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200766

_{-om} 990

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)

2007

Open to Public

Department of the Treasury Internal Revenue Service

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

į.	nterna	al Reven	is Service The organization may have to use a copy of this return to satisfy	state reporting		
-	A	For th	e 2007 calendar year, or tax year beginning Tan, , 2007, and	ending J		31,2007
1	3 C	heck if	applicable Please C Name of organization			yer Identification number
ſ	_		change use IRS Veterans of Fore an wars of the United States Pos	+ No. 4783	22 6	063614
Ī	_	lame c	print or Number and street (of PO box if mail is not delivered to street address)	Room/suite		one number
Ī	_	nitial re	see 34 Maanolia Dr.		1732	1928-0077
ו	=	ermina	Specific City or town state or country and ZIP + 4		F Accounting	ng method: Cash Accrual
_ L	=		d return tions. Jackson US 08527		_	her (specify) ▶
	=			H and I are not		to section 527 organizations.
L	^^	pplicati	on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			n for affiliates? 📋 Yes 📝 No
	3 V	Vebsit	ar >	H(b) If "Yes," e	enter numb	er of affiliates ▶
-		100310	/	H(c) Are all affi	iliates inclu	ıded? Yes No
	J C)rganiz	zation type (check only one) ► ☑ 501(c) () ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527	(If "No," a	ittach a list	t. See instructions.)
1	K (heck	here ▶ if the organization is not a 509(a)(3) supporting organization and its gross	H(d) is this a se	parate retur	m filed by an
	•	eceipto	are normally not more than \$25,000. A return is not required, but if the organization chooses			by a group ruling? Yos V No
_	t	o file a	return, be sure to file a complete return.		emption No	
		21000	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶			the organization is not required form 990, 990-EZ, or 990-PF).
ì		rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balan			
1	Γē			ices (See in	e iristru	ctions.)
		1	Contributions, gifts, grants, and similar amounts received:	Ø		
		а	Contributions to donor advised funds	1605		
		b	Birdet public dupport (not intoladed on into lay	66,25		
		С	mandet public support (not included on line ray ,	<u> 771.94</u>		
		d	Government contributions (grants) (not included on line 1a)	<u>,ø</u>	- 	18138.19
		е	Total (add lines 1a through 1d) (cash \$18/38,19 noncash \$ 2	·	1e	16136.17
		2	Program service revenue including government fees and contracts (from Part	VII, line 93)	2	0.115
		3	Membership dues and assessments		3	2453.50
		4	Interest on savings and temporary cast revestments		4	13.25
2010		5	Dividends and interest from securities	જ	5	<u> </u>
		6a	Gross rents ./	<u>~</u>	⊣ i	RECEIVED
₩		b	Less: rental expenses	<u> </u>		Ø
0		С	Net rental income or (loss). Subtract line 50 from line 6a		6c	
AUG	e e	7	Other investment income (describe)	7	Ø 05192010
\triangleleft	Revenue	8a	Gross amount from sales of assets other.) Other	_	
	Re		than inventory	<u>6/6.6/</u>	_	irs - Phila. Pa
SCANNED		ь		91.96	_	(57)
=				2924.65		30924.65
₹		d	Net gain or (loss). Combine line 8c, columns (A) and (B)	,	8d	30929.65
\mathcal{Q}		9	Special events and activities (attach schedule). If any amount is from gaming, chec	k here 🕨 🗹	1	
90		а	Gross revenue (not including \$ of			
			contributions reported on line 1b) 9a 220	59,50	⊣ i	
		b	Less: direct expenses other than fundraising expenses . 9b 112	33,21	┵╻┧	20021-20
		С	Net income or (loss) from special events. Subtract line 9b from line 9a	ini	9c	20926.29
		10a	Gross sales of inventory, less returns and allowances 10a 439	797,50	_	
		b	Less: cost of goods sold			19001179
		С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from			19004.79
		11	Other revenue (from Part VII, line 103)		11	8
		12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<u></u>		91460.67
	_	13	Program services (from line 44, column (B))			23407.30
	Expenses	14	Management and general (from line 44, column (C))			46413.37
	De l	15	Fundraising (from line 44, column (D))			8059.69
	ă	16	Payments to affiliates (attach schedule)			<u> </u>
		17	Total expenses. Add lines 16 and 44, column (A)	<u></u>	_	77879.36
	\$	18	Excess or (deficit) for the year. Subtract line 17 from line 12			13581.31
	Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		153088.94
	et 4	20	Other changes in net assets or fund balances (attach explanation)		20	Ø

