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Short Form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	ne 2009 ca	alendar	year, or tax year beginning , 2009, and ending		,
<u>B_</u>	Check	if applicable		C Name of organization	Employer	identification number
	Addres	s change	Please use IRS	ALBUQUERQUE CHAPTER MILITARY OFFICERS ASSN OF AMERICA	85-0	271222
	Name	change	label or		Telephone	
Н	Initial r		type.	P.O. BOX 5071	(505) 440-8341
\vdash	Termin		See Specific	City or town, state or country, and ZIP + 4		• • • • • • • • • • • • • • • • • • • •
\vdash		ed return	Instruc- tions.	 F		xemption
Щ		ation pending		' 	Number	
	,	• Section : n	501(c)(3 nust atta	ach a completed Schedule A (Form 990 or 990-EZ). Other (specify	_	Cash Accrual
_				H Check ► X		ganization is not
		_	I/A	· · · · · · · · · · · · · · · · · · ·	iach Sche	edule B (Form 990,
		kempt status		lly one) = [A] 501(c) (3) ~ (Insert no.) [4547(a)(1) 01 [527]		
	Chec \$25,0			anization is not a section 509(a)(3) supporting organization and its gross receipts are n Z or Form 990 return is not required, but if the organization chooses to file a return, be		
L		ines 5b, 6l ad of Form		b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990	► \$	22,440.
Pa	rt I	Reve	enue,	Expenses, and Changes in Net Assets or Fund Balances (See the in	structio	ns for Part I.)
	1			ts, grants, and similar amounts received	1	3,736.
į	2	Program	service	revenue including government fees and contracts	. 2	5,507.
	3	Members	hip dues	s and assessments	3	10,244.
	4	Investme	nt incon	ne	4	132.
	5a	Gross am	nount fro	m sale of assets other than inventory . 5a		
	b	Less: cos	t or oth	er basis and sales expenses 5b		
R	С			lle of assets other than inventory (Subtract line 5b from line 5a)	<u>5c</u>	
V E	6	Special ever	nts and ac	tivities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
4	a		•	ot including \$ of contributions		
P	}	reported of		·		
4 2000 m	b		-	nses other than fundraising expenses	0.	
8 2				rom special events and activities (Subtract line 6b from line 6a)	6c	1,585.
				ventory, less returns and allowances		
JUN		Less: cos	-		_ 	
			-	oss) from sales of inventory (Subtract line 7b from line 7a) .	. <u>7c</u>	1 026
	8		-	be MISCELLANEOUS) 8	1,236.
MUZESCANNED	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	22,440.
Z	10			ar amounts paid (attach schedule)	10	
	11			or for members	11	
	12			empensation, and employee benefits RECEIVED	12	252
yo#z N	13				<u>13</u> ار	850.
S E	14 15	•		utilities, and maintenance	14 15	1,693.
\$	16				· 0	13,359.
	17			nbe ► See Other Expenses Statement	2 16	15,902.
	18				18	6,538.
A			-		↑ 	0,330.
N S T E	19	figure rep	is or tun	d balances at beginning of year (from line 27, column (A)) (must agree with end-of-yean prior year's return)	19	73,537.
T E	20			net assets or fund balances (attach explanation)	20	75/55/1
S	21			d balances at end of year. Combine lines 18 through 20	▶ 21	80,075.
Pa	rt II			heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in		
				(See the instructions for Part II.) (A) Beginning or		(B) End of year
22	Cas	sh, savings	s, and ir	, , , , , , , , , , , , , , , , , , ,	37. 22	102,106.
23		nd and buil			0.23	0.
24		er assets		e ►)	0.24	0.
25		al assets		73,5		102,106.
26	Tot	al liabilitie	s (desc	ribe ► See L-26 Stmt)	0.26	22,031.
_27	Net	assets or	fund b	alances (line 27 of column (B) must agree with line 21) 73,5	37. 27	80,075.
BA	A Foi	Privacy A	Act and	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

