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Department of the Treasusy

Return of Organization Exempt From Income Tax

OMB No 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection 1/01/09 8/31/09 For the 2008 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Employer identification number use IRS Run For The Wall X Address change lahel or 36-4125559 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 105 Rystand Pl 304-598-2280 Specific Termination 137,415 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc Amended return Morgantown WV 26505 tions. F Name and address of principal officer H(a) Is this a group return for Application pending affiliates? H(b) Are all affiliates included? If "No," attach a list. (see instructions) X 501(c) Tax-exempt status ◀ (insert no.) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number ▶ Type of organization X Corporation Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Help Veterans heal from war. Activities & Governance 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V. line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 10,098 Contributions and grants (Part VIII, line 1h) 17,640 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,999 58,011 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column [A] 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 53,785 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 53,785 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), 値25) 4,226 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 98,039 102,265 Total assets (Part X, line 16)

	ii asseis (i ait X, iiile 10)	30,033	202/20 .
21 Tota	ıl liabılıtıes (Part X, line 26)		·
	assets or fund balances. Subtract line 21 from line 20	98,039	102,26
Part II	Signature Block		
MAR Gere Bere	Under penalties of perjury, I declare that I have examined this return, including an and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer Michael Mendell Type or print name and title	ficer) is based on all information of which preparer has a	
Paid Preparer's Use Only	Preparer's signature Sharp Millar Glenn R. Millar, CPA,	tains Ctr Dr # 283 Phone	Preparer's identifying number (see instructions) P00743127 ▶ 86-051297

Yes Form 990 (2008)

May the IRS discuss this return with the preparer shown above? (see instructions)

) (Revenue \$

(Must equal Part IX, Line 25, column (B))

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ▶ \$

53,785 including grants of \$

53,785

Pa	art IV Checklist of Required Schedules			
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		\mathbf{x}_{\perp}
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8	1	x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ľ		
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	<u></u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ļ		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	 	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	 -	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 -	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a pnor year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		1	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	l	X

Part IV Checklist of Required Schedules (continued)

P.	triv Checklist of Required Schedules (continued)		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	[res	NI
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ĺ
а	employee), or an indirect business relationship through ownership of more than 35% in another entity			ĺ
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			ĺ
	Part IV	28a	1	x
	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	204		
b		205		x
_	complete Schedule L, Part IV	28b		┢
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			v
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		┢
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		v
_	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			7.
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
13	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	_ 35_		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		'	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			l
	<u>VI</u>	37		X

Form **990** (2008)

Pe	it v Statements Regarding Other IRS Filings and Tax Compliance			—-т	
4-	States the number reported in Day 2 of Form 1006. Applied Summary and Transmitted of			Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4.			
L	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and re	<u> </u>	-		
С	gaming (gambling) winnings to prize winners?	ooi abie	1c		X
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l I	'		
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	<u> </u>	2b	İ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv			
-	this return?	,	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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 fin				
	account)?		4a		X
b	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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			v
	\$75?		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С		S	70		х
A	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		- 22
e			1		
-	benefit contract?	ersona	7e	İ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as			
	required?		7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sport	soring			
	organization, have excess business holdings at any time during the year?		8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:	11			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-{		
11	Section 501(c)(12) organizations. Enter:	المدا			
a	Gross income from members or shareholders	11a	-		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1.20		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe	the			
	circumstances, processes, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	_1a	_		
b	Enter the number of voting members that are independent	1b	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with			
	any other officer, director, trustee, or key employee?		2		_ <u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the	direct		:	
	supervision of officers, directors or trustees, or key employees to a management company or other pe	erson?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form	n 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	37	5		<u> </u>
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	mbers	ı		
	of the governing body?		7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	unng			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9a	Does the organization have local chapters, branches, or affiliates?		9a_		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such ch	napters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization's governing body before it was filed?	anizations			77
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		_X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at	١		v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		X
<u>Sec</u>	tion B. Policies				
42-	Does the example to have a written conflict of interest policy 2 If "No." as to line 12		120	Yes	No X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	al adica	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	a give	12b		
_	rise to conflicts?	′oo"	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es,	12c		
13	describe in Schedule O how this is done Does the organization have a written whistleblower policy?		13	-	<u> </u>
	Does the organization have a written document retention and destruction policy?		14		X
14	Did the process for determining compensation of the following persons include a review and approval	hv	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
а	The organization's CEO, Executive Director, or top management official?	decision.	15a		x
b	Other officers or key employees of the organization?		15b		X
U	Describe the process in Schedule O. (see instructions)		100		
16a		ent			
.04	with a taxable entity during the year?		16a		x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest			
-	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and	d records of the			
	organization >				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than
 \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) Average	Posi	tion (C) k all t	that ap	(vlan	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Mike MDole Chairman								0	0	0
John King		+	┢──	 	\vdash	+				
President								o	o	0
Judy Cockrun	<u> </u>	-i								
Secretary	•							o	0	0
Michael Mend	lell	1		t						
Treasurer						1		l	o	0
Ted Riedel			T			П				
Merchandise						1		0	0	0
Ross Currie										
Operations								0	0	0
Ron Young Risk Mgmt								0	o	0
Arnold Swift Rt Coord. C								0	0	0
Ray McDowell Rt Coord. S								0	0	0
Rt Coold. 5									J	0
					-					