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2007)



s and allocations (includes foreign grant is istance to indicate indicate to i	ds (attach schedule) s, check here attach schedule) s, check here attach schedule) s, check here ividuals (attach embers (attach ficers, directors, Part V-A ficers, directors,	22a 22b 23 24	(A) Total 8 669.00	(B) Program services 8669:00	(C) Management and general	(D) Fundraising
noncash (sincludes foreign grant and allocations (a noncash (sincludes foreign grant asistance to ind aid to or for mandon of current off pes, etc. listed in fine and other dove, to disqualifier section 4958(f)	s, check here ► □ attach schedule) s, check here ► □ its, check here ► □ ividuals (attach iembers (attach ficers, directors, Part V-A ficers, directors,	22b 23 24	Ø Ø	8669.00		
noncash sincludes foreign grant is istance to ind a sistance to inference of former offices, etc. listed in fixed in and other dove, to disqualificer section 4958(f)	ts, check here ts, check here tividuals (attach tembers (attach ficers, directors, Part V-A ficers, directors,	23	Ø			
aid to or for m	embers (attach	24	Ø			
on of current off ees, etc. listed in f ion of former off ees, etc. listed in f ion and other d ove, to disqualifier section 4958(f)	ficers, directors, Part V-A ficers, directors,		<u> </u>			
ees, etc. listed in former off ees, etc. listed in former done and other dove, to disqualifier section 4958(f)	Part V-A ficers, directors,	25a				<u> </u>
ees, etc. listed in fion and other dove, to disqualifier section 4958(f)			Ø			
oove, to disqualifi er section 4958(f)		25b	Ø		_	
section 4958(c)(3	ied persons (as (1)) and persons	25c	Ø			
l wages of employ	ees not included	26	Ø			<u></u>
an contributions r	not included on	27	Ø			
benefits not inc		28	Ø			
s		29	Ø			
I fundraising fees		30	<i>Ø</i>			
fees		31	Ø			į
		32	Ø	1/110/ /19		
		33	14126.43	14126.43	70000	
		34	790.82	/ 11 5/5	790.82	
d shipping		35	611.87	611.87	11 11 2 110	
		36	11163.48		11163,48	
rental and mainte		37	8		2145,00	
publications .		38 39	2145,00 B		0145,00	
		40	7027.00	 	7027.00	
s, conventions, ar		41	13		7001.00	
		42	8			
		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FS	 		
Licerses	above (iterilize).	43a	8910.48		8910.48	
			1		11374.74	-
		43c	2595,00		2595.00	
20		43d	2405.85		2405.85	
Ising Sudi	olies	43e	8059.69			8059.69
		43f	Ø			
		43g	Ø			
	ons completing totals to lines	44	71879:36	23407.30	46412.37	8059,69
	ises not covered LICE SES INCE PLATE SUPPLIES IN SUPPLIES IONAL EXPENSES. Gional expenses. Gional expenses. Gional carry these	ional expenses. Add lines 22a ag. (Organizations completing H(D), carry these totals to lines	Ses not covered above (itemize): 43a 43b 43c 43c 43d 43c 43f 43g ional expenses. Add lines 22a 3g. (Organizations completing ⊢(D), carry these totals to lines	Ses not covered above (itemize): LICENSES 43a 8910. 48 43b 1137 4.74 43c 9595.00 43d 9405.85 43e 8059.69 43f Ø 43g Ø ional expenses. Add lines 22a 3g. (Organizations completing ⊢(D), carry these totals to lines	Ses not covered above (itemize): Licenses 43a 8910.48 43b 11374.74 43c 9595.00 43d 9405.85 43e 8059.69 43f Ø 43g Ø ional expenses. Add lines 22a 3g. (Organizations completing +(D), carry these totals to lines	Ses not covered above (itemize): 43a 8910.48 8910.48 8910.48 891

