

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 black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2006**Open to Public
Inspection****A For the 2006 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.**C Name of organization**

WATSONS PANTRY

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P. O. BOX 365

City, town, or country

State

ZIP + 4

CLARKSVILLE

TX

75426

D Employer identification number

75-2222686

E Telephone number

(903)427-2181

F Group Exemption

Number ►

- **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) ►**I Website:** ►**J Organization type** (check only one)— ☒ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K Check** ☐ 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 \$100,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 45,885**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions)

| | | | | |
|-------------------|--|--|--------|--------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 45,126 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 759 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | 0 |
| | 5b | Less: cost or other basis and sales expenses | 5b | 0 |
| | 5c | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | 0 |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ of contributions reported on line 1) | 6a | 0 |
| 6b | Less: direct expenses other than fundraising expenses | 6b | 0 | |
| 6c | Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | 0 | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less: cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | 0 | |
| 8 | Other revenue (describe) | 8 | 0 | |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 45,885 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | 0 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ► See attached statement) | 16 | 35,022 |
| | 17 | Total expenses (add lines 10 through 16) | 17 | 35,022 |
| Net Assets | 18 | Excess or (deficit) for the year (line 9 less line 17) | 18 | 10,863 |
| | 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 | 23,342 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year (combine lines 18 through 20) | 21 | 34,205 |

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 23,342 | 22 34,205 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ►) | 0 | 24 0 |
| 25 Total assets | 23,342 | 25 34,205 |
| 26 Total liabilities (describe ►) | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 23,342 | 27 34,205 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2006)

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)**Expenses**

What is the organization's primary exempt purpose? CARE FOR THE ELDERLY AND NEEDY
 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.

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

28 DISTRIBUTION OF FOOD RESOURCES TO QUALIFIED ELDERLY AND NEEDY FAMILIES

(Grants \$) If this amount includes foreign grants, check here ☐

28a

35,022

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a**30**

(Grants \$) If this amount includes foreign grants, check here ☐

30a**31 Other program services** (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

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

35,022

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)

| (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 |
|----------------------|-----|-----|--|---|---|--|
| Name | Str | | Title | | | |
| City | ST | TX | Hr/WK | | | |
| | | ZIP | | | | |
| Name | Str | | Title | | | |
| City | ST | | Hr/WK | | | |
| | | ZIP | | | | |
| Name | Str | | Title | | | |
| City | ST | | Hr/WK | | | |
| | | ZIP | | | | |
| Name | Str | | Title | | | |
| City | ST | | Hr/WK | | | |
| | | ZIP | | | | |

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

33

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

34

X

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

X

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b

N/A

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)

36

X

37 a 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

X

38 a 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?

38a

X

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.

38b

39 501(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

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)**40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ ; section 4912 ▶ , section 4955 ▶

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," attach an explanation

| | Yes | No |
|------------|-----|----|
| 40b | | |

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶**d** 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? .

| | | |
|------------|--|--|
| 40e | | |
|------------|--|--|

41 List the states with which a copy of this return is filed ▶**42 a** The books are in care of ▶ Name JIM COCHRAN

Telephone no ▶ (903)427-5858

Located at ▶ 706 W 12TH City CLARKSVILLE ST TX ZIP + 4 ▶ 75426

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)?

| | Yes | No |
|------------|-----|----|
| 42b | | X |

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S. ?

| | | |
|------------|--|---|
| 42c | | X |
|------------|--|---|

If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

43 N/APlease
Sign
Here

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

Signature of officer *Patsy Jones*

Date 6-26-07

Type or print name and title PATSY JONES

Paid
Preparer's
Use OnlyPreparer's signature *Steve Bishop*

Date

6/23/2007

Check if
self-
employed ☒

Preparer's SSN or PTIN (See Gen Inst X)

452-21-8615

Firm's name (or yours if self-employed),

STEVE BISHOP CPA

EIN ▶

address, and ZIP + 4

2608 FM 910, CLARKSVILLE, TX 75426

Phone no ▶

Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received

| | | | |
|----|---|----|--------|
| 1 | Contributions | 1 | 45,126 |
| 2 | Non Cash Contributions | 2 | |
| 3 | Membership dues and assessments (contributions from the public) | 3 | |
| 4 | Government contributions (grants) | 4 | |
| 5 | Commercial co-venture | 5 | |
| 6 | Special events contributions (Line 6 - Special Events) | 6 | 0 |
| 7 | | 7 | |
| 8 | | 8 | |
| 9 | | 9 | |
| 10 | Total | 10 | 45,126 |

Line 16 (990-EZ) - Other expenses

| | | | |
|---|------------------------|---|--------|
| 1 | Supplies | 1 | 171 |
| 2 | Utilities | 2 | 4,386 |
| 3 | Food for Distribution | 3 | 23,135 |
| 4 | Health Insurance | 4 | 6,384 |
| 5 | Refrigeration supplies | 5 | 946 |
| 6 | Total other expenses | 6 | 35,022 |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**

| | | |
|---|---|--------------------------------|
| Type or print File by the due date for filing your return. See instructions | Name of Exempt Organization | Employer identification number |
| | WATSONS PANTRY | 75-222686 |
| | Number, street, and room or suite no. If a P O box, see instructions | |
| | P O BOX 365 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | CLARKSVILLE TX 75426 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶

Telephone No ▶ FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15/2007 to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 2006 or
- ▶ ☐ tax year beginning, and ending

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|----|------|
| 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions