6       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)         b       Gross income from fundraising events (not including \$ 0.00 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       0.00         c       Less: direct expenses from gaming and fundraising events       6c       0.00         d       Net income or (loss) from gaming and fundraising events       6d       0.00         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0.00         f       Gross sales of inventory, less returns and allowances       7a       0.00         b       Less: cost of goods sold       7b       0.00         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         g       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       2489.83       0.00         10       Grants and similar amounts paid (list in Schedule O)       11       0.00         12       Salaries, other compensation, and employee benefits       12       0.00         13       Occupancy, rent, utilities, and maintenance       13       0.00         14       0.00				]	Short Form				L	OMB No. 1545-1150
Description status (bits), or dell'pip) of the informal discossibility         Description status (bits), or dell'pip) of the informal discossibility         Description status (bits), or dell'pip) of the informal discossibility           Description of the Treasure information at a dell'status (bits) of the informal discossibility (bits) and the form wide (bits) of the information at a dell'status) of the information at the information at the ord of the year wide (bits) of the information at the information a	Form	. <b>g</b> g	<b>30-EZ</b>	Return of Organiza	ition Exempt	From I	ncome	Тах		$ \square \square \square \square $
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All other organizations with gross receipts less than \$300,000 and trail asset lass than \$300,000         Inspection           Note organization any set loss and other less more advanced intervent less than \$300,000         Inspection           A For the 2012 calendar year, or tax year beginning         Jain         Jain <thjain< th="">         Jain         Jain<th></th><th></th><th></th><th>Sponsoring organizations of donor advise</th><th>ed funds, organizations</th><th>that operate</th><th>one or more ho</th><th></th><th>ilities,</th><th>Onon to Dublic</th></thjain<>				Sponsoring organizations of donor advise	ed funds, organizations	that operate	one or more ho		ilities,	Onon to Dublic
Internal Service         > The organization may have to use a conjor of this return to satisfy state operating to be: 3         20           B Creck regulates:         C Name of organization         Density of organization <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>ons).</th><th></th></td<>									ons).	
For the 2012 calendary year, or tax year beginning       Jan.1       ,2012, and ending       D Employer identification number         Parties or surves       Name or organization       D Employer identification number       2000000000000000000000000000000000000										Inspection
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Image datases         Description         Description           Instruction         PO Box 1967         P					Juli 1	, 2012,				,
Inter elange         Number and street pC .box. If mail is not delivered to street address)         Feorifysite         Feorifysite         Feorifysite         Feorifysite         Feorifysite           Amended refer         P 0 Box 1967         Terminate         Provide Street				Red River-Lone Star Support Committ	lee				-	
Important Amender data       0.0 8 ard 1967       90 8 ard 1967         Amender data       Cost of now, state or country, and 2IP + 4       Forup Examption         Amender data       Cost of now, state or country, and 2IP + 4       Forup Examption         Amender data       Cost of now, state or country, and 2IP + 4       H Check ►         A cost of now float       Cost of now, state or country, and 2IP + 4       H Check ►         A cost of now float       Cost of now, state or country, and 2IP + 4       H Check ►         A cost of now float       Cost of now, state or country, and 2IP + 4       H Check ►         A cost of now float       Cost of now float       H Check ►       H Check ►         A cost of now float       A cost of now float       Forup State       H Check ►       H check T Forup State         A cost of now float       Forup State       Forup State       Forup State       Forup State         Now float       Forup State       Forup State       Forup State       Forup State         Now float       Forup State       Forup State       Forup State       Forup State         Now float       Forup State       Forup State       Forup State       Forup State         Now float       Forup State       Forup State       Forup State       Forup State		Name cha	ange			ss)	Room/suite	E Telep		
Immediated refain       City or town, state or country, and 2P + 4       IP Group Examplion         Appresent preaming       Trace Account of the specify >       Income >         Accounting Method:       Close I       Account of the specify >       If the organization is not specify >         If are examplication is not a section 5004(3) supporting organization at a section 5004(3) supporting organization at a section 5004(3) supporting organization at a section 527 organization and its gross receipts are normally not more than Solucol. A for more, the Form 900 relians and of form 900-12 come 900-14 (Postacad) may be required to any from 90-14 (Postacad) may be required to any from 900-14 (Postacad) may be required to any from 900-14 (Postacad) may be required to any from 900-14 (Postacad) may be require				P O Box 1967			Finance		903	3.278.0102