	1					
Form	990-EZ (2009) ALBUQUERQUE CHA	PTER MILITARY OFF	ICERS ASSN OF A	MERICA 85	-027	71222 Page 2
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What	is the organization's primary exempt purpose? PR	OVIDE ASSISTANCE E	OR MILITARY PU	IRPOSES	(Reg	uired for section
	ribe what was achieved in carrying out the ribe the services provided, the number of				orga	c)(3) and (4) nizations and section (a)(1) trusts; optional
desc	ribe the services provided, the number of	persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts; optional thers.)
	ram title	TO WILLIAM DV CHURTH	TO AND TO BROW	OME MUE	101 0	lilers.)
28	TO PROVIDE SCHOLARSHIPS	LO WILLIARY STODEN	TE AND TO PROM	OTE THE		
	MILITARY CAREER LIFE.					
	(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here	▶ 🗍	28 a	4,088.
29	TO CONDUCT ACTIVITIES FO	R THE BENEFITS OF	ITS MEMBERS ON			
	MEMORIAL HOLIDAYS AND OT					
		THE DATE STREET	TOT THE DOWN			
	OF DIRECTORS			7 7-3		
		is amount includes foreign gra			29 a	3,197.
30	TO PROVIDE ASSISTANCE TO	_PROGRAMS_THAT_SUP	PORT MILITARY	PERSONS		
	OVERSEAS SUCH AS BLUE AN	D GOLD STARS.			1	
	(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here		30 a	3,750.
31	Other program services (attach schedule					7
-		, is amount includes foreign gra	ants check here		31 a	
32	Total program service expenses (add lin		arks, cricck fiere.		32	11,035.
	t IV List of Officers, Directors		ployooc List seek se			
Гаг	tiv List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla		(e) Expense account and other allowances
	(a) Name and address	to position	not paid, enter -0-1)	deferred compensa		and other anowarices
CHA	ARLES E. WOOD					
		PRESIDENT				
	0 SAGEBRUSH TRAIL					
	BUQUERQUE NM 87123	15.00	0.		0.	0.
FRE	DERIC M BROWN					
962	ANTELOPE AVE NE	VICE PRESIDENT				
ALE	BUQUERQUE NM 87122	10.00	0.		0.	
JOS	EPH E LOISEL					
	0 MONTE FRIO DR NW	VICE PRESIDENT				
	- 		_		^	
	BUQUERQUE NM 87120	10.00	0.		0.	
	IIEL_R. KEAYS					
115	12 JEWEL CAVE RD SE	TREASURER				,
ALE	BUQUERQUE NM 87123	10.00	0.		0.	
FRA	NCES SPALLINA			:		- · ·
	.8 WALLACE AVE NE	SECRETARY				
	- 	10.00	0.		0.	
1111	MIO/103	10.00	· · · · · · · · · · · · · · · · · · ·			
	·					
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				1		
		<u>L</u>				
BAA		TEE 400:0	1 /20/10	1		Form 900 F7 (0000)
מאט		TEEA0812 0	11/30/10			Form 990-EZ (2009)

Form 990-EZ (2009) ALBUQUERQUE CHAPTER MILITARY OFFICERS ASSN OF AMERICA 85-0271222 Other Information (Note the statement requirements in the instrs for Part V.) Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 each activity Х Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes . . 34 X 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? 35 a Х b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35b 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year? 37 b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were Х any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 a b If 'Yes,' complete Schedule L, Part II and enter the total 43 Ţ, amount involved 38 b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. 39 a **b** 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 4912 ► section 4911 ► ; section 4955 ► 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 40 b Х 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 40 e Х 41 List the states with which a copy of this return is filed > 42 a The organization's books are in care of ► DAN KEAYS Telephone no. \triangleright (505) 440-8341 Located at ► P.O. BOX 5071 NM = ZIP + 4 = 87188 - 5071Yes 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)? 42b If 'Yes,' enter the name of the foreign country: ▶ ì 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.? 42 c 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		► []	