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

_		
Wł	nat is the organization's primary exempt purpose? ▶	Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	Trusts, but optional for
org	panizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)	others)
а	Donations to Non Protit Organizations, bifts	
	to Hospitals, veterans and needy families of	
	Veterans	869.00
	•	0001.00
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1
		
D		
	•	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	ı j
С		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	•	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	l <u> </u>
_f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

Pa	rt IV	Balance Sheets (See the instructions.)	·		·	
N		Where required, attached schedules and amounts viculum should be for end-of-year amounts only.	within t	he description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	21016.84	45	28645.60		
	46	Savings and temporary cash investments			3360,10	46	6816.94
	47a Accounts receivable			Ø	65		
	b	Less: allowance for doubtful accounts .	47b		<u>v</u>	47c	<u> </u>
		Pledges receivable	48a 48b	Ø Ø	Ø	48c	Ø
	49	Grants receivable			Ø	49	_Ø
	50a	Receivables from current and former officers, key employees (attach schedule)			Ø	50a	Ø
	b	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 4958			Ø	50b	Ø
ets	51a	Other notes and loans receivable (attach schedule)	51a	Ø	Ø		Ø
Assets	b	Less: allowance for doubtful accounts .	51b		<u>y</u>	51c	Je)
	52	Inventories for sale or use			~	52	PX
	53	Prepaid expenses and deferred charges .				53	<u>Ø</u>
		Investments—publicly-traded securities		Cost FMV	<u> </u>	54a	_ <u>p</u>
		Investments—other securities (attach schedu	le) ▶	· ☐ Cost ☐ FMV	Ø	54b	_ <i>B</i>
		Investments—land, buildings, and equipment: basis	55a	Ø			
	b	Less: accumulated depreciation (attach schedule)	55b	B	Ø	55c	Ø
	56	Investments—other (attach schedule)	··		<u> </u>	56	<i></i>
	57a	Land, buildings, and equipment: basis .	57a			1	
	b	Less: accumulated depreciation (attach schedule)	57b		138712	57c	1287/2
	58	Other assets, including program-related investigation (describe ▶	Ø	58	B		
	59	Total assets (must equal line 74). Add lines	153088.94	59	164174.54		
	60	Accounts payable and accrued expenses .			Ø	60	<u>Ø</u>
	61	Grants payable			<u> </u>	61	Ø
_	62	Deferred revenue			62	<u> </u>	
oilities	63	Loans from officers, directors, trustees, and schedule)	Ø	63	Ø		
Liabil		Tax-exempt bond liabilities (attach schedule)			Ø Ø	64a	Ø
_	ł	Mortgages and other notes payable (attach s			<u> </u>	64b 65	<u>Ø</u>
	65 66	Other liabilities (describe ►			Ø	66	Ø
						55	
9 8		inizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74.		ind complete lines	Ø	67	K
ဋ	67	Unrestricted			Ø	68	Ø.
퓰	68	Temporarily restricted			Ø	69	<i>B</i>
8	69	Permanently restricted				03	
r Fund Balances		anizations that do not follow SFAS 117, check complete lines 70 through 74.		→ Li and	<i>0</i> 5		<i>7</i> 5
3 0	70	Capital stock, trust principal, or current funds	<i>IX</i>	70 71	Ø Ø		
iets	71	Paid-in or capital surplus, or land, building, a	- 	72	<i>D</i> 5		
Net Assets	72 73	Total net assets or fund balances. Add line 70 through 72. (Column (A) must equal line	s 67 t	hrough 69 or lines	<u> </u>		
Z		equal line 21)			153088,94	73	164174.54
	74	Total liabilities and net assets/fund balance	153088,94	74	16417454		