3	6	_	1	1	2	=	=	=	a	
3	O	_	4	T	Z	כ	כ	2	9	

Pai	t VII Section A	. Officers, Directors, Trus	tees	s, Ke	y Er	nplo	yees	, an	nd Highest Compensated	Employees (continued)		_		
	(A)	(B)				>)			(D)	(E)		(F)		
	Name and title	Average					hat a		1 1/000/000/0	Reportable		stima		
		hours per week	Individual trustee or director	Inst	Officer	Key employee	empt High	Former	compensation	compensation from related	l a	moun othe		
		Week	Lec Vidu	l tr	e	em	nest	ner	the	organizations	cor	npens		
			or al	Institutional trustee		ploy	egg		organization	(W-2/1099-MISC)		from t		
			uste	trug		99	nper		(W-2/1099-MISC)			ganıza		
			Õ	tee	:		Highest compensated employee				I	nd rela ganıza		
							ă							
					<u> </u>							_		
														_
	<u>_</u>													
				_	_								-	
	·		ļ	_										
	<u>.</u> .			<u> </u>										
<u>1b</u>	Total							<u> </u>	<u> </u>					
2		ividuals (including those in	1a) י	who	rece	ived	mor	e th	an \$100,000 in reportable o	compensation from the				
	organization ▶ 0		-						· · · · · · · · · · · · · · · · · · ·				Yes	No
3	Did the organization	list any former officer, dire	ecto	or t	ruste	e, k	ey eı	nplo	oyee, or highest compensa	ted	Γ		163	
	employee on line 1a	a? If "Yes," complete Sched	dule	J for	suc	h inc	lividu	ıal			ļ	3		X
4									on and other compensation s," complete Schedule J fo					
	individual	related organizations grea	ater	ulali	J I O	0,00	וו ייט	16	s, complete scriedule i lo	Suci		4		х
5	Did any person liste	d on line 1a receive or acc	rue d	comp	ens	atıor	fror	n an	ny unrelated organization fo	or				
		the organization? If "Yes,	" cor	nple	te So	ched	ule J	for	such person	, , - ,		5		Х
1	tion B. Independent Complete this table compensation from	for your five highest comp	ensa	ted i	ndep	end	ent o	conti	ractors that received more	than \$100,000 of			·	
	compensation nom	(A) Name and business address							Descrip	(B) blion of services		Co	(C) mpensat	ion
														
												-		
								\vdash						
								_	··					
2	Total number of inde		ıdıng	tho:	se ın	1) v	vho r	ece	ived more than \$100,000 in	n		0		
DAA	ponoaaon nom								 				990	/2008