Implementation provides         Implementation         Implementation           0 Account of Website -         Case and the example status (check only one) -				City or town, state or country, and ZIP + 4				F Grou	ıp Exer	nption
I Website: ►				Texarkana TX 75504-1967				Num	iber 🕨	
J Tax-exempt status (check only one) — 501(c)(6) ∠ 501(c)(6) 4 (mset no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ is no secupits are normally form 990-EX is consistent of the organization chooses to file a return, be sure to file a complete return. L Add lines 5k, can A7b, to file b of determing organization sees recipits are socially 500 000 or more, or if total assets (Part II, line 25, column (2b) below) are \$500,000 or more, file Form 990 EZ is no secupits are socially 500 000 or more, or if total assets (Part II, line 25, column (2b) below) are \$500,000 or more, file Form 990 isstead of Form 990-EZ is no secupits are normally column (2b) below) are \$500,000 or more, file Form 990 isstead of Form 990-EZ isstead or Form 190-EZ isstead or Form 190-EZ isstead or Form 190-EZ isstead or Form 190-EZ isstead or Form 190 EZ isstead or Form 190-EZ isstead or Form 190-EZ isstead or Form 190 EZ isstead or Form 1 in Esstead or Form 190 EZ isstead or Form 190 EX	GΑ	ccoun	ting Method:	Cash Accrual Other (spec	:ify) ►		Н	Check	► 🗌 if	the organization is not
K Check ►       If the organization is not a section 509(e)(0) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-E2 or Form 990 return is not a section 520 contractor, and the gross receipts are scone of the organization chooses to file a return, be sure to file a complete return.         L Add Innes 2b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets [Part II, line 25, column [B) below are \$500,000 or more, if lead assets [Part II, line 25, column [B) below are \$500,000 or more, and the gross for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       1       0.000         1       Contributions, gifts, grants, and similar amounts received       1       0.000         2       Program service revenue including government fees and contracts       3       0.000         3       Mombership dues and assessments       5a       0.000         4       2489.83       5b       0.00         5       Cost or of the basis and sales expenses       5b       0.00         6       Garing and fundraising events reported on line 1) (attach Schedule G if the same of succeds \$15,000)       5c       0.00         6       Cass income from fundraising events (not including \$2       0.00       5c       0.00         6       Garing and fundraising events (not including \$2       0.00       5c       0.00         7<								•		
notrore than \$50,000, Å Form 990-E2 or Form 990 return is not required three organization chooses to file a return, be sure to file a complete return.         L Add lines 50, 6c, and 7b, to line 8 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-E2       >       >         Partal       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	JTa	ax-exer	npt status (che	eck only one) – _ 501(c)(3) ✓ 501(c) (	6 ) ◀ (insert no.)	4947(a)(1) or	527	(Form 99	90, 990	-EZ, or 990-PF).
the organization chooses to file a return, be sure to file a complete return. L Add lines 55, 6c, and 76, to line 9 to determine 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 900 Instead of Form 900-E2				0			0		•	
L Add lines 5b, 6c, and 7b, to line 9 to determine grose receipts are \$200,000 or more, of I to tal assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990-EZ						orm 990-N (e	-postcard) ma	ay be req	uired (s	see instructions). But if
Image: Solumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ       ▶ §         PartI       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received       1       0.00         2       Program service revenue including government fees and contracts       1       2.000         3       Membership dues and assessments       3       0.000         4       2489.83       5a       Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0.00         6       Garning and fundraising events (and inventory (Subtract line 5b from line 5a)       5c       0.00         6       Garning and fundraising events (and including \$       0.00 of contributions from fundraising events (and including \$       0.00         6       Cross income from fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0.00         7       Gross sales of inventory, less returns and allowances       7a       0.00         7       Gross sales of inventory, Subtract line 7b from line 7a)       7c       0.00         7       Gross sales of inventory, Subtract line 7b from line 7a)						00 or more	or if total assot	e (Part II		
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         1       Contributions, gifts, grants, and similar amounts received         2       Torgram service reveue including government fees and contracts         3       Membership dues and assessments       3         4       2489.83         5a       Gross amount from sale of assets other than inventory       5a       0.00         4       2489.83         5a       Gross anount from sale of assets other than inventory       5a       0.00         6       Garning and fundraising events       5b       0.00         6       Garning and fundraising events       6a       0.00         6       Gross income from garning and fundraising events       6b       0.00         6       Gross income from fundraising events (not including \$       0.00       6c       0.00         7       Gross sales of inventory, less returns and allowances       7a       0.00       6d       0.00         7       Gross sales of inventory, less returns and allowances       7a       0.00       7c       0.00         7       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         8       Other revenue (describe in Schedule O) <th></th> <th></th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th>tions</th> <th>for Part I)</th>				-					tions	for Part I)