Pa	Reconciliation of Revenue per Audinstructions.)	lited Financial Statem	ents With Rev	enue per Re	turn (See the
а	Total revenue, gains, and other support per audi	ted financial statements		a	
b	Amounts included on line a but not on Part I, line				
1	Net unrealized gains on investments		b1		
2	Donated services and use of facilities		b2		
3	Recoveries of prior year grants		b3		
4	Other (specify):		b4		
	Add lines b1 through b4			<u>b</u>	
С	Subtract line b from line a			<u>c</u>	
d	Amounts included on Part I, line 12, but not on I	ine a:	1		
1	Investment expenses not included on Part I, line		d1		
2	Other (specify):				
			d2		. 🖠
_					
e	Total revenue (Part I, line 12). Add lines c and c rt IV-B Reconciliation of Expenses per Au	idited Einancial States	nente With Ev	P 0	i Potum
					Tetam
a	Total expenses and losses per audited financial Amounts included on line a but not on Part I, lin			· · ·	
b	Donated services and use of facilities		i b1 i		
1	Prior year adjustments reported on Part I, line 20		b2		
2 3	Losses reported on Part I, line 20		b3		
	Other (specify):				
•	Other (Specify).		b4		
	Add lines b1 through b4			b	
С	- · · · · · · · · · · · · · · · · · · ·			С	
d	Amounts included on Part I, line 17, but not on the				
1	Investment expenses not included on Part I, line		d1		
2	Other (specify):				
			d2		
e	Add lines d1 and d2	d		d ▶ e	
Pa	rt V-A Current Officers, Directors, Trustee or key employee at any time during the ye		compensated.) (S	ee the instruc	tions.)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to benefit plans & de compensation p	employee (E) Expense account and other allowances plans
Κs	en Hagemann 4 Magnolia Dr.	1/30	/×	2~	/ /×
<u> </u>	4 Magnolia Dr.	Commander	Ψ	Ø	
B.	arbara him	30	<i>t</i> ×	~	l ø
5	4 Magnolia Dr.	Sr. VILLE	K	(2)	
4	arbara Kim 4 Magnolia Dr. arbo Wight 4 Magnolia Dr.	Sr. Vice 10 Quarter moster	A	Ø	\sim
5	4 Magnona DI	TOTAL MADIEN	 		
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Par	t V-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No	
5a	Enter the total number of officers, directors, and trumeetings	ustees permitted to vo	te on organizatio 	n business at board				
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)							
	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."						1	
Pai	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation o	r other benefits (de	escribed below) during	the y	ear, lis	ormer st that	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accoi	Expenint and lowance	other	
		<u> </u>	·	I				

Pai	other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		V
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		~
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year?	1 ==		/
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		V
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		V
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	Odb		ļ

COILLI	990 (2007)			age /
Par	t VI Other Information (continued)		Yes	No
8 2a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		$\sqrt{}$
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	\checkmark	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	\checkmark	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	V	,
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		$\overline{}$
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		Ì	
	received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures		i	i
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		-	1
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		.	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	85h		
00	following tax year?			
86 L	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
87 87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other			1
	sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		
89a	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 501(c)(4) orgs. 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 a statement explaining each transaction	89b		~
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			į.
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	_	
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f]	
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			1
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<u>z</u>		
91a	The books are in care of \blacktriangleright ACTOD Wight Telephone no. \blacktriangleright (733). Substituting Located at \blacktriangleright 59 Magnolia by Tackson, AJ ZIP + 4 \blacktriangleright 08537.	1.28	-00	<u>?</u> 7.7
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vasi	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	045	Yes	No
	account)?	91b		
	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.			