Pą	rt V	II Statement of Rev	/enue	····	~~~~	·			
		*				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
				·····			revenue	Tevenue	512, 513, or 514
nts	1a	Federated campaigns	1a						
gra	b	Membership dues	1b						
ts, an	С	Fundraising events	1c						
igie are	d	Related organizations	1d						
ns,	е	Government grants (contributions)	1e						
er e	f	All other contributions, gifts, grants,							
들들		and similar amounts not included above			10,098				
out	9	Noncash contributions included in lines 1	1a-1f \$						
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f			•	10,098		······································	
ue					Busn. Code				
evel	2a	Registration Fees				17,640	17,640		
ě	b								ļ
Si	С								
Se	d								
Lam:	е								
<u> </u>	f	All other program service rev	venue						
_		Total. Add lines 2a-2f			•	17,640			
	3	Investment income (including	g dividend	is, intere	st, and				
		other similar amounts)			▶	274	274		
	4	Income from investment of to	ax-exemp	t bond pr	oceeds 🕨 📗			-	
	5	Royalties		· · · · · · · · · · · · · · · · · · ·	•				
		(ı) Real		(II) P	ersonal				
	6a	Gross Rents	-						
	b	Less rental exps							
	С	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (1) Security			•				
	, a	sales of assets (i) Securit	ties	(11)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)	L					•	ŀ
	d	Net gain or (loss)	. г		•				
•	8a	Gross income from fundraising e	vents						
Ž		(not including \$.						
e e		of contributions reported on line 1	· 1						
Other Revenue		See Part IV, line 18	a						
ţ.		Less: direct expenses	_ b b						
0		Net income or (loss) from full Gross income from gaming activity		events					
	94	See Part IV, line 19							
		Less: direct expenses	a b						
		Net income or (loss) from ga	~ _	vitios	•				
		Gross sales of inventory, les		VIUCS				-	
	104	returns and allowances	a		109,403				
	h	Less cost of goods sold	Б		79,404				
		Net income or (loss) from sa		entory	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	29,999	29,999		
	_ ~	Miscellaneous Reven			Busn. Code	,			
	11a					ĺ	İ		
	ь								<u> </u>
	c						-		
	d	All other revenue							
	e	Total. Add lines 11a–11d			•				
	12	Total Revenue. Add lines 1h	n, 2a. 3. 4	, 5, 6d. 7	· 1-				
	_	9c, 10c, and 11e	., -3, -1 '	, -,, ,	u, oo,	58,011	47,913	0	0
								_	• —

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 60, Poble 8, Poble 9, Poble 9, Bit 9		All other organizations must	complete column (A) but a	are not required to compl	ete columns (B), (C), and	d (D).
78, 8b, 9b, and 106 of Part VIII. Gasts and other assistance to governments and againstrations in the U.S. See Part IV, line 21 Grafts and other assistance to dindividuals in the U.S. See Part IV, line 22 Grafts and other assistance to dindividuals in the U.S. See Part IV, line 23 Grafts and other assistance to dindividuals on the U.S. See Part IV, line 25 Grafts and other assistance to dindividuals on the U.S. See Part IV, line 15 and 16 Banefits paid to or for members Compensation reducted show, to dequalified persons (as defined under section 4558/f(X)) and persons desorted in section 4558/f(X) and persons desorted in section 4558/f(X) and persons desorted in section 4558/f(X) and persons desorted in section 4558/f(X) and persons desorted in section 4558/f(X) and persons desorted in section 4558/f(X) and persons desorted in section 4508/f(X) and section 401(X) and	Do	not include amounts reported on lines 6b,				
deginations in the U.S. see Part IV, line 21 Grants and other assistance to antidyduals in the U.S. see Part IV, line 22 Grants and other assistance to antidyduals outside the U.S. see Part IV, line 15 and 16 U.S. see Part IV, line 15 and 16 Benefits paid to or for members Compression of current officers, directors, trustees, and key employees C. Compression of current officers, directors, trustees, and key employees C. Compression of current officers, directors, trustees, and key employees C. Compression of current officers, directors, trustees, and key employees C. Compression of current officers, directors, trustees, and key employees C. Compression of current officers, directors, trustees, and key employees C. Compression of current officers, directors, trustees, and tru	_7b,	8b, 9b, and 10b of Part VIII.	Total expenses			
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SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			53,785	53,785		
organization reported in column (B) joint costs from a combined educational campaign and	26					
from a combined educational campaign and						
fundraising solicitation		from a combined educational campaign and				
Form 990 (2008)		fundraising solicitation				

