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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)

OMB No 1545-0047

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

Open to Public Inspection

AF	or th	e 2010 calendar year, or tax year beginning and er	ndıng							
Bc	heck if pplicab	WICHITA FALLS BOYS AND GIRLS CLUB		D Employer identific	ation number					
	Addre   chang	SS ALUMNI, INC.								
	]Name	Doing Business As	•	75-1539414						
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone number						
	Termi	1318 SIXTH STREET			322-6908					
	]Amen	City or town, state or country, and ZIP + 4	lock							
	Apple	WICHITA FALLS, TX 76301-2319		H(a) Is this a group ret	turn					
	pendi	F Name and address of principal officer.RONNIE LONDON		for affiliates?	Yes X No					
		1318 SIXTH STREET, WICHITA FALLS, TX 7	6301-	H(b) Are all affiliates inclu	uded? Yes No					
IT	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a l	st. (see instructions)					
		te: ► N/A		H(c) Group exemption						
K F	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 1975 M	State of legal domicile: TX					
Pa	ırt I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities. ${\color{red}{\rm TO}}$ FU								
anc		CLUBS MOVEMENT IN THE WICHITA FALLS COMMU	NITY	BY PROVIDING	FINANCIAL					
APRAĜtigities@igovernance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass						
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	27					
<b>1</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25					
ięs(		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0					
Ţ,	6	Total number of volunteers (estimate if necessary)		6	299					
AĜ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.00					
78	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.00					
A				Prior Year	Current Year					
C e		Contributions and grants (Part VIII, line 1h)	<u> </u>	0.00	58,776.22					
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.00	0.00					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.00	34,753.04					
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.00	24,068.10					
SCANNED STATE	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.00	117,597.36					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.00	81,452.00					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.00	0.00					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.00	2,500.00					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.00	0.00					
χĎ		Total fundraising expenses (Part IX, column (D), line 25)	<u> 21                                   </u>							
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0.00	20,414.25					
		Total expenses Add lines 13-17 (must equal Part IX) column (A), line 25)		0.00	104,366.25					
. (0	19	Revenue less expenses Subtract line 18 from line 120		0.00	13,231.11					
Net Assets or Fund Balances		R   MAR 2 5 2011		ginning of Current Year	End of Year					
sset	20		<u>د ا ایم</u>	,248,367.67	1,278,098.78					
ng A	21	Total liabilities (Part X, line 26)  OGDEN, UT	┤├	500.00	17,000.00					
죉	22	Net assets of fund balances. Subtract line 21 from line-20	<u> </u>	,247,867.67	1,261,098.78					
	rt II	Signature Block								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is					
true,	correc	t, and complete. Declaration of prepared (other than officer) is based on all information of whic	ch preparer	has any knowledge.	<del>/</del>					
		Signature of officer		<u> </u>	///					
Sign			m	Date / /						
Here	В	RONNIE LONDON, EXECUTIVE VICE PRESIDENT  Type or print name and title	T'							
I Date To The Date										
P:٦		Print/Type preparer's name  Preparer's signature		1. 1	PTIN					
Paid		John L. Luig, Jr., CPA John L. Luig, gr., CI	$\rho_A$ 3	self-employed						
Prep Use		Firm's name MWH GROUP, P.C.		Firm's EIN	· · · · · · · · · · · · · · · · · · ·					
USE	omy	Firm's address P.O. BOX 97000 WICHITA FALLS, TX 76307-7000		, , ,	1401700 1471					
Mari	the II	WICHITA FALLS, TX 76307-7000		Phone no. (9	(40)723-1471					

Form 990 (2010)

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission.  TO FURTHER THE BOYS & GIRLS CLUBS MOVEMENT IN THE WICHITA FALLS	
	COMMUNITY BY PROVIDING FINANCIAL AND HUMAN RESOURCES TO THE	-
	ORGANIZATION.	
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
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	
4a	10 000	
Tu	(Code:)(Expenses \$18,000.00 including grants of \$)(Revenue \$)  SCHOLARSHIPS FOR SELECTED MEMBERS OR PAST MEMBERS OF THE WICHITA	A FALLS
	BOYS & GIRLS CLUBS.	TADDO
		<del></del>
4b	(Code) (Expenses \$63, 452.00 including grants of \$ ) (Revenue \$	
	PROVIDE MONEY FOR THE REMODELING OF THE WICHITA FALLS BOYS & GI	RLS '
	CLUBS.	
		•
		<u> </u>
4c	(Code) (Expenses \$684.00 including grants of \$) (Revenue \$	1
	SUPPORT AND RECOGNITION FOR CHILDREN OF BOYS AND GIRLS CLUBS.	<del></del> '
4d	Other program services. (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	00 126 00	
<u>·ٽ</u>	- Carl program on viole expenses - Carl and Carlotte expenses - Ca	

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### No Yes is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII 11c d 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 Х or entity located outside the United States? If "Yes," complete Schedule F. Parts II and IV 15 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. Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) ALUMNI, INC.

