



<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)	<b>Expenses</b> <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
What is the organization's primary exempt purpose? <u>N/A</u> 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.	
28 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
32 <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GALE LEE, 3601 W. CHINO DRIVE GOLDEN VALLEY, AZ 86413	PRESIDENT 15 TO 20 HOURS	0	0	0
HENRY KOEHLER, PO BOX 4042 TUBAC, AZ 85646	VICE PRESIDENT 15 TO 20 HOURS	0	0	0
GEORGE TAKIS, 125W SPALDING DR NE SANDY SPRINGS, GA 30328-1912	SECRETARY 15-20 HOURS	0	0	0
DENNIS MCFADDEN 1332 EDMONT CV CLARKSDALE MS 38614	TREASURY 15-20 HOURS	0	0	0
BOB BOARD 3164 E LAPALMA AVE SUITE H, ANAHEIM, CA 92806	DIRECTOR 2-5 HOURS	0	0	0
JOE COOPER, 3102 SW COURT AVE ANKENY, IA 50023	DIRECTOR 2-5 HOURS	0	0	0
JAMES GILES, 3805 FRANCISTOWN RD RICHMOND, VA 23294	DIRECTOR 2-5 HOURS	0	0	0
BILL WHITT, 1011 STILLHOUSE SPRING ROUND ROCK, TX 78681	DIRECTOR 2-5 HOURS	0	0	0
MIKE GORACKE, 417 SE 100 AVENUE ELLINWOOD, KS 67526	DIRECTOR 2-5 HOURS	0	0	0
BRUCE JACOBSON, 4066 STERLING WAY BALDWIN PARK, CA 91706	DIRECTOR 2-5 HOURS	0	0	0
MIKE THYBERG, 310 N BRIDGE ST BOX 74 ELEROY, IL 61027	DIRECTOR 2-5 HOURS	0	0	0
BOB KOLB, 8809 BROOKVIEW DR ST. LOUIS, MO 63126	DIRECTOR 2-5 HOURS	0	0	0
DAVID RATTE, 2400 W ORLEANS ST #102 STILLWATER, MN 55082	DIRECTOR 2-5 HOURS	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> <u>N/A</u>		
b	Did the organization file <b>Form 1120-POL</b> for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> <u>N/A</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <b>39a</b> <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> <u>N/A</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		N/A
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 ▶ <u>N/A</u>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
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		X
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ <u>DENNIS MCFADDEN</u> Telephone no ▶ <u>662-627-2470</u> Located at ▶ <u>1332 EDMONT COVE, CLARKSDALE, MS</u> ZIP + 4 ▶ <u>38614</u>		
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)?		X
	If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country. ▶ <u>N/A</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		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 46-49b and complete the tables for lines 50 and 51.

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46  |     |    |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |     |    |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |     |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     |    |
| b If "Yes," was the related organization a section 527 organization?  | 49b |     |    |

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 ▶ \_\_\_\_\_

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: *Dennis M. Tadea* Date: 4-12-10

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: *Arnold Himmelstein* Date: 4/8/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ARNOLD HIMELSTEIN, ELLIS & HIRSBERG, CPA PLLC EIN: 64-0433645

PO BOX 400 CLARKSDALE, MS 38614 Phone no: 662-624-4332

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