1       Contributions, gifts, grants, and similar amounts received.       1       0.00         2       Program service revenue including government fees and contracts       2       0.00         3       Membership dues and assessments       3       0.00         4       2489.83       3       0.00         5       Gross amount from sale of assets other than inventory       5a       0.00         6       Garning and fundraising events       5b       0.00         6       Garning and fundraising events       5c       0.00         6       Garning and fundraising events       6a       0.00         7       Gross income from gaming (attach Schedule G if greater than s\\$15,000)       6a       0.00         6       Gross income from gaming and fundraising events       6b       0.00         7       C coss income from gaming and fundraising events       6d       0.00         7       Gross sprofit or (loss) from gaming and fundraising events       6d       0.00         7       Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         7       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         8       Other revenue (describe in Schedule 0)       10 <th>1 6</th> <th></th> <th></th> <th>· - · · -</th> <th></th> <th></th> <th>•</th> <th></th> <th></th> <th>•</th>	1 6			· - · · -			•			•
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5a       Gross amount from sale of assets other than inventory       5a       0.00         b       Less: cost or other basis and sales expenses       5b       0.00         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0.00         6       Garning and fundraising events       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c       0.00         b       Gross income from fundraising events (not including \$       0.00 of contributions from fundraising events (not including \$       0.00 of contributions         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0.00         7a       Gross sales of inventory, less returns and allowances       7a       0.00         7a       Gross sold       7c       0.00         6       Grants and similar amounts paid (list in Schedule O)       8       0.00         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       2489.83         10       Grants and similar amounts paid (list in Schedule O)       10       0.00         11       D.000       15       223.36       0.00         12       Salaries, other compensation, and employee benefits       12       0.00       13									4	
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Sector       §15,000)       6a       0.00         b       Gross income from fundraising events (not including \$       0.00       of contributions         b       Gross income from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0.00         c       Less: direct expenses from gaming and fundraising events       6c       0.00         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0.00         7a       Gross sales of inventory, less returns and allowances       7a       0.00       6d         7a       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         9       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       2489.83         10       Grants and similar amounts paid (list in Schedule 0)       10       0.00         11       Benefits paid to or for members       11       0.00         12       Salaries, other compensation, and employee benefits       12       0.00         13       Professional fees and other payments to independent contractors       13       0.00         14       Occupancy, rent, utilities, and maintenance       14       0.00         15 <t< th=""><th></th><th>_</th><td>Gain or (lo</td><td>oss) from sale of assets other than inv</td><td></td><td></td><td>ne 5a)</td><td></td><td>5c</td><td>0.00</td></t<>		_	Gain or (lo	oss) from sale of assets other than inv			ne 5a)		5c	0.00
sum of such gross income and contributions exceeds \$15,000) .       6b       0.00         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		а	Gross inc	come from gaming (attach Schedu	ule G if greater t	han				
sum of such gross income and contributions exceeds \$15,000) .       6b       0.00         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	anı		\$15,000)			· 6a		0.00		
sum of such gross income and contributions exceeds \$15,000) .       6b       0.00         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	ver	b					contributior	าร		
c       Less: direct expenses from gaming and fundraising events       6c       0.00         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0.00         7a       Gross sales of inventory, less returns and allowances       7a       0.00       6d       0.00         b       Less: cost of goods sold       7a       0.00       7b       0.00       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00       0         9       Total revenue. (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       2489.83       0.00         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       10       0.00       11       0.00         11       Benefits paid to or for members       10       10       0.00         12       Salaries, other compensation, and employee benefits       12       0.00         13       Professional fees and other payments to independent contractors       13       0.00         14       0.00       15       223.36       16       0ther expenses (describe in Schedule 0)       15       223.36         16       Other expenses. Add lines 10 through 16       17       8514.84       (6025.01)       18	Re			• • • • • • • •		1	1			