Part IV Checklist of Required Schedules (continued)

			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	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	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
24a	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	ľ		
	Schedule K If "No", go to line 25	24a		X
b		24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,,
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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			х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	<del></del>
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
24	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
-	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		- 1	
	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			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
<i></i>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	20	х	
	Testers at 1 string 500 micro directed to complete occiledate o	<b>38</b> Form		2010)
		1 Offill		-0101

	WICHTA TABLE BOTE AND GIRLE COOP			
orm	990 (2010) ALUMNI, INC. 75-1539	414	P.	age <b>5</b>
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			ليا
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		l
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter	1		1
а	Gross income from members or shareholders		1	ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<del></del>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[	1	<b>S</b>
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
-	Note. See the instructions for additional information the organization must report on Schedule O.		<del>                                     </del>	<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which the		!	
_	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		ļ
_		1		I

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

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Form 990 (2010) ALUMNI, INC. 75-1539414 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check if Schedule O contains a response to any question in this Part VI  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year  b Enter the number of voting members included in line 1a, above, who are independent  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?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Does the organization have members or stockholders?  7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	27 25 2 3 4 5 6	3	X X X X					
1a Enter the number of voting members of the governing body at the end of the tax year  b Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year	25 3 4 5 6	3	X X X X					
<ul> <li>b Enter the number of voting members included in line 1a, above, who are independent</li> <li>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?</li> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Does the organization have members or stockholders?</li> <li>7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	25 3 4 5 6	3	X X X X					
<ul> <li>b Enter the number of voting members included in line 1a, above, who are independent</li> <li>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?</li> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Does the organization have members or stockholders?</li> <li>7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	25 3 4 5 6	3	X X X X					
<ul> <li>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?</li> <li>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Does the organization have members or stockholders?</li> <li>Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	2 3 4 5 6	3	X X X X					
<ul> <li>officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Does the organization have members or stockholders?</li> <li>Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	3 4 5 6	3	X X X X					
<ul> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Does the organization have members or stockholders?</li> <li>7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	3 4 5 6	3	X X X X					
of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Does the organization have members or stockholders?  7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year	4 5 6 7a 7b	3	X X X					
of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Does the organization have members or stockholders?  7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year	4 5 6 7a 7b	3	X X X					
<ul> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Does the organization have members or stockholders?</li> <li>Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	5 6 7a 7b	3	X X X					
<ul> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Does the organization have members or stockholders?</li> <li>Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	72 71	3	X					
<ul> <li>Does the organization have members or stockholders?</li> <li>Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</li> <li>Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</li> <li>Did the organization contemporaneously document the meetings held or written actions undertaken during the year</li> </ul>	7a 7b	3	х					
governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year	71	-						
governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year	71	-						
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year		,						
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year	88		X					
· · · · · · · · · · · · · · · · · · ·	88							
	88	-						
a The governing body?		,   ,	١ 2					
b Each committee with authority to act on behalf of the governing body?	8t	-						
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	9		l x					
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		-						
		Y	s No					
10a Does the organization have local chapters, branches, or affiliates?	10	-	X					
b 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?	10	ь						
1a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a Does the organization have a written conflict of interest policy? If "No," go to line 13								
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			1					
to conflicts?	12	ь						
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1					
in Schedule O how this is done	12	c						
13 Does the organization have a written whistleblower policy?	13	3	X					
14 Does the organization have a written document retention and destruction policy?	14	1 2						
15 Did the process for determining compensation of the following persons include a review and approval by independent			$\neg$					
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-					
a The organization's CEO, Executive Director, or top management official	15	a	x					
b Other officers or key employees of the organization	15	$\rightarrow$	X					
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		_	$\neg$					
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?	16	a	x					
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		1						
exempt status with respect to such arrangements?	16	ь						
Section C. Disclosure								
17 List the states with which a copy of this Form 990 is required to be filed NONE								
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ava	allable for		-					
public inspection Indicate how you make these available. Check all that apply.								
Own website Another's website X Upon request								
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest poli	icv, and fr	nanci	al					
statements available to the public.	,							
20 State the name, physical address, and telephone number of the person who possesses the books and records of the org	anization	<b>•</b>						
TOM HOLCOMB - 940-704-0209	,	-	-					
2110 TURTLE CREEK RD., WICHITA FALLS, TX 76309								

ALUMNI, INC.

