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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No. 1545-1150

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

BILL WILLIAMS MOUNTAIN MEN

24975 N NAPLES ST
PAULDEN AZ 86334-

D Employer identification number: 86-6052857

E Telephone number: 928-899-2167

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c)(7) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 26,416.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	23,276.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,140.
	5a	Gross amount from sale of assets other than inventory (5a)		
	5b	Less: cost or other basis and sales expenses (5b)		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than $15,000) (6a)		
		Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000) (6b)		
	6c	Less: direct expenses from gaming and fundraising events (6c)		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances (7a)		
	7b	Less: cost of goods sold (7b)		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	26,416.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	3,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	550.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,029.
	16	Other expenses (describe in Schedule O)	16	13,810.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	18,389.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,027.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,783.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	44,810.

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II X

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		22	
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	36,783.	24	40,621.
25 Total assets	36,783.	25	40,621.
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,783.	27	40,621.

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

Check if the organization used Schedule O to respond to any question in this Part III .....

What is the organization's primary exempt purpose? AZ STATE GOODWILL AMBASSADORS

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

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

28 FOCUSING ON THE YOUTH OF THE STATE OF AZ THIS STATUS WAS DECLAIRED IN AUGUST OF 1984 BY THE GOVENOR OF THE STATE OF ARZONA

(Grants $) If this amount includes foreign grants, check here ▶ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV .....

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
DALE REUNOLDS PO BOX 187 WILLIAMS AZ 86046	PRESIDENT 6	0		
ROXEN CURETON PO BOX 187 WILLIAMS AZ 86046	VICE PRES 8	0		
JIM HOLMES PO BOX 187 WILLIAMS AZ 86046	TREASURER 10	0		
KEMPER BALES PO BOX 187 WILLIAMS AZ 86046	SECRETARY 6	0		

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

Check if the organization used Schedule O to respond to any question in this Part V. ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ AZ

42a The organizations books are in care of ▶ RODNEY BRUNTON Telephone no. ▶ 928-899-2167

Located at ▶ 24975 N NAPLES ST AZ PAULDEN ZIP + 4 ▶ 86334-

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	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," Form 990 and Schedule R must be completed instead of Form 990-EZ	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ..... ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 02/23/1915

▶ RODNEY BRUNTON TREASURER
Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
HAROLD E FISCHER	HAROLD E FISCHER	02/23/1915		P00557677

Firm's name ▶ EASY TAX SERVICE — Firm's EIN

Firm's address ▶ 7105 E KNOBBY LANE, PRESCOTT VALLEY AZ 86315- — Phone no. 928-899-6177

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
BILL WILLIAMS MOUNTAIN MEN

Employer Identification number
86-6052857

ORIGNINAL INFORMATION FROM RETURN BELOW

LINE 10

SCHOLARSHIPS	3110.00

LINE 16

FUNDRAISERS	20954.67
BANK FEES	33.00
INSURANCE	236.00
DONATIONS OUT	800.00
CORPORATE REPORT ARIZONA CORPORATION COMISSION	10.00
DUES	60.00
FEES	50.00
PARADE FEES	525.25
TOTAL LINE 16	22668.92

LINE 24 EDWARD JONES

BEGINNING OF YEAR AND END OF YEAR MUTUAL FUNDS

CORRECTED INFORMATION FOR AMENDED RETURN BELOW

LINE 4 - EDWARD JONES INCOME 3140.23

LINE 10 SCHOLARSHIPS 3000

LINE 16 DONATIONS OUT 1116.99 STEAKFRY 2857 RIDE 8362.59 DUES 525

INSURANCE 798 PARADE ENTRYS 150

US 990 **General Explanation** **2010**

THIS RETURN IS AMENDED DUE TO INCORRECT INFORMATION SUPPLIED BY ORIGINAL TREASURER - THE NEW AMOUNTS ARE REFLECTED FROM THE PRESENT TREASURER RE-EVALUATION OF THE BOOKS

US 990 Main Information Sheet 2010

For calendar year 2010 or tax year beginning _____ and ending _____

Name: BILL WILLIAMS MOUNTAIN MEN
Name line 2.
Address: 24975 N NAPLES ST
City, State, and Zip Code: PAULDEN AZ 86334-

EIN: 86-6052857
Telephone No: 928-899-2167

Email address.....
Web site address .....
Fiduciary name, if applicable.....
Name of officer signing return.....RODNEY BRUNTON
Title of officer/trustee/fiduciary signing return.....TREASURER
Group exemption number .....
Check if exemption application is pending .....☐
Accounting method .....Cash: ☒ Accrual: ☐ Other: ☐ Specify: _____
List states desired.....AZ

Type of exempt organization:

☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year (Form 990-EZ)
☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
☐ Exempt organization with unrelated business income (Form 990-T)

Preparer ID: HALF
Preparer name: HAROLD E FISCHER
Preparer SSN:
Firm's name: EASY TAX SERVICE
Address: 7105 E KNOBBY LANE
City, State, ZIP Code: PRESCOTT VALLEY AZ 86315-

Time in this return: 183 minutes
Date: 02/23/1915
PTIN: P00557677
Self-employed: ☒
Firm's EIN:
Phone: 928-899-6177

Preparer notes These notes will print and proforma.

Preparer's use fields

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____