

2008 TAX RETURN

Preparer Review Copy

Client: 10027

Prepared for: The Friends of Bosque Del Apache
National Wildlife Refuge
P.O. Box 340
San Antonio, NM 87832
575-838-2120

Prepared by: Melissa R. Santistevan, CPA
PRECISION ACCOUNTING LLC
6565 AMERICAS PKWY NE STE 210
ALBUQUERQUE, NM 87110-8172
(505) 563-5525

Date: November 16, 2009

Comments:

Route to: _____

CLIENT 10027

**PRECISION ACCOUNTING LLC
6565 AMERICAS PKWY NE STE 210
ALBUQUERQUE, NM 87110-8172
(505) 563-5525**

November 16, 2009

The Friends of Bosque Del Apache
National Wildlife Refuge
P.O. Box 340
San Antonio, NM 87832

Dear Client:

Enclosed is your 2008 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before February 16, 2010 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Melissa R. Santistevan, CPA

PRECISION ACCOUNTING LLC
6565 AMERICAS PKWY NE STE 210
ALBUQUERQUE, NM 87110-8172
(505) 563-5525

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November 16, 2009

The Friends of Bosque Del Apache
National Wildlife Refuge
P.O. Box 340
San Antonio, NM 87832
575-838-2120

FEDERAL FORMS

Form 990-EZ
Schedule A
Schedule G

2008 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)
Fundraising or Gaming Activities

FEE SUMMARY

Preparation Fee

	2008	2007	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	162,061	97,780	64,281
Membership dues and assessments.....	0	36,367	-36,367
Investment income.....	1,890	0	1,890
Net income (loss) - special events.....	65,170	-40,524	105,694
Gross profit (loss) - inventory sales....	117,075	42,508	74,567
Total revenue.....	346,196	138,501	207,695
EXPENSES			
Salaries and employee benefits.....	112,544	0	112,544
Occupancy/rent/utilities/maintenance....	23,700	0	23,700
Printing, publications, and postage.....	6,590	0	6,590
Other expenses.....	239,109	0	239,109
Total expenses.....	381,943	223,632	158,311
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-35,747	-85,131	49,384
Net assets/fund bal. at beg. of year.....	291,437	407,892	-116,455
Other changes in net assets/fund bal.....	20,863	-31,324	52,187
Net assets/fund bal. at end of year.....	276,553	291,437	-14,884

Federal Overrides

Screen 4.1

- An override entry of 3 has been made in Federal "TIN on Forms 990/990-PF: 1=when applicable, 2=suppress, 3=force [0]" (Screen 4.1, Code 27).
- An override entry of has been made in Federal "2008 Gross Receipts" (Screen 4.1, Code 54).

Screen 6

- An override entry of 2 has been made in Federal "Had unrelated business gross income of \$1,000 or more and filed Form 990-T: 1=yes, 2=no (78b)[35b][0]" (Screen 6, Code 4).

Screen 34

- An override entry of 3,127 has been made in Federal "Book depreciation [0]" (Screen 34, Code 30).

Screen 50.1

- An override entry of 302 has been made in Federal "Other notes and loans receivable [0]" (Screen 50.1, Code 218).

2008

General Information

Page 1

Client 10027

The Friends of Bosque Del Apache
National Wildlife Refuge

85-0415878

11/16/09

11:30AM

Forms needed for this return

Federal : 990-EZ, Sch A, Sch G

Carryovers to 2009

None

Computation of Cost of Goods Sold (Form 990-EZ)

1. Inventory at start of year.....	111,190.
2. Purchases.....	157,023.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	0.
6. Total (Add lines 1 through 5).....	<u>268,213.</u>
7. Inventory at end of year.....	<u>130,182.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>138,031.</u></u>

**Short Form
Return of Organization Exempt From Income Tax**

2008

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

G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. The Friends of Bosque Del Apache National Wildlife Refuge P. O. Box 340 San Antonio, NM 87832	D Employer identification number <u>85-0415878</u>	E Telephone number <u>575-838-2120</u>	F Group Exemption Number <u>..... G</u>
--	--	--	--	--

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) G

I Website: G www.friendsofthebosque.org

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

J Organization type (check only one) 501(c) (3) **H** (insert no.) 4947(a)(1) or 527

K Check **G** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **G**\$ 484,227.