14	Did the organization	maıntaın	any donor	advised fund	s? If 'Yes,'	' Form 990 r	nust be completed i	nstead
	of Form 990-EZ .	•	•	• •	• •	•	•	

	.03	110
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

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 charitab				
4C D1 4b		t nalitional namenana nati				Yes	No
for pu	ne organization engage in direct or indirectiblic office? If 'Yes,' complete Schedule C	t political campaign acti , Part I	vides on benair or or	in opposition to candidates	46		X
47 Did th	ne organization engage in lobbying activiti	es? If 'Yes,' complete Se	chedule C, Part II		. 47		X
48 Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)? If	'Yes,' complete Sche	edule E	48		X
49 a Did th	ne organization make any transfers to an e	exempt non-charitable re	elated organization?		49a		<u>X</u>
b If 'Ye	s,' was the related organization a section	527 organization?		•	49 b		
	olete this table for the organization's five hopees) who each received more than \$100						
(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) Ex accou other all	nt and	 ;
NONE							
. – – – -							
f Total	number of other employees paid over \$10	0,000					
	plete this table for the organization's five hensation from the organization. If there is		ependent contractors	who each received more tha	ın \$100,0	00 of	
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	1
NONE _							
·		 					
	- 						
d Total	number of other independent contractors		0.000	<u> </u>			
u Totai	number of other independent contractors	each receiving over \$10	0,000				
Sign Here	Under penalties of perjury, I declare that I have examine, correct, and complete Decigration of preparer of Signature of officer	ined this return, including according than officer) is based on a	mpanying schedules and sta all information of which prep	atements, and to the best of my knowledge Date	edge and b	O	
	Type or print name and title.	73/ 12 5.4					
Paid	Preparer's signature	/La C	PA Date 05/03/1	Check if Self- employed Check if Self- employed Check if See S	rer's Identif	ying Nur	mber -986
Pre- parer's	Firm's name (or RONALD P. HEGGE	M, CPA, P.C.	100,00,1				
Jse	yours if self- employed). > 9201 MONTGOMERY		401	EIN 85 - 04	4674	+55	,
Only	address, and ZIP + 4 ALBUQUERQUE		NM 87111	Phone no ► (505)	292-		
lay the IRS	S discuss this return with the preparer sho	wn above? See instruct			X Yes	П	No
BAA				<u> </u>	Form 99 0)-EZ (2009)

