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## Form **9.90**-

**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)

OMB No. 1545-0047

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

Open to Public

		The organization may have to use a copy of this return to	satisfy state re	porting req	uirements	Inspection
A	For t		9, and ending			, 20 / 6
В	Check if	applicable Please C Name of organization Freiernal Ordat of	Englasi	12769	D Emplo	oyer identification number
		s change use IRS Label or Doing Business As	<i>-</i>		47	0365337
	Name (	change print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	е	1	hone number
	Indual r	eturn 800 802 Eqs 7 /3 5/			(308	345-6216
	Termin	Specific Instruc- City or town, state or country, and ZIP + 4				
	Amend	ed return toons. M Cook NE 6900			G Gross	receipts \$
	Applicat	on pending F Name and address of principal officer:		H(a) Is the	s a group retu	m for afficiates? <b>Ves No</b>
				H(b) Are	all affiliates	included? Yes No
<u></u>		empt status: 📈 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) or 📋 527		If "N	No," attach	a list. (see instructions)
J		ite: ▶			exemption m	
K			Year of formatio	n:	M State	of legal domicile: NE
P	art I	Summary				<del></del>
	1	Briefly describe the organization's mission or most significant activi	ties:			
ø	ļ					·
Activities & Governance						
<b>6</b>						
Ĝ	1	Check this box ▶ ☐ if the organization discontinued its operations or disposed of		of its net ass		ı
ණ ආ		Number of voting members of the governing body (Part VI, line 1a)			. 3	301
į		Number of independent voting members of the governing body (Pa			5	5
ÇĘ					. 6	
₹		Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, column (C), li			7a	· · · · · · · · · · · · · · · · · · ·
	l 'a	Net unrelated business taxable income from Form 990-T, line 34.	пе 12		. 7b	23750
_	_	TOTAL CONTROL DECEMBER MESSAGE MONTH OF THE COT.	<del>`</del>	Prior Y	<u> </u>	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1206	19	108729
Ę		Program service revenue (Part VIII, line 2g)				7001
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20	16	2084
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)	17191		8105
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A),	line 12)	3985		118920
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .				
_		Benefits paid to or for members (Part IX, column (A), line 4)				
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), line	es 5–10)	3779	16	39563
Ď,		Professional fundraising fees (Part IX, column (A), line 11e)	L			
ā		Total fundraising expenses (Part IX, column (D), line 25) ▶			£ 3	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	·	783		85441
	18	Total expenses. Add lines 13-17 (must equal Parkix, column (A), lin	ie 25] 🗀	<u> 1361,</u>		125004
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		36	1.7	-6084
Assets or Balances		Total assets (Part X line 16)	) Be	ginning of Cu		End of Year
Bei S	20	. otto doods (i dit X, iiio 10)		1126	.0	121966
,		Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 29N T.	┙ <sup>;϶</sup> ╟・⋅├ <u>-</u>	4.4.4	-	<b>**</b>
Pa	rt II	Signature Block		1120		121966
	الالحم	Under penalties of perjury, I declare that I have examined this return, including accompand heliaf it is the correct and complete Pedameter of persons (with the	nonuma askad f	10 and at-1-		a the book of a
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer	r) is based on all	information	of which pr	eparer has any knowledge
Sig	n	Lynn A Kakes	~	1 4	12-11-	/ <b>^</b>
He		Signature of officer		Date	<u>0 7-</u>	10
		LYNN A KAKES SECRET	ARV			
		Type or print name and title				
		Preparer's Date		k if	Preparer's K	dentifying number
Paid		signature	self- emple	oyed ▶ 🔀	(see instruct	tions)
	arer's		3040		Pool	55279
Use		Firm's name for yours 12C Beakleying + Takes		EIN	149	0129904
		address, and ZIP + 4 CO Bol 724 A FC ask NEL 901		Phone no	. > 308	1345-3058
		RS discuss this return with the preparer shown above? (see instruct		<u> </u>		Yes No
For	Pir (Gc	र्फ़ Àंद्रा ब्राची Paperwork Reduction Act Notice, see the separate instruction	ns.	Cat. No. 112	282Y	Form <b>990</b> (2009)

Pa	nt III Statement of Program Service Accomplishments .
1	Briefly describe the organization's mission:
	A STATE OF THE STA
2	*Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	* If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
.4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
48	(Code) (Expenses \$nicluding grants of \$)
	<u>,                                    </u>
	?
	<sup>2</sup> ·r
	· · · · · · · · · · · · · · · · · · ·
4h	(Code:) (Expenses \$including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
ş	<del></del>
-	
<u> </u>	Other program services (Describe in Schedulo O.)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
	ŧ '		Yes	No
. 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del>  </del>	X
· 3,	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
<sup>‡</sup> 6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
<b>.</b> 7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
. <b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		X
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11 /	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
<i>!</i> •	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		7	
• • *	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	,	3 3 A	- ,
, •	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.		2-2	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	اد. ارتمار	\$ 74.7	, .
÷ . •	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	., .	-	. "
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	5.7 97.4 F4	ू फे क <u>क</u>	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	2.7%	X
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	.82		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
.15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
<u> 20                                    </u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		区