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

	1 Contributions, gifts, grants, and similar amounts received		162,061.	
	2 Program service revenue including government fees and contracts			
	3 Membership dues and assessments			
	4 Investment income		1,890.	
REVENUE	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) (att sch)	5c		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> G			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	65,170.	
	b Less: direct expenses other than fundraising expenses	6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	65,170.	
	7a Gross sales of inventory, less returns and allowances	7a	255,106.	
	b Less: cost of goods sold	7b	138,031.	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	117,075.	
	8 Other revenue (describe <u>G</u> _____)	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	G 9	346,196.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	112,544.	
	13 Professional fees and other payments to independent contractors	13		
	14 Occupancy, rent, utilities, and maintenance	14	23,700.	
	15 Printing, publications, postage, and shipping	15	6,590.	
	16 Other expenses (describe <u>G</u> <u>See Statement 1</u>)	16	239,109.	
	17 Total expenses (add lines 10 through 16)	G 17	381,943.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-35,747.	
ASSETS	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	291,437.	
	20 Other changes in net assets or fund balances (attach explanation) <u>See Statement 2</u>	20	20,863.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	G 21	276,553.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		241,743.	22	186,835.
23 Land and buildings			23	
24 Other assets (describe <u>G</u> <u>See Statement 3</u>)		124,720.	24	136,516.
25 Total assets		366,463.	25	323,351.
26 Total liabilities (describe <u>G</u> <u>See Statement 4</u>)		75,026.	26	46,798.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		291,437.	27	276,553.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>See Statement 5</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
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, or other relevant information for each program title.			
28	<u>See Statement 6</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	28a	68,678.
29	<u>See Statement 7</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	29a	46,244.
30	<u>See Statement 8</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	30a	1,581.
31	Other program services (attach schedule) <u>See Statement 9</u> (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	31a	3,153.
32	Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/> G	32	119,656.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
JON MORRI SON 407 EATON AVENUE SOCORRO, NM 87801	MEMBER AT LARGE 0	0.	0.	0.
THOMAS D. SIZEMORE 7449 SARATOGA LN SANTA FE, NM 87507	Treasurer 2.00	0.	0.	0.
JERRY GOFFE 1009 EL ALHAMBRA CIRCLE NW ALBUQUERQUE, NM 87107	Vice President 2.00	0.	0.	0.
BOB MERKEL 601 WESTERN AVE SOCORRO, NM 87801	Secretary 2.00	0.	0.	0.
DON TRIPP P O BOX 1369 SOCORRO, NM 87801	AT LARGE 2.00	0.	0.	0.
STEVEN GREEN 561 EAST 8TH STREET TRUTH OR CONSEQUENCES, NM 87901	SPECIAL EVENTS 2.00	0.	0.	0.
JERRY OLDENETTEL 499 FARM TO MARKET RD SOCORRO, NM 87801	EDUCATION CHAIR 2.00	0.	0.	0.
DR. PAUL C. WHITE 514 RIDGECREST AVE LOS ALAMOS, NM 87544	President 2.00	0.	0.	0.
PHIL NORTON P O BOX 441 SAN ANTONIO, NM 87544	AT LARGE 2.00	0.	0.	0.
BRIAN IVENER 7423 CIELO GRANDE NE ALBUQUERQUE, NM 87109	AT LARGE 2.00	0.	0.	0.
LEIGH ANN VRADENBURG 101 BOSQUECITO RD SAN ANTONIO, NM 87832	Executive Direc 40.00	0.	0.	0.
----- -----				

Part V Other Information (Note the statement requirement in General Instruction 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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T. See Statement 10		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions. G <u>37a</u> <u>0.</u>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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 unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <u>38b</u> <u>N/A</u>		
39	39 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. <u>39a</u> <u>N/A</u>		
39b	b Gross receipts, included on line 9, for public use of club facilities. <u>39b</u> <u>N/A</u>		
40a	40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G <u>0.</u> ; section 4912 G <u>0.</u> ; section 4955 G <u>0.</u>		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G <u>0.</u>		
40d	d Enter amount of tax on line 40c reimbursed by the organization. G <u>0.</u>		
40e	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	41 List the states with which a copy of this return is filed G <u>None</u>		

42a The books are in care of G Leigh Ann Vradenburg Telephone no. G 575-838-2120
 Located at G P. O. Box 340 San Antonio NM ZIP + 4 G 87832

		Yes	No
42b	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: . . . G _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: . . . G _____		X
-----	---	--	---

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here G N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. G 43 | N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	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 only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 11

	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.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	X	
b If 'Yes,' was the related organization(s) a section 527 organization?		X

50 Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000.	G			

51 Complete this table for the 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
None		
Total number of other independent contractors receiving over \$100,000.	G	

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:
 G _____ | _____
 Signature of officer | Date
 G DR. PAUL C. WHITE | President
 Type or print name and title.

Paid Preparer's Use Only:
 Preparer's signature: G Melissa R. Santistevan, CPA | Date _____
 Check if self-employed: G
 Preparer's Identifying Number (See instructions): P00707027
 Firm's name (or yours if self-employed), address, and ZIP + 4: G PRECISION ACCOUNTING LLC
 G 6565 AMERICAS PKWY NE STE 210
 ALBUQUERQUE, NM 87110-8172
 EIN: G 41-2237877
 Phone no.: G (505) 563-5525

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3.						
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) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 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).					12	
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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3 support test ' 2007. 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.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. 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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	168,578.	547,193.	288,173.	187,785.	187,459.	1,379,188.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	335,185.	298,312.	266,339.	234,864.	255,106.	1,389,806.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1-5	503,763.	845,505.	554,512.	422,649.	442,565.	2,768,994.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						2,768,994.