Form 990-EZ (2009) ALBUQUERQUE CHAPTER MILITARY OFFICERS ASSN OF AMERICA 85-0271222

Page 4

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2009

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

													N OF						11.	27122			
Par						_													<u>) See</u>	instruct	tions		
The o	rga	nızatı	on is	not a	priv	ate f	found	atıon	becau	se ıt i	s: (For	lines	1 throu	ıgh 11	, ch	eck onl	y one b	ox.)					
1		A ch	urch,	conv	entio	n of	chur	ches	or ass	ociati	on of c	hurche	es desc	ribed	ın s	ection	170(b)(1)(A)(i).					
2	Ш										•		edule E										
3	Ц	A ho	spita	or co	ope	ratıv	e hos	pital	service	e orga	anızatıc	n des	cribed	ın sec	tior	170(b)	(1)(A)(i	ii).					
4	Ш	A me	edica	rese	arch	orga	anıza	tion o	perate	ed in c	onjuno	tion w	ith a h	ospita	l de	scribed	ın seci	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
_				y, and			- - -	*bo b							<u>-</u>		od by 6		montal :		ribed in sec		
5		170(b)(1)(A)(iv)	. (C	omp	lete F	Part I	l.)		_		-				_	_	illeritari	unit desci	nbeu in se i	Juon	
6 7	Ħ	An o	rgani	zatior	tha	t noi	rmally	/ rece		subs	tantıal					tion 17 n a gov			or from	the gene	ral public d	lescribe	ed
8	Х											(vi). (C	omplet	te Par	t II))							
9		from	actıv stmer	rities i nt inco	elate me	ed to and	its é unrel	xemp	ot funci busine	tions ss ta:	– subi	ect to acome	certaın	exce	otioi	ns. and	(2) no	more th	an 33-1	/3 % of it	s, and gros s support f organizati	rom ar	oss
10		An o	rganı	zatıor	org	anız	ed ar	nd op	erated	exclu	sively	to test	for pul	blic sa	afety	/ See s	ection	509(a)(4	i).				
11		more	dua s	lıclv s	uppc	orted	ora:	anıza	tions d	lescril	bed in :	section	n 509(a	a)(1) c	or se	erform t ection 5 ugh 11h	09(a)(2	tions of,). See s	or carr ection 5	y out the 509(a)(3).	purposes of Check the	of one of box the	or hat
		a [] Тур	e I			b	ו 🗌	ype II			c 🗌	Type II	II — F	unct	ionally	ıntegra	ted		d 🗌	Type III-	Other	
е		than	hecki foun a)(2)	datıor	s bo: mai	x, I o nage	certify ers ar	that d oth	the or er tha	ganız n one	ation is or mo	not c re pub	ontrolle licly su	ed dire	ectly ed c	or indi organiza	rectly t	y one o escribed	r more o I in sect	disqualifie ion 509(a	ed persons a)(1) or sec	other tion	
f		If the		nızat	ion r	eceı	ved a	writt	en det	ermin	ation f	rom th	e IRS t	that is	аΤ	ype I, 1	Type II	or Type	lli supp	orting org	janization,		
g		Sinc	e Aug	just 1	7, 20)06,	has t	he or	ganıza	ition a	ccepte	d any	gift or	contr	ıbut	ion fror	n any c	f the fol	lowing p	ersons?			
																						Yes	No
		(i)	a pe	erson w the	who	dire vern	ctly o	r indi	rectly (contro	ols, eith ted org	ner alo Ianizat	ne or t	ogeth	er w	/ith pers	sons de	scribed	ın (II) ai	nd (III)	. 11 g (i)		
		(ii)			-		-	-			ın (ı) a					·	•			·	11 g (ii)		_
		(iii)		-							• • •		r (II) at	ove?							11 g (iii)		
h							-		•			• • •	nızatıo										
	(I	Name Org	e of Sup ganizat	oported ion			(li	i) EIN		Q.	li) Type of described above of (see ins	of organi d on line r IRC se struction	s 1-9 ction	orga	isted	s the on in col in your rning nent?	the orga	you notify inization in (i) of support?	organiza	Is the ition in col lized in the S ?	(vil) Amou	nt of Sup	port
														Ye	s	No	Yes	No	Yes	No			
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85-0271222 Page 2 Schedule A (Form 990 or 990-EZ) 2009 ALBUQUERQUE CHAPTER MILITARY OFFICERS ASSN OF AMERICA Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (d) 2008 (f) Total (a) 2005 (b) 2006 (c) 2007 (e) 2009 beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). 53,511. 14,149 15,520 9,862 13,980 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 9,862 53,511. 14,149 15,520 13,980 Total. Add lines 1-through 3 ... The portion of total contributions by each person - 60 - 16 81. - 160 - 180 180 (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) . , 4 Public support. Subtract line 5 from line 4 53,511. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 14,149 15,520 9,862 13,980 53,511. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. 278 525 338 132 1,273. Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 20,544 14,087 17,480 6,743 58,854. Total support. Add lines 7 through 10 113,638. 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 47.09% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 42.61% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 ALBUQUERQUE CHAPTER MILITARY OFFICERS ASSN OF AMERICA 85-0271222

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.)