ı a	Officerial of risquires concessos (assumings)	T .	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X X
b	Is the organization 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	25b	_	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		,	\ \( \frac{1}{2} \)
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_, \	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
.35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37-	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		X

Pa	Statements Regarding Other IRS Filings and Tax Compliance			<del>,</del>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
, 2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1.5	2b	X	
, в	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
' . ∕3a	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	<b>Y</b>	
b	this return?	3b	X	
'4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	ľ	1	
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		ت
5a	, , , , , , , , , , , , , , , , , , , ,	<u>5a</u>	-	<b>₹</b>
, b		5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		X
. 6a		6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).	7		-
. ,	"Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
d,	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X_
, , <b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	٠,		
' e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X,
۰ f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X,
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х.
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
· 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	`	X
, <b>9</b>	Sponsoring organizations maintaining donor advised funds.	_  ,		
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
1Q	Section 501(c)(7) organizations. Enter:	1	- 1	
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.	ŀ	· 
11	Section 501(c)(12) organizations. Enter:	٠,	1	
		,	٠	,
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	,		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management		,	
			Yes	No
1a	Enter the number of voting members of the governing body	1	}	
	Enter the number of voting members that are independent	4		}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			*
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			V
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	<u></u> .	X
4	Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Ĺ	×
6	Does the organization have members or stockholders?	6	L	K
7a	-Does the organization have members, stockholders, or other persons who may elect one or more members	1	ŀ	ا ما ا
	of the governing body?	7a	<u> </u>	X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
, 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Ì		
	the year by the following:	1		
а	The governing body?	8a	×	X
b	Each committee with authority to act on behalf of the governing body?	8b	4	X
9	Is there any officer, director, trustee, or-key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal		•
Rev	enue Code.)		_	
,			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		./	
	form?	11	X	l
,11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
•	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X_
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		'	
	rise to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			V
•	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		$\mathbf{X}_{-}$
14	Does the organization have a written document retention and destruction policy?	14		צ
15	Did the process for determining compensation of the following persons include a review and approval by	1 1		7.
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			2
, а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1	]	
,16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
•	with a taxable entity during the year?	16a		<b>X</b> _
'b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate	;		•
,	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	. 1		
	the organization's exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s c	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
,	Own website  Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
٠,	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: Fagles Club 805 Fest B ST MCOOK NE 6 7001-3830			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compared to the	ompensate	any o	cum	ent	offi	cer, d	lirec	tor, or trustee	•	
(A)	(B)	Ī			C)			(D)	(E)	(F)
Name and Title	Average						oply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Roger King Past Poresideni Charlie Thicken Pres. Mike Finnesy				χ					,	
Charlie Thicken Pres.				X						
Mike Finnesy V. Pres				X				1		
Bob STapp Chaplin				X						
Lynh Pakes Secretary Dale Musgrave Tregsurer	4			X				2169-		
Dale Musgrave Tregsufer				X						
Candra Tar				X						
Ted BlyThman Conductor	-			X						
Mert Chencellor  Thiside Guard				X						
Bill Broomfield				X						
Dick Dike				X						
KIP LYTLE				X						
John McArthur				X	7					
						_				
				7						
				1			$\top$			

V

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Higl	hest	Compensate	d Employe	mployees (continued)				
	(A)	(B)			(6	C)			(D)	(E)			(F)		
	Name and tritle	Average hours per week	Individual trustee	S Institutional trustee	Officer	Rey employee	Highest compensated employee	(S) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-	ation and ated tions compositions for compositions and compositions and compositions are compositions and compositions are co		Estimat amount other mpensa from th rganiza and rela ganizat	t of r ation he ition ited	
											·				
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									•						
		-						_	-		, ,	٠.٠,	٠., ٠	· 	
		,				_					,		, ./ .		
		4											<u> </u>	•	
				_		_		$\dashv$		· 4,		٠, .			
1b	Total		·l							***	1	•••	r . " *	•	
2	Total number of individuals (Including but r reportable compensation from the organiza	not limited t		se	liste	d a			o received mo	re than \$1	00,00	0 in	, 1	٠,	
	reportable compensation from the organiza	ILIOIT P	•											lsas -	
3	Did the organization list any former office	r, director	or tru	ste	e, k	ey e	emplo	yee,	, or highest co	ompensate	3 1 F	.3	Yes	·No	
	employee on line 1a? If "Yes," complete So						•	•				3		1,,	
4	For any individual listed on line 1a, is the s the organization and related organizations gindividual.											4.	, , , , , ,	: <b>X</b>	
<b>5</b> .	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue o	comp lete S	ens che	atio	n fr e J	om a for su	ny u Ich j	unrelated orga	inization f	or	5		X	
Sec	ction B. Independent Contractors								-		-7	. 7 .		's	
1	Complete this table for your five highest co- compensation from the organization.	mpensated	l'inde	per	nder	nt co	ontrac	tors	that received	more tha	n \$100	0,000	) of ,	,	
	(A) Name and business addi	ess							(B) Description of se	ıvıćes -, ·	, c	ombe (¢	nsation	!	
							$_{\perp}$				٠, ١	• •			
	<u></u>						[								
	<del></del>	<u> </u>	<del></del>				$\dashv$						<del></del>		
								-							
2	Total number of independent contractors (in more than \$100,000 in compensation from	cluding but the organiz	not l zation	imit	ed	to th	nose li	stec	d above) who r	eceived					

