	0.
ROSS WATKINS	DIRECTOR			
P.O. BOX 52100, AMARILLO, TX 79159	1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions 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?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. 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 N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
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 N/A		
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 N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A		
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. TX		
42a The organization's books are in care of SHERRI ELKINS Telephone no. 806-352-5637		
Located at 3131 BELL STREET, SUITE 209, AMARILLO, TX ZIP + 4 79106		
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)?	Yes	No
If "Yes," enter the name of the foreign country:		X
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 of the U.S.?		X
If "Yes," enter the name of the foreign country:		
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 N/A		
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		

Form 990-EZ (2009)

**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 **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b If "Yes," was the related organization a section 527 organization? **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 & deferred compensation	(e) Expense account and other allowances
N/A				

- 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
N/A		

- 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 *[Signature]* Date *9/14/2010*

**PRESIDENT** - *Jason Herrick*  
Type or print name and title

**Paid Preparer's Use Only** Preparer's signature *Karen L. Harbaugh* Date *09/02/10* Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 **DOSHIER, PICKENS & FRANCIS, LLC**  
**301 S POLK, SUITE 800**  
**AMARILLO, TX 79101**

Preparer's identifying number (See instr.) EIN ☐ Phone no. **(806) 373-3011**

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Form 990-EZ (2009)

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

8

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

## Open To Public Inspection

Employer identification number
75-1218554

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

- ☐ Yes      ☒ No

- | (i) Name of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|---|---|
|  |               | Yes  | No |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
| Total  |               |  |    |                                   |   |   |

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

TX

**PANHANDLE PRODUCERS & ROYALTY**

Schedule G (Form 990 or 990-EZ) 2009

**OWNERS ASSOCIATION**

75-1218554 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 ANNUAL CONVENTION (event type)	(b) Event #2 LIVING LEGEND (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	93,542.	75.		93,617.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	93,542.	75.		93,617.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,692.	339.		41,031.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 41,031 )
	11 Net income summary. Combine line 3, column (d), and line 10				52,586.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		



**PANHANDLE PRODUCERS & ROYALTY**

Schedule G (Form 990 or 990-EZ) 2009

**OWNERS ASSOCIATION**

**75-1218554** Page **3**

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility

<b>13a</b>	%
------------	---

**b** An outside facility

<b>13b</b>	%
------------	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		10,351.	
DUES & SUBSCRIPTIONS		485.	
INSURANCE		8,352.	
CREDIT CARD & BANK CHARGES		2,999.	
OFFICE EXPENSES		12,091.	
PAYROLL TAXES		7,299.	
TRAVEL		16,418.	
MISCELLANEOUS		140.	
TOTAL TO FORM 990-EZ, LINE 16		58,135.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ADVANCES	526.	783.	
PAYROLL TAXES PAYABLE	1,711.	1,758.	
TX ENERGY EDUCATION FUND	13,900.	0.	
TOTAL TO FORM 990-EZ, LINE 26	16,137.	2,541.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
DESCRIPTION		AMOUNT	
PROGRAMS & PUBLICATIONS		28,900.	
INSURANCE PRODUCTS		20,000.	
MISCELLANEOUS		2,560.	
TOTAL TO FORM 990-EZ, LINE 8		51,460.	

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY

THE GREAT SEARCH FOR ENERGY EXHIBIT

NAME OF GRANTEEGRANTEE ADDRESS

PANHANDLE-PLAINS HISTORICAL MUSEUM

2503 4TH AVE.  
CANYON, TX 79016RELATIONSHIP OF GRANTEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

02/02/09

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

10,000.

10,000.

CLASS OF ACTIVITY

TO FURTHER EDUCATION ABOUT THE O &amp; G IND

NAME OF GRANTEEGRANTEE ADDRESS

TEXAS PROSPERITY PROJECT

2016 GOODRICH AVE., SUITE 400  
AUSTIN, TX 78704RELATIONSHIP OF GRANTEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

03/02/09

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

1,000.

1,000.

CLASS OF ACTIVITY

LEARNING - MOLU

NAME OF GRANTEEGRANTEE ADDRESS

FOUNDATION FOR ENERGY EDUCATION

719 SCOTT AVE., SUITE 930  
WICHITA FALLS, TX 76301RELATIONSHIP OF GRANTEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

05/15/09

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

1,000.

1,000.

CLASS OF ACTIVITY

ENERGY STUDY

NAME OF GRANTEEGRANTEE ADDRESS

TEXAS PUBLIC POLICY FOUNDATION

900 CONGRESS AVE., SUITE 400  
AUSTIN, TX 78701RELATIONSHIP OF GRANTEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

06/15/09

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

10,000.

10,000.

CLASS OF ACTIVITYCONTRIBUTIONNAME OF GRANTEEGRANTEE ADDRESS

MOUNTAIN STATES LEGAL FOUNDATION

2596 S. LEWIS WAY  
LAKEWOOD, CO 80227RELATIONSHIP OF GRANTEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

06/15/09

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

250.

250.

CLASS OF ACTIVITYCONTRIBUTIONNAME OF GRANTEEGRANTEE ADDRESS

MOUNTAIN STATES LEGAL FOUNDATION

2596 S. LEWIS WAY  
LAKEWOOD, CO 80227RELATIONSHIP OF GRANTEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

12/15/09

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

250.

250.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

22,500.

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FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	1,298.
OTHER EXPENSES	15,791.
TOTAL TO FORM 990-EZ, LINE 14	17,089.

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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2

STATEMENT 7

TO PROVIDE THE COMMUNITY WITH CURRENT INFORMATION RELATED TO THE PETROLEUM  
INDUSTRY AND ITS AFFECTS ON THE COMMUNITY.



**Depreciation and Amortization 990-EZ**  
 (Including Information on Listed Property)

OMB No 1545-0172

**2009**

Attachment  
 Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**PANHANDLE PRODUCERS & ROYALTY  
 OWNERS ASSOCIATION**

Business or activity to which this form relates

Identifying number

**FORM 990-EZ PAGE 1**

**75-1218554**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	547.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	673.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		545.	7 YRS.	HY	200DB	78.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,298.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**PANHANDLE PRODUCERS & ROYALTY  
OWNERS ASSOCIATION**

Form 4562 (2009)-

**75-1218554** Page 2

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

**25**

**26** Property used more than 50% in a qualified business use.

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

**28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

**29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2009 tax year:


**43** Amortization of costs that began before your 2009 tax year

**43**

**44** Total. Add amounts in column (f). See the instructions for where to report

**44**

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>PANHANDLE PRODUCERS &amp; ROYALTY OWNERS ASSOCIATION</b>	Employer identification number <b>75-1218554</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3131 BELL STREET, SUITE 209</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>AMARILLO, TX 79106</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**SHERRI ELKINS**

- The books are in the care of ▶ **3131 BELL STREET, SUITE 209 - AMARILLO, TX 79106**

Telephone No. ▶ **806-352-5637**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>			<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization				Employer identification number
	PANHANDLE PRODUCERS & ROYALTY OWNERS ASSOCIATION				75-1218554
	Number, street, and room or suite no. If a P.O. box, see instructions.				For IRS use only
	3131 BELL STREET, SUITE 209				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	AMARILLO, TX 79106				

**Check type of return to be filed** (File a separate application for each return):

- ☐ Form 990    ☒ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SHERRI ELKINS**

- The books are in the care of ☒ **3131 BELL STREET, SUITE 209 - AMARILLO, TX 79106**

Telephone No. ☒ **806-352-5637**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**SEE STATEMENT 8**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐

Form **8868** (Rev. 4-2009)