75-1539414

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Form 990 (2010) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Object (October to October to Oct	
Check if Schedule O contains a response to any	v duestion in this Part VII

### 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.
- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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

(A)	(B)			((	_			(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours per	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	week	ig:						from	from related	other
	(describe hours for	r dare	.			eg Ge	Į	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee o	rustee			Sensa		(W-2/1099-MISC)	(***2/1033 (***100)	organization
	organizations	al tru	onalt		l ja	E S				and related
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
BRANDON ANDERSON	O)	<u> </u>	<u> </u>	_	Ľ	- 0	<u> </u>			<del></del>
CHAIRMAN OF THE BOARD	0.00	l	1		1	l	1	0.00	0.00	0.00
JON BAILEY		╁	-		-	╁	┢	0.00	0.00	
DIRECTOR	0.00							0.00	0.00	0.00
JIM BRENNAN	-		<del>                                     </del>		<del> </del>	H	一			
SECOND VICE PRESIDENT	0.00	l	ļ		l	l	l	0.00	0.00	0.00
JOHN BROCK	1	t			_	t				
DIRECTOR	0.00	1						0.00	0.00	0.00
ROBERT CATES						T				
DIRECTOR	0.00				ĺ	1		0.00	0.00	0.00
LEROY CHADDICK	1						Г			
DIRECTOR	0.00							0.00	0.00	0.00
RANDY COOPER	_									
SECRETARY	5.00							1,250.00	0.00	0.00
DWAYNE DAVIS										
DIRECTOR	0.00						Ì	0.00	0.00	0.00
FRANK DEL RIO										
DIRECTOR	0.00		_				L	0.00	0.00	0.00
ROBERT FAULKNER										
DIRECTOR	0.00		L_		_	<u> </u>		0.00	0.00	0.00
JACK HELMCAMP JR.						ł				
DIRECTOR	0.00	<u> </u>	<u> </u>			<u> </u>	_	0.00	0.00	0.00
TOM HOLCOMB	0.00		İ					0.00	0 00	0 00
TREASURER WILLIE HOWARD	0.00		$\vdash$		<del> </del>	₩	┝	0.00	0.00	0.00
DIRECTOR	0.00			1	1	ì	1	0.00	0.00	0.00
KEVIN KEE	1 3.00		_	$\vdash$	├	╁	┢	0.00		0.00
DIRECTOR	0.00		ŀ					0.00	0.00	0.00
RONNIE LONDON			$\vdash$	$\vdash$	-	╁	H			
EXECUTIVE VICE PRESIDENT	5.00					l		1,250.00	0.00	0.00
STEVE NIELSEN						1				
DIRECTOR	0.00	1						0.00	0.00	0.00
KEVIN PARSONS							Г			
DIRECTOR	0.00				L		L.	0.00		
032007 12-21-10										Form <b>990</b> (2010)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	es, a	nd l	Hıgh	est	Compensated Employ	ees (continued)	,		
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average hours per	Position (check all that apply)						Reportable	Reportable	1	timated	
	week	L(C	neci	T	mai	ap <sub>t</sub>	ינעוינ ו	compensation from	compensation from related	1	nount of other	
•	(describe	director						the	organizations	1	pensatio	n
	hours for	or dir	يوا			ated		organization	(W-2/1099-MISC)		om the	
	related	ustee	truste			Suadi		(W-2/1099-MISC)			anization	
	organizations in Schedule	-	tional	١.	akoldr	yee yee				1	related	
	O)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			orga	ınızatıon	5
LAWRENCE PAYNE											-	
DIRECTOR	0.00	Ь	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	0.00	0.00	<u> </u>	0.0	<u>) (</u>
KEN PEARSON	0.00					1	ļ	0.00	0.00		0.0	<u>ე</u> ი
DIRECTOR JEFF PENDLEY	0.00	├	-	├	┢	╁		0.00	0.00	1	0.0	
DIRECTOR	0.00							0.00	0.00		0.0	ე ი
JOHNNY ROBERTS	0.00	┢	$\vdash$	╁	<u> </u>	<del> </del>	╁	- 0.00	0.00	1		_
DIRECTOR	0.00		l					0.00	0.00	ıl	0.0	0 0
MIKE RYCKOFF		H	t	t		t	T			<u>†                                      </u>		-
DIRECTOR	0.00							0.00	0.00		0.0	0 0
AMY SIMMONS						T						
DIRECTOR	0.00					L	<u> </u>	0.00	0.00		0.0	<b>)</b> (
DESHAWN STEWART											_	
DIRECTOR	0.00	<u> </u>	↓_		_	1_	ļ.,	0.00	0.00	<b> </b>	0.0	<u>) (</u>
SEMIEN STEWART	0 00							0.00	0.00		0 /	^ ^
DIRECTOR BOB TUCKER	0.00		╀	<u> </u>	├	<u> </u>	-	0.00	0.00	<del>' </del>	0.0	<u> </u>
DIRECTOR	0.00							0.00	0.00	ļ	0.0	n r
1b Sub-total	1 0.00	1		<u> </u>		_	<u> </u>	2,500.00			0.0	
c Total from continuation sheets to Part V	Il Section A							0.00			0.0	
d Total (add lines 1b and 1c)	ii, ocolion A							2,500.00			0.0	
Total number of individuals (including but r	not limited to th	nose	list	ed a	bov	e) w	ho r	1		1		
compensation from the organization									·			C
											Yes N	ю
3 Did the organization list any former officer,			e, ke	y en	nplo	yee.	or I	highest compensated ei	mployee on		,	X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si					_4		L.	h	Alan avanaminahan	3		<u> </u>
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		-					•	the organization	4		X
5 Did any person listed on line 1a receive or									idual for services	<del></del> -		_
rendered to the organization? If "Yes," com	•					•		ioa organization or man	iadai ioi corriece	5		X
Section B. Independent Contractors	·				•			•		•	•	
Complete this table for your five highest countries the organization NONE	ompensated in	dep	ende	ent c	cont	ract	ors	that received more than	\$100,000 of compen	sation	from	
the organization NONE  (A)								(B)	1	(0	<u></u>	
Name and business	address							Description of s	services		nsation	
	<u>-</u>									_		_
											_	
		_										
					•							_
O Total number of reduced desired and the second	man disa - 1- 2				41.			d about the second				
2 Total number of independent contractors ( \$100,000 in compensation from the organi	-	not li	ımıte	ed to		ose II 0	sted	above) who received n	nore than			
SEE PART VII SECTION		ידיד	NII	Δ т			<del>с</del> н	EETS		Form	<b>990</b> (20	<u> </u>