Par	t VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	la	Federated campaigns	114834			,
Program Service Revenue	2a b c d e f	All other program service revenue  Total. Add lines 2a–2f				
	Ь	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds Royalties  (i) Real  (ii) Personal  Caross Rents Less: rental expenses Rental income or (loss)  Net rental income or (loss)	2086	1230 P P 10 ( ) P 1		
	7a b	Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)				
r Revenue	ĺ	Gross income from fundraising events (not including \$			Service Control	, ,
Other	С	Less: direct expenses b  Net income or (loss) from fundraising events		, , , , , , , , , , , , , , , , , , ,	5 1 4 - 2 -	
	ь	See Part IV, line 19				
	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	·			,
	11a b c d	All other revenue	ا با			
	e	Total. Add lines 11a–11d	118920			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete column.

	All other organizations must complete co	lumn (A) but are no	ot required to con	ipiete columns (b), (	C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	;,*	· ,		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the	' · 3			
4	U.S. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages	36752	<u> </u>	36752	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				
9	Other employee benefits			A 6161	
10	Payroll taxes	. 2811	<u> </u>	28/1	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
а	Management Cost. 65.0 ands.	44436	14811	29625	
þ	bogal Utilities	14415		14695	
C	Accounting				
d.	Lobbying Supplies	3223		3223	
е	Professional fundraising services. See Part IV, line 17			<u> </u>	
f	Investment management fees				
g	Others brash	1076	· - · <u>-</u> · ·	1096	·
12	Advertising and promotion				
13 14	Office expenses. fgt + PASTag. e	360		360	
15	Royaltico Band	10031		16031	
	Occupancy Sales Tax	6412		6412	•
17	Travel . Taxes	1040		1040	
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
^^	Internal D Printer	3745		3765	
21	Payments to affiliates   TING   Depreciation, depletion, and amortization.	3765		423	
22	Depreciation, depletion, and amortization	7		7-3	
 23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	, , , , , , , , , , , , , , , , , , , ,				
b					
C			<u>-</u> -		
d			<del></del>	<del>                                     </del>	
e	ψ.				
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	125004	14811	110192	
	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the		7011	7.7.7.3	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pá	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	25/55	1	38860
	2	Savings and temporary cash investments	20604	2_	22690
	* 3	Pledges and grants receivable, net		3	
	.4	Accounts receivable, net		4	`
	5	Receivables from current and former officers, directors, trustees, key			•
	, . ·	employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ŧ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2001	8	1994
₹	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D			-
	ь	Less: accumulated depreciation 10b	63560	10c	63 500
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	•
	14	Intangible assets		14	
	15	Other assets, See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	111260	16	121966
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	-
	20	Tax-exempt bond liabilities		20	
98	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22	
	23	Secured mortgages and notes payable to unrelated third parties	·- · · · · · · · · · · · · · · · · · ·	23	
	23 24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
	25	Other liabilities. Complete Part X of Schedule D		25	<del></del>
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			·····
lan	27	Unrestricted net assets		27	-
Ba	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	-		
tă.	30	Capital stock or trust principal, or current funds	_	30	•
886	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
اځ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ş	33	Total net assets or fund balances	111260	33	121966
	34	Total liabilities and net assets/fund balances	-0-	34	-0-

Pai	t XI Financial Statements and Reporting	•					
			Yes	No			
1	Accounting method used to prepare the Form 990: 🛣 Cash 🗌 Accrual 🗎 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.		1				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2						
b	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		$\checkmark$				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1				
	issued on a consolidated basis, separate basis, or both:	ĺ					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			$\checkmark$			
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<b>V</b>			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u>Χ</u>			
		Form	990	(2009)			