d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0.00         7a       Gross sales of inventory, less returns and allowances       7a       0.00         b       Less: cost of goods sold       7b       0.00         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         g       Other revenue (describe in Schedule O)       8       0.00         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       2489.83         10       Grants and similar amounts paid (list in Schedule O)       10       0.00         11       Benefits paid to or for members       11       0.00         12       Salaries, other compensation, and employee benefits       12       0.00         13       Professional fees and other payments to independent contractors       13       0.00         14       Occupancy, rent, utilities, and maintenance       14       0.00         15       Printing, publications, postage, and shipping       15       223.36         16       Other expenses (describe in Schedule O)       18       (6025.01)         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (6025.01)				-				0.00		
line 6c)       6d       0.00         7a       Gross sales of inventory, less returns and allowances       7a       0.00         b       Less: cost of goods sold       7c       0.00         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         8       Other revenue (describe in Schedule O)       8       0.00       7c       0.00         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       2489.83       0.00         10       Grants and similar amounts paid (list in Schedule O)       10       0.00       0.00         11       Benefits paid to or for members       11       0.00       0.00         12       Salaries, other compensation, and employee benefits       12       0.00         13       Professional fees and other payments to independent contractors       13       0.00         14       Occupancy, rent, utilities, and maintenance       14       0.00         15       Printing, publications, postage, and shipping       15       223.36         16       Other expenses (describe in Schedule O)       17       8514.84         17       Total expenses. Add lines 10 through 16       17       8514.84         18       Excess or (deficit)										
7a       Gross sales of inventory, less returns and allowances       7a       0.00         b       Less: cost of goods sold       7c       0.00         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0.00         8       Other revenue (describe in Schedule O)       8       0.00         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       2489.83         10       Grants and similar amounts paid (list in Schedule O)       10       0.00         11       Benefits paid to or for members       11       0.00         12       Salaries, other compensation, and employee benefits       12       0.00         13       Professional fees and other payments to independent contractors       13       0.00         14       Occupancy, rent, utilities, and maintenance       14       0.00         15       Printing, publications, postage, and shipping       15       223.36         16       Other expenses (describe in Schedule O)       18       (6025.01)         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       176.145.13         20       Other changes in net assets or fund balances (explain in Schedule O)       20 <th></th> <th>d</th> <td></td> <td></td> <td></td> <td></td> <td>a bb and su</td> <td>otract</td> <td>0.1</td> <td></td>		d					a bb and su	otract	0.1	
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16       Other expenses (describe in Schedule O)       16       8291.48         17       Total expenses. Add lines 10 through 16       17       8514.84         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (6025.01)         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       176,145.13         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0.000         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       170,120.12	xpe	14		-					14	0.00
17       Total expenses. Add lines 10 through 16       17       8514.84         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (6025.01)         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       176,145.13         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0.00         21       Net assets or fund balances at end of year. Combine lines 18 through 20       1       17	Ш́								15	223.36
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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       176,145.13         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20       0.00         21       Net assets or fund balances at end of year. Combine lines 18 through 20       1       21       170,120.12			I otal expe	enses. Add lines 10 through 16				. 🕨		
21 Net assets of fund balances at end of year. Combine lines 18 through 20	sts				,				18	(6025.01)
21 Net assets of fund balances at end of year. Combine lines 18 through 20	SSE	19							10	470 445 40
21 Net assets of fund balances at end of year. Combine lines 18 through 20	μA	20	-		-				-	
	Ne									
	For					-				

Form	990-EZ (2012)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part II....		🗆
	2			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	176,145.13	22	170,120.12
23	Land and buildings		[	0.00	23	0.00
24	Other assets (describe in Schedule O)		[	0.00	24	0.00
25	Total assets		[	176,145.13	25	170,120.12
26	Total liabilities (describe in Schedule O)			0.00	26	0.00
27	Net assets or fund balances (line 27 of column	() <b>C</b>	,	176,145.13	27	170,120.12
	Check if the organization used Schedule	O to respond to an Attract and retain job	ny question in this I os	Part III 🗌	501( orga	Expenses uired for section c)(3) and 501(c)(4) nizations and section
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the				(a)(1) trusts; optional thers.)