ALUMNI. INC.

Form 990 (2010)

Part VIII

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Form 990 (2010)

Statement of Revenue (D) Revenue (B) (A) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 2,285.00 b Membership dues 1b 22,573.00 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 33,918.22 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 58,776.22 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 34,760.21 34,760.21 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 259299 assets other than inventory b Less. cost or other basis 259306 and sales expenses <7.17> c Gain or (loss) <7.17 <7.17> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 22,573.00 of contributions reported on line 1c), See a 63497.10 Part IV, line 18 39429.00 b Less. direct expenses 24,068.10 24,068.10 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a þ d All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 117,597.36 0.00 0.0058,821.14 12 032009 12-21-10

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 columns (B), (C), and (D) (B) (**D)** Fundraising Do not include amounts reported on lines 6b, Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 63,452.00 63,452.00 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 18,000.00 18,000.00 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 2,500.00 2,500.00 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees). a Management Legal 1,785.00 1,785.00 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 12 Advertising and promotion 2,960.26 2,960.26 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 209.78 209.78 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) FIDUCIARY FEES 8,696.24 8,696.24 POSTAGE 4,630.94 1,157.73 3,473.21 REPAIRS AND MAINTENANCE 1,196.83 1,196.83 684.00 684.00 VOLUNTEER BANQUET EXPEN MISCELLANEOUS 251.20 251.20 All other expenses 104,366.25 82,136.00 18,757.04 3,473.21 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here I If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

solicitation

Par	t X	Balance Sheet			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing	91,769.95	1	80,482.04
	2	Savings and temporary cash investments	2,879.61	2	56,237.23
	3	Pledges and grants receivable, net		3	
ŀ	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<sub>o</sub>		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	1,379.40	8	1,051.40
ı	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other		1	
		basis. Complete Part VI of Schedule D 10 , 518.58			556.00
	b	Less accumulated depreciation 10b 9,941.66	786.70		576.92
	11	Investments - publicly traded securities	1 1 1 1 0 5 0 0 1	11	1 116 757 10
	12	Investments - other securities See Part IV, line 11	1,144,058.01	12	1,116,757.19
]	13	Investments - program-related See Part IV, line 11		13	
	14	intangible assets	7 404 00	14	22 004 00
	15	Other assets. See Part IV, line 11	7,494.00		22,994.00
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,248,367.67	16	1,278,098.78
	17	Accounts payable and accrued expenses	500.00		17,000.00
	18	Grants payable		18	
	19	Deferred revenue	<u> </u>	19	
	20	Tax-exempt bond liabilities	<u>-</u>	20	<u></u> -
Liabılities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
PI	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons Complete Part II of Schedule L			
	22			22 23	
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	500.00		17,000.00
	20	Organizations that follow SFAS 117, check here   X and complete		20	27,00000
ဖ		lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	967,358.00	27	954,291.24
alai	28	Temporarily restricted net assets	280,509.67	28	306,807.54
98	29	Permanently restricted net assets		29	, , , , , , , ,
<u>.</u> 5		Organizations that do not follow SFAS 117, check here			
P.		complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	,	32	
ž	33	Total net assets or fund balances	1,247,867.67	33	1,261,098.78
İ	34	Total liabilities and net assets/fund balances	1,248,367.67	34	1,278,098.78
	<u> </u>	The second of the second secon	= , = = , = ;		Form <b>990</b> (201

	1990 (2010) ALUMNI, INC.	<u>75</u> -	<u>-15394</u>	<u> 114</u>	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L7,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	)4,:	366	.25
3	Revenue less expenses. Subtract line 2 from line 1	3		13,2	231	.11
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,24	17,8	367	.67
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,20	51,0	98	.78
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt	:, [			
	review, or compilation of its financial statements and selection of an independent accountant?		1	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	o [			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdıt			
	Act and OMB Circular A-133?	-		За		X
b	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the required	rod or	[			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WICHITA FALLS BOYS AND GIRLS CLUB ALUMNI, INC.

