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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014**Open to Public
Inspection**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DESERT CRUZERS CAR CLUB, INC.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 298
 City or town, state or province, country, and ZIP or foreign postal code
CLOVIS, NM 88102-0298

D Employer identification number
85-0434995

E Telephone number
(575) 769-0912

F Group Exemption Number ▶ **NA**

G Accounting Method: ☒ 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) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization. ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **30,584**

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	6,000
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,300
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 6,000 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	22,284
c	Less: direct expenses from gaming and fundraising events	6c	26,358	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(4,074)	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	4,226
	10	Grants and similar amounts paid (list in Schedule O)	10	8,250
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	200
	14	Occupancy, rent, utilities, and maintenance	14	662
	15	Printing, publications, postage, and shipping	15	877
	16	Other expenses (describe in Schedule O)	16	2,159
	17	Total expenses. Add lines 10 through 16 ▶	17	12,148
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7,922)
	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	23,409
	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	15,487

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2014)

95 14

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 ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,150	22 8,057
23 Land and buildings		23
24 Other assets (describe in Schedule O)	10,259	24 7,430
25 Total assets	23,409	25 15,487
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,409	27 15,487

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? **PROMOTE & PRESERVE AMERICA'S AUTO INDUSTRY**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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, optional for others.)

28 <u>CONTRIBUTION TO MAKE-A-WISH FOUNDATION-FOR CHILDREN WITH MEDICAL PROBLEMS & REQUESTS</u>		
(Grants \$ <u>6,000</u>) If this amount includes foreign grants, check here ☐	28a	6,000
29 <u>LIGHTHOUSE MISSION-FOR ASSISTANCE TO HOMELESS AND NEEDY</u>		
(Grants \$ <u>1,000</u>) If this amount includes foreign grants, check here ☐	29a	1,000
30 <u>DRAGGIN MAIN-PROMOTION OF INDIVIDUAL AUTO RESTORATION</u>		
(Grants \$ <u>1,000</u>) If this amount includes foreign grants, check here ☐	30a	1,000
31 Other program services (describe in Schedule O)		
(Grants \$ <u>250</u>) If this amount includes foreign grants, check here ☐	31a	250
32 Total program service expenses (add lines 28a through 31a)	32	8,250

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JERRY BAILEY, PRESIDENT				
2608 E. 7TH STREET, CLOVIS, NM 88101	0	0	0	0
RAY GARDNER, VICE-PRESIDENT				
108 SAVANNAH CT., CLOVIS, NM 88101	0	0	0	0
CONNIE DAWSON, SECRETARY				
1016 HULL ST., CLOVIS, NM 88101	0	0	0	0
JAMES FULLER, TREASURER				
3901 SPRINGWOOD DR., CLOVIS, NM 88101	0	0	0	0
RICHARD HAYNES, DIRECTOR				
PO BOX 35, FT. SUMNER, NM 88119	0	0	0	0
CARL MELINAT, DIRECTOR				
2009 REMUDA DR., CLOVIS, NM 88101	0	0	0	0
TROY JOHNSON, DIRECTOR				
681 CRH, CLOVIS, NM 88101	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
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	✓
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	✓
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ JAMES FULLER Telephone no. ▶ (575) 769-0912 Located at ▶ 3901 SPRINGWOOD DR, CLOVIS, NM ZIP + 4 ▶ 88101		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
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		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b 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 may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 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

	Yes	No
46		☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- 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."

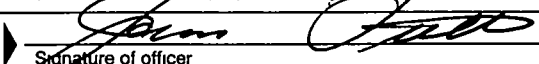
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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 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 <u>5/4/2015</u>
	JAMES FULLER, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LINDA BRYAN	Preparer's signature 	Date <u>7/29/15</u>	Check ☒ if self-employed	PTIN P01006492
	Firm's name LINDA BRYAN BOOKKEEPING & TAX SERVICE			Firm's EIN NA	
	Firm's address 11543 STATE HWY. 141, MAPLETON, IA 51034			Phone no (505) 382-9415	

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

Miscellaneous Statement

2014

Name(s) DESERT CRUZERS		Identification No 85-0434995
F/Y ENDING 12/31/14		Amount
FORM 990-EZ - Special Events Fund Raising		
For Calendar Year 2014		
Page 1, Part 1 - Schedule G		
Description: Rod Run & Car Raffle		
Gross Income		28,284.
Less Contributions		-6,000.
Gross Income, Page 1, Line 6b		22,284.
Special Events Direct Expenses:		
Cost of Auto Raffled	10,259	
Repair & Maintenance	1,349	
Cost of Annual Show	14,750	
Direct Expense Total, Page 1, Line 6c		26,358.
NET INCOME FROM SPECIAL EVENTS, Page 1, Line 6d		-4,074.
Totals		

Miscellaneous Statement

2014

Name(s) DESERT CRUZERS		Identification No 85-0434995
F/Y ENDING 12/31/14		Amount
FORM 990-EZ - SCHEDULE O - Other Information		
PART 1, Line 10 - Grants & Similiar Amounts Paid		
Make-A-Wish Foundation	6,000	
Lighthouse Mission	1,000	
Draggin Main	1,000	
See below * Smoke On The Water-4th of July	250	8,250.
Total Part 1, Line 10		
PART 1, Line 16 - Other Expenses		
Chamber of Commerce Dues	120	
Western States Insurance Group	500	
Social Club Events	991	
Bank Charges	39	
Travel	509	
Total Part 1, Line 16		2,159.
PART II, Line 24 - Other Assets		
COLUMN A (Beginning of Year)	COLUMN B (End of Year)	
Raffle Car Purchased in 2013 for 2014 Event	Raffle Car Purchased in 2014 for 2015 Event	
2006 Mustang	'84 Chev. Corvette	6,730
	100 Lawn Chairs	700
Total 10,159	Total	7,430
PART III, Line 31 - Other Program Services		
* "Smoke on the Water" 4th of July Donation	250	
Totals		