~							
	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.').						
2	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						
3	Gross receipts from activities that are						
	not an unrelated trade or business under section 513						
4	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 .						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of 1% of the amount on line 13 for the						
	year						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income form similar sources						
h	Unrelated business taxable	-					
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included inline 10b, whether or not the business is						
					1		
	regularly carried on						
12	regularly carried on Other income. Do not include						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in						
	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12)	, ,	tropic first society	t third fourth	fifth toy year as	Spectron E01/A/2	
13 14	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	stop here		i, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
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13 14 Sec 15 16 Sec 17	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pullius support percentage for 200 Public support percentage from 2 tion D. Computation of Inv	stop here blic Support P 09 (line 8, column 008 Schedule A, F estment Incon or 2009 (line 10c, c	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	by line 13, column		15 16	
13 14 Sec 15 16 Sec 17 18	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pullic support percentage for 20th Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Investm	stop here blic Support P 09 (line 8, column 008 Schedule A, F estment Incon or 2009 (line 10c, com 2008 Schedule	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1	by line 13, column 7	ın (f))	15 16 17 18	% % %
13 14 Sec 15 16 Sec 17 18	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for 100 Investment income percentage from 2 Investment income percentage from 33-1/3 support tests — 2009. If the	stop here blic Support P 09 (line 8, column 2008 Schedule A, F estment Incon or 2009 (line 10c, com 2008 Schedule	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided A, Part III, line 1	by line 13, column (f)) 7 x on line 14, and	in (f))	15 16 17 18 an 33-1/3% and to	% % %
13 14 Sec 15 16 Sec 17 18 19a	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pullius support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box	stop here blic Support P 09 (line 8, column 008 Schedule A, F estment Incon or 2009 (line 10c, com 2008 Schedule de organization did ox and stop here.	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided A, Part III, line 1 not check the bo The organization	by line 13, column (f)) ty line 13, column 7 x on line 14, and qualifies as a pub	In (f)) Ine 15 is more the	15 16 17 18 an 33-1/3%, and lapanization	% % ne 17 is not
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	(Form 990 or 990-EZ) 2009						Page 4
Part IV	Supplemental Information Part II, line 17a or 17b;	t ion. Complete and Part III, li	this part to p ne 12. Provid	rovide the i e any othei	explanations re r additional info	quired by Part II, rmation. See inst	ructions.
				-			
Other 1	Income Part II, Lir	<u>le_10</u>					
Descrip	otion: EVENTS & SHO	DWS					
2006: 1	<u> 19644. </u>						
2007: 1	11618.						
2008:_1	L7209.						
2009: 5	5507.						
Descrip	otion: SALE OF MERC	CHANDISE	_ 				
2006:_0	<u>)</u>						
2007:_1	<u> </u>						
2008:	-571 <u>.</u>						
2009: 0	<u>) </u>	- 					
Descrip	otion: ADVERTISING	& MISC.					
2006: 9	900						
2007: 2	2453.						
2008: 8	<u>342 </u>	- 					
2009: 1	<u> </u>						
							
							
							
				-			
	- 						
							
							

Other Assets and Liabilities

Form 990-EZ Part II

Name as Shown on Return					Employer Identification No.
ALBUQUERQUE CHAPTER	MILITARY	OFFICERS	ASSN OF	FAMERICA	85-0271222

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
DEPOSITS FOR MOAA TOURS	0.	11,672
DEPOSITS FOR SKI CLUB	0.	10,359
Totals to Form 990-EZ, Part II, line 26	. 0.	22,031

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
DONATIONS AND SCHOLARSHIPS	7,938.
INTERNET	389.
OPERATIONAL	90.
PARTY CHARGES	2,020.
BANK CHARGES	31.
MEMBERSHIP RECOGNITION	497.
VETERANS MEMORIAL	660.
FLAG STREAMERS	20.
DUES & SUBSCRIPTIONS	40.
TAXES	<u> </u>
MISCELLANEOUS	541.
LEGISLATIVE EXPENSES	967.
Total	13,359.

ALBUQUERQUE CHAPTER MILITARY OFFICERS ASSN OF AMERICA