Employer identification number 75-1539414

Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t ) See ins	tructions.			·
The organ			because it is. (For lines						<u> </u>		
1 📋			s, or association of chu	_		-	=	١			
2 🗔			'0(b)(1)(A)(ii). (Attach S			,01.011 17.0	(C)( ')(/-)(·)	,.			
3 🗀			tal service organization			170/b)/1)	/A\/;;;\				
4 🗀		•	operated in conjunction					VEV 4V AVI	ii) Entor H	na haanitali	a nama
7	city, and sta	-	operated in conjunction	i with a nos	spital uesc	indea in se	cuon 170	יוואאוי אנטאי	ii). Enter ti	ie nospitai	S Hallie,
5 🔲			benefit of a college or u								
<b>у</b>				iniversity o	whea or of	berated by	a govern	mentai un	it describe	eu in	
e 🗀		<b>)(b)(1)(A)(iv).</b> (Comple	•			4=0(1)4					
6			ent or governmental un								
7 📖			eives a substantial part	of its supp	port from a	governme	ental unit d	or from the	general p	oublic desci	1bed in
		(b)(1)(A)(vi). (Comple	•								
8 🖳			ection 170(b)(1)(A)(vi).								
9 📖	An organizat	ion that normally rec	eives (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembersh	p fees, an	d gross rec	elpts from
	activities rela	ated to its exempt fui	nctions - subject to cert	aın except	ions, and (	2) no more	than 33 <sup>·</sup>	1/3% of its	support 1	from gross	ınvestment
	income and	unrelated business to	axable income (less sec	ction 511 ta	ax) from bu	isinesses a	acquired b	y the orga	anızatıon a	ifter June 3	0, 1975.
	See section	509(a)(2). (Complete	e Part III.)								
10 🖳	An organizat	ion organized and or	perated exclusively to te	est for pub	lic safety S	See <b>sect</b> io	on 509(a)(4	4).			
11 X	An organizat	ion organized and or	perated exclusively for t	he benefit	of, to perfe	orm the fu	nctions of	, or to carr	y out the p	purposes o	f one or
	more publicl	y supported organiza	ations described in sect	ion 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> e	ction <b>509</b> (	<b>a)(3).</b> Che	ck the box	that
	describes th	e type of supporting	organization and comp	lete lines 1	1e through	n 11h					
	a 📖 Type	l <b>b</b> □	Type II	с 🗶 Тур	e III - Fund	tionally in	tegrated		d $\square$	Type III - C	ther
е 📖	By checking	this box, I certify tha	it the organization is no					r more dis	qualified p	ersons oth	er than
			han one or more public								
f			ten determination from						` ' ' '		(-,,(-,-
		rganization, check th			,	, , , , , , , , , ,	, , ,				
g		•	organization accepted a	ny aift or c	ontribution	from any	of the foll	owina ner	sons?		
•			rectly controls, either a			-		• •		ĺ	Yes No
			upported organization?	_	900101 11101	persons	203011000	() aa (	,, DC1044,	11g(i)	X
			n described in (i) above							11g(II)	X
			person described in (i)		۵2					11g(ii)	X
h		•	about the supported or							[119(11)]	
••	1 TOVIGE CITE I	Ollowing information	about the supported of	gariization	1(5).						
(I) Name		(I) E(I)	(iii) Type of	(iv) la tha	organization	(w) Did vo	u natificatha	(vi) Is	tha I		
	of supported	(ii) EIN	organization		organization sted in your		u notify the tion in col.	organization	on in col.	(vii) Am	
Org	anization		(described on lines 1-9		document?		r support?	(i) organız U.S	ed in the	supp	חסת
		]	above or IRC section (see instructions))	Yes					,		
BOYS	AND		(see manuchons))	res	No	Yes	No	Yes	No		
		75-0883102	1 2	.,		٠,,		<b></b>		<i>c</i> 2	450 00
GIVIO	СПОВЗ	75-0663102	14	X	<u> </u>	Х		Х		63,	452.00
					1						
					<u> </u>						
			<del>-</del>								
								L			
Total		1		1			I	]	1	63	452 00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2006 (e) 2010 (b) 2007 (c) 2008(d) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. 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 - 2010. 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 - 2009. 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

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

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

# Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-		1			-	<del> </del>
•	ization's benefit and either paid to		]				
	or expended on its behalf						
5	The value of services or facilities				<del>                                     </del>	<del> </del>	<del> </del>
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				<del></del>		
	Public support (Subtract line 7c from line 6)	· · · ·					
Se	ction B. Total Support				·	<u> </u>	1
	indar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(4) 2000	(5) 2001	(0) 2000	(4) 2000	(0) 2010	(i) rotar
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income	7					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
12	assets (Explain in Part IV)		<u> </u>		<del> </del>	+	<del> </del>
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	I	
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organı	zation,
50	check this box and stop here	a Cumpart Da					<u> </u>
						T 1	
	Public support percentage for 2010 (I		•	column (f))		15	%
504	Public support percentage from 2009	Schedule A, Part	o Porcentage			16	%
	ction D. Computation of Inves			- 40		1	
	Investment income percentage for 20	•	• •	ne 13, column (f))		17	%
	Investment income percentage from 2	•	•			[18]	%
198	33 1/3% support tests - 2010. If the						17 is not
	more than 33 1/3%, check this box at						▶□
t	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						<u></u> ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