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	· · · <b>·</b>	28a	0.00
29	(Grants \$ ) If this amount	includes foreign gra	unts, check here .	· · · · ► □	29a	0.00
30	(Grants \$ ) If this amount	includes foreign gra			30a	0.00
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	0.00
1	Total program service expenses (add lines 28a				32	
Par				•		, 
	Check if the organization used Schedule	O to respond to ar			<u> </u>	🗌
	(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 employe benefit plans, and deferred compensation	0	Estimated amount of ther compensation
Jame	es M Carlow, President	_				
New	Boston TX	025	0.00	0.0	0	0.00
Robe	rt Buck, Vice President					
	rkana TX	0.25	0.00	0.0	0	0.00
	Sparks, Treasurer	-				
<u>Texa</u>	rkana TX	0.5	0.00	0.0	0	0.00
		-				
		-				
		-				
		-				
		-				
		-			_	
		-				
		-				

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		е	
		Part		
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	Yes	No √
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.00 Did the organization file <b>Form 1120-POL</b> for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9			
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 d	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			
е	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 ►			
42a	The organization's books are in care of ► Jerry Sparks Telephone no. ► 9	03.27	8.0102	2
_	Located at ► 3610 Potomac Ave, Texarkana TX ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	75503		
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	Yes	
	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.	420		✓
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		$\checkmark$
43	If "Yes," enter the name of the foreign country: ► 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		. 1	▶ ✓
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	Yes	No
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			✓ ✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44b 44c 44d		$\checkmark$
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		$\checkmark$
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓ ✓

orm 99	90-EZ (2012)								age
40	Did the exercise time and	o directive '			n habelf - f	or in '	tion	Yes	No
6	Did the organization engage to candidates for public offi	e, airectly or in ice? If "Yes " c	ndirectly, in political c	ampaign activities o Part I	n benait of	or in opposi	. 46		
art	VI Section 501(c)(3) or						. 40		V
	All section 501(c)(3)			stions 47–49b and	l 52. and c	omplete th	e tables	for lin	es
	50 and 51	<b>J</b>	· · · · · · ·		. ,				
	Check if the organiza	ation used Sch	hedule O to respond	to any question in	this Part V	Ι			
								Yes	No
7	Did the organization engag year? If "Yes," complete Sc			section 501(h) electi		t during the			
8	Is the organization a school						· 47 . 48		<u> </u>
0 9a	Did the organization make a						-		
b	If "Yes," was the related or	-	-	-			. 49b	-	
0	Complete this table for the								
	employees) who each recei	ved more than	n \$100,000 of comper	sation from the orga			e, enter "	None.'	
	(a) Name and title of each empl	loyee	(b) Average	(c) Reportable		th benefits, is to employee	(e) Estimat	ed amo	unt c
	paid more than \$100,000		hours per week devoted to position	compensation (Forms W-2/1099-MISC	benefit plan	s, and deferred			
					<sup>/</sup> comp	ensation			
 f	Total number of other emple					rs who each		more	th:
	Total number of other employ Complete this table for the \$100,000 of compensation	e organization'	s five highest compe	ensated independen	t contracto	rs who each	n received	l more	e tha
1	Complete this table for the	e organization' from the orga	s five highest compendation. If there is no	ensated independen			received		e tha
1	Complete this table for the \$100,000 of compensation	e organization' from the orga	s five highest compendation. If there is no	ensated independen one, enter "None."					th:
1	Complete this table for the \$100,000 of compensation	e organization' from the orga	s five highest compendation. If there is no	ensated independen one, enter "None."					th:
1	Complete this table for the \$100,000 of compensation	e organization' from the orga	s five highest compendation. If there is no	ensated independen one, enter "None."					e th
1	Complete this table for the \$100,000 of compensation	e organization' from the orga	s five highest compendation. If there is no	ensated independen one, enter "None."					th:
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1	Complete this table for the \$100,000 of compensation	e organization' from the orga	s five highest compendation. If there is no	ensated independen one, enter "None."					• th:
1	Complete this table for the \$100,000 of compensation	e organization' from the orga	s five highest compendation. If there is no	ensated independen one, enter "None."					• th:
1	Complete this table for the \$100,000 of compensation	e organization' from the orga	s five highest compendation. If there is no	ensated independen one, enter "None."					• th
(a)	Complete this table for the \$100,000 of compensation Name and address of each independ	e organization' from the orga dent contractor pa	s five highest compe inization. If there is no id more than \$100,000	ensated independen ne, enter "None." (b) Type of se					• th: 
1 (a)	Complete this table for the \$100,000 of compensation Name and address of each independ 	e organization' from the orga dent contractor pai	s five highest compensional structure is not inization. If there is not inization with the structure is not inization. If there is not inization is structure in the structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If there is not inization is structure is not inization. If the structure is not inization is structure is not inization. If the structure is not inization is structure is not inization. If the structure is not inization is structure is not inization. If the structure is not inization is structure is not inization. If the structure is not inization is structure is not inization. If the structure is not inization is not inization. If the structure is not inization is not inization. It is not inizatio	ensated independen ne, enter "None." (b) Type of se	rvice				• th: 
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