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	503,763.	845,505.	554,512.	422,649.	442,565.	2,768,994.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,045.	5,901.	4,588.	2,370.	1,890.	16,794.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	2,045.	5,901.	4,588.	2,370.	1,890.	16,794.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	1,959.			35,075.	39,772.	76,806.
13 Total support. (add lns 9, 10c, 11, and 12.)						2,862,594.

14 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. **G**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	96.7 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.3 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	0.6 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	0.6 %

19a 33-1/3 support tests * 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. **G**

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. **G**

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. **G**

Part III, Line 12 - Other Income

Nature and Source	2008	2007	2006	2005	2004
OTHER INCOME					1,959.
Inkind donations	39,772.	35,075.			
Total	<u>\$ 39,772.</u>	<u>\$ 35,075.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 1,959.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		Festival of th (event type)	(event type)	(total number)		
REVENUE	1	Gross receipts	65,170.		65,170.	
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	65,170.		65,170.	
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4- through 7 in column (d)				G
	9	Net income summary. Combine lines 3 and 8 in column (d)			65,170.	G

Part III 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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
REVENUE	1	Gross revenue				
	2	Cash prizes				
DIRECT EXPENSES	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				G
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				G

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility..... 13a %		
b	An outside facility..... 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: G -----		
	Address: G -----		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?..... 15a		
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
c	If 'Yes,' enter name and address:		
	Name: G -----		
	Address: G -----		
16	Gaming manager information		
	Name: G -----		
	Gaming manager compensation G \$ _____		
	Description of services provided: G -----		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?..... 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$		

11/16/09

11:30AM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	14,658.
Bank Fees and Credit card fees.....		9,108.
Conferences, Conventions, and Meetings.....		2,558.
Depreciation.....		3,127.
Donation to US Fish & Wildlife.....		35,026.
Dues and Subscriptions.....		674.
equipment Rental.....		32,954.
Fundraising.....		11,178.
General Project costs.....		4,571.
Insurance.....		7,062.
Office Expenses.....		676.
Other.....		810.
Professional Fees.....		43,877.
Public Relations.....		38.
Repairs and Maintenance.....		1,077.
Rio Fest.....		346.
Scholarships.....		8,406.
Specific Project Costs.....		24,485.
SUPPLIES.....		35,110.
Tel ephone.....		3,368.
	Total	<u>\$ 239,109.</u>

Statement 2
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Prior Period Adjustments.....	\$	20,863.
	Total	<u>\$ 20,863.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginni ng</u>	<u>Endi ng</u>
Inventories.....	\$ 111,190.	\$ 130,182.
Notes and Loans Receivable.....	0.	302.
Pledges and Grants Receivable.....	5,181.	0.
Prepaid Expenses and Deferred Charges.....	8,349.	6,032.
	Total	<u>\$ 124,720.</u>
		<u>\$ 136,516.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts Payable and Accrued Expenses.....	\$ 20,276.	\$ 6,092.
Deferred Revenue.....	54,750.	40,706.
	Total	<u>\$ 75,026.</u>
		<u>\$ 46,798.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The purpose of the Organization is to support the Bosque del Apache National Wildlife Refuge, and to promote appreciation and conservation of wildlife and habitat through environmental education and natural history experiences at the Refuge.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

THE FRIENDS CONDUCT OR FUND SEVERAL PROJECTS AT THE REQUEST AND/OR ON THE BEHALF OF THE REFUGE, SUCH AS PUBLICATION OF OUTREACH MATERIAL, EVENT PLANNING FOR WILDLIFE REFUGE WEEK AND THE SUMMER EDUCATIONAL WORKSHOP SERIES, CONSTRUCTION OF NEW EDUCATIONAL FACILITIES, AND ACQUISITION OF NECESSARY SUPPLIES AND LABOR FOR ONGOING PROGRAMS AT THE REFUGE.

Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

THE FRIENDS HAVE SEVERAL PROGRAMS THAT BENEFIT AND SUPPLEMENT THE EDUCATION AND OUTREACH EFFORTS OF THE REFUGE SUCH AS WATERSHED EDUCATION PROGRAM FOR ELEMENTARY CHILDREN, THE BI-MONTHLY NEWSLETTER, AND OTHER PUBLIC RELATIONS EFFORTS.

Statement 8
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

EACH YEAR THE FRIENDS PROVIDE SAVINGS BONDS AND AN AWARD CEREMONY FOR THE WINNERS OF THE NEW MEXICO JUNIOR DUCK STAMP CONTEST, WHICH IS PART OF AN IMPORTANT AND HISTORICAL NATION-WIDE PROGRAM THAT TEACHES WILDLIFE CONSERVATION THROUGH ART.

Statement 9
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
THE FRIENDS PROVIDE FUNDING TO SCHOOLS ON THE BEHALF OF THE REFUGE TO SUBSIDIZE GAS AND DRIVER COSTS FOR FIELDTRIPS AND TOURS OF THE REFUGE.		3,153.
Includes Foreign Grants: No		
Total	\$ 0.	\$ 3,153.

Statement 10
Form 990-EZ , Part V, Line 35
Reason for Income Not Reported on Form 990-T

Nature Store is an integral part of the program related to educating the
birdwatchers and visitors.

Statement 11
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No