WICHITA FALLS BOYS AND GIRLS CLUB ALUMNI, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 75-1539414 \end{array}$ 

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	<b>\</b> - <i>\</i>	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	
•	year >	isassa, examplication, or terminated by the	organization daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and	*	
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	o callery and requirements of coefficients	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	<del></del>
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	tion of interior of the cooping of	and digamental addedning to
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	nent and balance sheet works of art.
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items		one control, promate the remaining anneality
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		ga, provide
а	Revenues included in Form 990, Part VIII, line 1	. Ty 100 000) folding to those items.	<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$
_	,		· · · · · · · · · · · · · · · · · · ·

WICHITA FALLS BOYS AND GIRLS CLUB 75-1539414 Page 2 Schedule D (Form 990) 2010 ALUMNI, INC. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued, Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). Public exhibition Loan or exchange programs а Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table. Amount 1c c Beginning balance d Additions during the year 1d 1e Distributions during the year Ending balance 1f Yes No 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as. a Board designated or quasi-endowment Permanent endowment c Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No pà. (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part V	Land, Buildings, and Equip	ment. See Form 990, Part X	, line 10.		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a La	nd				
<b>b</b> Bu	ıldıngs				
c Lea	asehold improvements				
<b>d</b> Eq	uipment				
e Otl	ner		10,518.58	9,941.66	576.92
Total, Ac	ld lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, colur	nn (B), line 10(c) )		576.92

Schedule D (Form 990) 2010

ALUMNI, INC.

75-1539414 Page 3

Part VII   Investments - Other Securities. S	ee Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of value cost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) AMERICAN NATIONAL BANK -				
(B) FIXED INCOME SECURITIES	330,194.12	COST		
(C) AMERICAN NATIONAL BANK -	337, 33			
(D) EQUITIES	594,856.29	COST	•	
(E) AMERICAN NATIONAL BANK -	032,000.23			
(F) FIXED INCOME SECURITIES	68,807.17	COST		
(G) AMERICAN NATIONAL BANK -	00,007.17	CODI		
(H) EQUITIES	122,899.61	COST	<del></del>	
	122,099.01	CO31		
(I)	1 116 757 10			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1,116,757.19		<u>.</u>	
Part VIII Investments - Program Related.	See Form 990, Part X, line 13			
(a) Description of investment type	(b) Book value	C	(c) Method of valuations of end-of-year ma	
(1)				
(2)				
(3)				-
(4)				
(5)				
(6)	<del>                                     </del>			
(7)				······································
(8)			<del></del>	
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				<del></del>
Part IX Other Assets. See Form 990, Part X, line				
(a	Description		_	(b) Book value
(1)				
(2)				
(3)				
(4)				·
(5)				
(6)				
(7)				
(8)	<del></del>			<u>                                      </u>
(9)	· · · · · · · · · · · · · · · · · · ·	-		
(10)				ļ
	- 451			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. See Form 990, Part X				<u> </u>
113		<del></del>		
1. (a) Description of liability		(b) Amount	4	
(1) Federal income taxes			_	
(2)				
(3)				
(4)			7	
(5)			7	
(6)			7	
(7)			7	
(8)			7	
(9)			Ⅎ	
(10)				
			-	
(11)	951		-	
Total. (Column (b) must equal Form 990, Part X, col (B) lin Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote 10 Fin 48 (ASC 740)	e 25 ) o the organization's financial statemen	nts that reports the orne	anization's liability for tineare	Unitax positions under
2. FIN 48 (ASC 740) 132053 12-20-10				
12-20-10			Sch	edule D (Form 990) 2010

75-1539414 Page 4 ALUMNI, INC. Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 5 5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 9 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV.) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

### **SCHEDULE G**

d

In-person solicitations

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** WICHITA FALLS BOYS AND GIRLS CLUB Name of the organization 75-1539414 INC. ALUMNI, Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e L Mail solicitations Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations Phone solicitations c

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

or licensing.