Form 9	90 (2007)						Pa	ige 8
Par	VI Other Information (continued)						/es	No
С	At any time during the calendar year, did the	e organization ma	intain an office	outside of the	United States?	91c		/
	If "Yes," enter the name of the foreign coun	try ▶						. —
92	Section 4947(a)(1) nonexempt charitable trus	ts filing Form 990) in lieu of Form	1041—Check	here			▶⊔
Daw	and enter the amount of tax-exempt interest				92			
Par	VII Analysis of Income-Producing A			· , · · · · · · · · · · · · · · · · · · ·				
	: Enter gross amounts unless otherwise	Unrelated t	ousiness income	Excluded by sect	tion 512, 513, or 514		(E) ited c	or
indica	ated.	(A)	(B)	(C)	(D)	exemp	t fund	ction
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	inc	ome	
а			<u> </u>			<u> </u>		
b			ļ			<u> </u>		
C						L		
d								
е			<u> </u>					
f	Medicare/Medicaid payments							
g	Fees and contracts from government agenci							
94	Membership dues and assessments]		24	5	\mathcal{T}^-
95	Interest on savings and temporary cash investmen					1	둜	
96	Dividends and interest from securities	1						
97	Net rental income or (loss) from real estate:							
a.	debt-financed property		1			1		
b	not debt-financed property	i i		· · · · · · · · · · · · · · · · · · ·				
98	Net rental income or (loss) from personal proper							
99	Other investment income			<u> </u>				
100								
	Gain or (loss) from sales of assets other than invento	•				20	90	<u>. </u>
101	Net income or (loss) from special events .			4		190		
102	Gross profit or (loss) from sales of inventor	/				170	<u> </u>	<u> </u>
103	Other revenue: a	-	-	 				
b		-						
C			-					
d		_					—	
е		-	10		Ø	40 =	Q C	~
104	Subtotal (add columns (B), (D), and (E))				75	423	272	
105 Note	Total (add line 104, columns (B), (D), and (E				► <u>403</u>	270		
	Line 105 plus line 1e, Part I, should equal the			(0 4				
Par	VIII Relationship of Activities to the A							
	 No. Explain how each activity for which inco of the organization's exempt purposes (importantly to the	accomp	olishn	nent
94.	95 Veterans organization	Providing	a for its	5 men	lbers a	$\overline{1d}$	Hu	7
101.	102 voterans bragnization		communi		ivities			
								
Par	IX Information Regarding Taxable Su	bsidiaries and D	isregarded Enti	ities (See the	instructions.)			
	(A)	(B)	(C)			Γ	(E)	
	Name, address, and ElN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of a	activities	(D) Total income		of-ye sets	ar
		%			•		0010	
	 -	%						
	_ 	% %				 		
Par	X Information Regarding Transfers As		sonal Benefit Co	ontracts (See t	he instructions)	<u> </u>		
			 				一	
(a)	Did the organization, during the year, receive any funds					∐ Yes	=	7
(b) No	Did the organization, during the year, pay p te: If "Yes" to (b), file Form 8870 and Form			a personal be	ment contract?	∐ Yes	المها	′No

Part	Information Regarding is a controlling organization			. Complete	only if the or	ganiza	ation
106	Did the reporting organization mathe Code? If "Yes," complete the			in section 51	2(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	4	(D) Amount of	transf	er
а							
b				REO	in the second		
С				051	92010		
. •	Totals			रिरिक	197 197		
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				on	Yes	No V
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	f	(D) Amount of	transf	er
а					-		
b							
С							
	Totals						
108	Did the organization have a binding rents, royalties, and annuities des			covering the	interest,	Yes	No No
Pleas Sign Here	Signature of officer		than officer) is based on all in	nformation of white	ch preparer has a	ny know	rledge
Paid Prepar	Preparer's signature Firm's name (or yours		Date Check self-employ	/ed ▶ □ ##	rer's SSN or PTIN (S	See Gen.	inst. X)
Use Or	nty if self-employed),	· · · ·		Phone no ▶ (<u> </u>		