WICHITA FALLS BOYS AND GIRLS CLUB 75-1539414 Page 2 Schedule G (Form 990 or 990-EZ) 2010 ALUMNI, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF (add col (a) through AUCTION TOURNAMENT 2 col. (c)) (event type) (event type) (total number) Revenue 58,478.50 14,990.00 12,601.60 86,070.10 Gross receipts 22,573.00 22,573.00 2 Less. Charitable contributions 14,990.00 12,601.60 63,497.10 Gross income (line 1 minus line 2) 35,905.50 Cash prizes Noncash prizes Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 27,180.63 9,247.36 3,001.01 39,429.00 39,429.00 10 Direct expense summary Add lines 4 through 9 in column (d) 24,068.10 11 Net income summary Combine line 3, column (d), and line 10 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 (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs

5	Other direct expenses					
6	Volunteer labor	Yes% No	YesNo	% YesNo	%	_
7	Direct expense summary. Add lines 2 throug	jh 5 in column (d)			<b>\</b>	)
8	Net gaming income summary. Combine line	1, column d, and line 7			<b>&gt;</b>	
a Is	nter the state(s) in which the organization opera the organization licensed to operate gaming a "No," explain:	_			☐ Yes ☐ No	- -
	ere any of the organization's gaming licenses r "Yes," explain	revoked, suspended or te	erminated during the t	ax year?	Yes No	- - -
032082	21-13-11			Schedule	G (Form 990 or 990-EZ) 201	<u>-</u>

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2010 ALUMNI, INC.	2-T2:	<u> </u>	L <b>4</b>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	s	□ No
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	s [	□ No
13	Indicate the percentage of gaming activity operated in				
	The organization's facility	1:	3a		%
	An outside facility	13	-		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name	<del></del>			
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	s [	□ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	í			
	of gaming revenue retained by the third party >				
С	If "Yes," enter name and address of the third party				
	Name				
			_		
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions,				
	is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes	s [	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
	organization's own exempt activities during the tax year ▶ \$				
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (iii) and	d (v). a	nd P	art III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform				
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				-	
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					•

Schedule G (Form 990 or 990-EZ) 2010

032083 01-13-11

² | Schedule 1 (Form 990) (2010) Employer identification number 75-1539414 ALLS BOYS & GIRLS CLUBS. OMB No 1545-0047 Open to Public TO SUPPORT THE WICHITA 2010 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(c) IRC section of cash grant non-cash grant received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of relation (book, if applicable cash grant assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0.00 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 63,452.00 CLUB WICHITA FALLS BOYS AND GIRLS 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of section 501(c)(3) and government organizations 75-0883102 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization ALUMNI, WICHITA FALLS BOYS & GIRLS CLUB WICHITA FALLS, TX 76301 Name of the organization Department of the Treasury 1318 6TH STREET Internal Revenue Service SCHEDULE (Form 990) Parti Part II

# Schedule I (Form 990) (2010) ALUMNI, INC. Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Page 2

75-1539414

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
SCHOLARSHIPS	13	18,000.00	00.0		
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
032102 01-13-11					Schedule I (Form 990) (2010)

### SCHĘDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WICHITA FALLS BOYS AND GIRLS CLUB

Employer identification number 75-1539414

ALUMNI, INC.	<u>  75-1539</u>	414
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:	
AND HUMAN RESOURCES TO THE ORGANIZATION.		
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION N	MAKES ITS	FORM 990
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION N	MAKES ITS	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBL	IC DURING
NORMAL OPERATING HOURS AT THE BOYS & GIRLS CLUBS OF WICH	TA FALLS	
ADMINISTRATIVE OFFICE.		
	· · · · · · · · · · · · · · · · · · ·	
		<u>.</u>
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Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return WICHITA FALLS BOYS AND GIRLS CLUB Business or activity to which this form relates

990

ldentifying number

ALUMNI, INC.	GINDS C.	пор	FOR	м 99	0 P2	AGE 10		75-1539414
Part I Election To Expense Certain Property	y Under Section 17	79 Note: If you	have any lis	ted prop	perty, c	omplete Part	V before y	ou complete Part I.
Maximum amount (see instructions)							1	500,000.00
2 Total cost of section 179 property placed	d in service (see	instructions)					2	
3 Threshold cost of section 179 property b	•	•					3	2,000,000.00
4 Reduction in limitation Subtract line 3 fro			-0-				4	· · · · · · · · · · · · · · · · · · ·
5 Dollar limitation for tax year Subtract line 4 from line 1		•		instructio	ins		5	
6 (a) Description of prop		1	(b) Cost (busin			(c) Elected	cost	
	<del></del>							
· · · · · · · · · · · · · · · · · · ·					i i			
7 Listed property. Enter the amount from li	ne 29				7		• • • •	
8 Total elected cost of section 179 property		in column (c)	lines 6 and	<sub>7</sub>		<del></del>	8	
9 Tentative deduction. Enter the smaller of	-	in column (c)	, intes o and	•			9	
10 Carryover of disallowed deduction from I		000 Form 456	2				10	
	•			ים! מיי ויים	. F			
11 Business income limitation. Enter the sm		•		,	es		11	
12 Section 179 expense deduction Add line 12 Corpover of deallowed deduction to 20					12		12	
13 Carryover of disallowed deduction to 20 Note: Do not use Part II or Part III below for I					13			l
Tele				da liatas	1	4		
openia. Depresiant, mettan		<u> </u>			<del></del>	<del> </del>		
14 Special depreciation allowance for qualif	iea property (otr	ier than listed	property) pi	aced in	service	auring	١.,	
the tax year							14	
15 Property subject to section 168(f)(1) elec	tion						15	200 70
16 Other depreciation (including ACRS)  Part III MACRS Depreciation (Do not							16	209.78
Part III MACRS Depreciation (Do not	include listed pr			)				
			tion A				<del></del>	
17 MACRS deductions for assets placed in							, 17	
18 If you are electing to group any assets placed in service					•		ــــــــــــــــــــــــــــــــــــــ	
Section B - Assets F				Jsing th	ne Gen	eral Deprecia	tion Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for ( business/inv only - see in	estment use	(d) Re	ecovery eriod	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			,					
b 5-year property								
c 7-year property								
d 10-year property						T		
e 15-year property								
f 20-year property								
g 25-year property				25	yrs.	1	S/L	
	' /				yrs.	ММ	S/L	
h Residential rental property	,				5 yrs.	ММ	S/L	·
	<del>, , , , , , , , , , , , , , , , , , , </del>				yrs	ММ	S/L	
i Nonresidential real property	<del>,</del>			- 00	<del>,,,</del>	MM	S/L	
Section C - Assets Pla	aced in Service	During 2010	Tax Year Us	sing the	Altern			stem
20a Class life						1	S/L	<u> </u>
b 12-year	ı		-	12	VIE	<del> </del>	S/L	
c 40-year	<del></del> ,	<del></del>			yrs yrs	MM	S/L	
Part IV   Summary (See instructions )	/			40	yıə	IAIIAI	J/L	<u> </u>
<del></del>	20							
21 Listed property. Enter amount from line 2		an 10 100					21	
22 Total. Add amounts from line 12, lines 14 Enter here and on the appropriate lines of							22	209.78
23 For assets shown above and placed in s	ervice during the	current year	, enter the					
portion of the basis attributable to section	n 263A costs				23			

75-1539414 Page 2

WICHITA FALLS BOYS AND GIRLS CLUB Form 4562 (2010) ALUMNI, INC. Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V 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 (c) (e) (f) (a) (i) (a) Type of property (list vehicles first ) (h) (d) Date Business/ Elected Basis for depreciation Recovery Depreciation Method/ Cost or placed in investment (business/investment section 179 Convention deduction other basis period service use percentage use only) 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) (b) (c) (d) (f) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes Yes Nο Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 is another vehicle available for personal 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. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Νo Yes employees? 38 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 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 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 penod or percentage	(f) Amortization for this year
Amortization of costs that begins during y	our 2010 tax year				
				<u> </u>	
Amortization of costs that began before ye	our 2010 tax year			43	<del></del>
Total. Add amounts in column (f) See the	instructions for who	ere to report		44	

ALUMNI, INC.

Form 990 (2010)

75-1539414

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) (B) (C) (D) (E) Name and title Position Average Reportable Reportable Estimated hours (check all that apply) compensation amount of compensation from from related other per week the organizations compensation Highest compensated employee (W-2/1099-MISC) Individual trustee or director organization from the (W-2/1099-MISC) organization Institutional trustee and related Key employee organizations Officer CHRIS VOMASTEK 0.00 0.00 0.00 PRESIDENT 0.00 DAVID WELCH DIRECTOR 0.00 0.00 0.00 0.00 GORDON WEST 0.00 DIRECTOR 0.00 0.00 0.00 ANN WESTMORELAND DIRECTOR 0.00 0.00 0.00 0.00 Total to Part VII, Section A, line 1c

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Asset No	Description	Date Acquired Me	Method	Lrfe	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	3TRAILER	012494SL		7.00	16	557.01			557.01	557.01	_	0.00
7	4RISOGRAPH MACHINE	133660E0		7.00	16	4,000.00			4,000.00	4,000.00		00.0
	STRAILER	100594SL	_	7.00	16	2,400.00			2,400.00	2,400.00		00.0
	7FOLDER & SCALES	053195SL		7.00	16	272.88			272.88	272.88		00.0
	8OFFICE FURNITURE	062195SL		7.00	16	328.11			328.11	328.11		00.0
1(	10SPEAKERS	111998SL		7.00	16	1,047.76			1,047.76	1,047.76		00.0
11	GOLF SPONSOR	052099SL		7.00	16	444.33			444.33	444.33		00.0
	. 990 FAGE IO TOTAL OTHER MANAGEMENT AND					9,050.09		00.0	60.050,6	9,050.09	00.0	0.00
12	CONSTRUCTION	101206SL		7.00	16	1,468.49			1,468.49	681.79		209.78
	ANE					1,468.49		00.0	1,468.49	681.79	00.00	209.78
	GRAND TOTAL 990 PAGE 10 DEPR				<u> </u>	10,518.58		00.00	10,518.58	9,731.88	00.0	209.78
											<u>-</u>	
	-								_			
											<u>,,</u>	
					-		<del>.</del>					
028102 05-01-10			$\dashv$		( <u>)</u>	(D) - Asset disposed		) . II.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	rage, Bonus, Comr	nercial Revital	ization Deduction