<u> Pi</u>	art)	(' Balance Sheet											
		•			(A) Beginning of year		(B) End of						
	1	Cash—non-interest bearing			4,177	1		76,	143				
	2	Savings and temporary cash investments		-	46,766		1	, , , .					
	3	Pledges and grants receivable, net		-	207,00	3							
	4	Accounts receivable, net				4							
	5	Receivables from current and former officers, directors, t	trustoes	kov									
	3	employees, or other related parties. Complete Part II of S		•		5							
	6	Receivables from other disqualified persons (as defined		F									
	٥	4958(f)(1)) and persons described in section 4958(c)(3)(l		Į.									
		Part II of Schedule L	(0) 00111	piete		6	Ì						
(A)	7	Notes and loans receivable, net		-		7	†						
et	8	Inventories for sale or use		-	39,746	8		21,	639				
Assets	9	Prepaid expenses and deferred charges		-	33,7110	9			<u> </u>				
٩	10a		10a	21,500									
		Less accumulated depreciation. Complete	100	21/300									
		Part VI of Schedule D	10b	17,017	7,350	10c		4	483				
	11	Investments—publicly traded securities	[100]	27,027	,,,,,,	11			-05				
	12	Investments—other securities See Part IV, line 11				12							
	13	Investments—program-related. See Part IV, line 11				13							
	14	Intangible assets				14							
	15	Other assets. See Part IV, line 11				15							
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)	-	98,039	16	10	02,	265				
	17	Accounts payable and accrued expenses	•,			17		,-					
	18	Grants payable	and accrued expenses 17 18										
	19	Deferred revenue				19							
Liabilities	20	Tax-exempt bond liabilities				20		-					
	21	Escrow account liability Complete Part IV of Schedule D	D			21		_					
	22	Payables to current and former officers, directors, trustee											
abi		employees, highest compensated employees, and disqu	ualified										
Ë	persons Complete Part II of Schedule L												
	23	Secured mortgages and notes payable to unrelated third	d parties			23							
	24	Unsecured notes and loans payable				24							
	25	Other liabilities. Complete Part X of Schedule D				25							
	26	Total liabilities. Add lines 17 through 25				26							
ces		Organizations that follow SFAS 117, check here ▶	and										
		complete lines 27 through 29, and lines 33 and 34.											
Balan	27	Unrestricted net assets				27							
Ö	28	Temporarily restricted net assets				28							
2	29	Permanently restricted net assets	1-4	_		29							
Fund		Organizations that do not follow SFAS 117, check her	ге▶ 🛚 🗓										
ō		and complete lines 30 through 34.											
	30	Capital stock or trust principal, or current funds		_		30							
Assets	31	Paid-in or capital surplus, or land, building, or equipment	it fund	_		31							
Ä	32	Retained earnings, endowment, accumulated income, or	or other fu	ınds	98,039			02,					
Net	33	Total net assets or fund balances		_	98,039			02,					
	34	Total liabilities and net assets/fund balances			98,039	34	1	02,	<u> 265</u>				
_ <u>P</u>	art)	(I Financial Statements and Reporting						Yes	No				
1	Δα	counting method used to prepare the Form 990 C	Cash [X Accrual Oth	ner			162	No				
2		ere the organization's financial statements compiled or rev	_				2a		X				
Ł		ere the organization's financial statements complied of reverse the organization's financial statements audited by an ir		•			2b		X				
		Yes" to lines 2a or 2b, does the organization have a comm	•		for oversight of				_ ==				
Ì		e audit, review, or compilation of its financial statements a		•	-		2c						
38		a result of a federal award, was the organization required		•									
		Single Audit Act and OMB Circular A-133?		-			3a						
t		Yes," did the organization undergo the required audit or a	udits?				3b						

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Run For The Wall

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Employer identification number 36-412559

Schedule A (Form 990 or 990-EZ) 2008

Part	Reas		Status (All organizations	s must c	omplet	e this	part.)	(see ii	nstruc	tions)			
			e it is (Please check only one										
1		•	ociation of churches described	-	-)(A)(i).							
2	-	cribed in section 170(b)(1)(<i>/</i> (<i>/</i> (<i>/</i> ()							
3 H			ce organization described in se	ction 170	(b)(1)(A)(i	iii). (Atta	ch Sche	edule H	.)				
ĭ H	-	•	d in conjunction with a hospital						•	ospital's name			
٠ ـ	city, and state	•	a in conjunction with a hospital	400011000	500110	0(5	,,,,,,,,,,	.,,		opital o Hallie	•		
5	1		of a college or university owned	or operati	ed hv a n	ovemme	ntal uni	t descri	hed in				
ں ،		b)(1)(A)(iv). (Complete Part		or operat	cu by a g	ovenimo	, ital ulli	i acson	DCG III				
. □			overnmental unit described in s	ootion 17	O(b)(4)(A	1/41							
6 H	·	,					from the		ماطيماه				
7 📙		•	substantial part of its support fr	om a gove	emmema	uriit or	rom me	genera	ar public	•			
• 🗆		section 170(b)(1)(A)(vi). (Co	·	. 11 .									
8 9 X	•		170(b)(1)(A)(vi). (Complete Part					60.00					
9 X	,	- '	1) more than 33 1/3 % of its sup	•				-	-				
	•		npt functions—subject to certain										
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)												
40	1	_					/aaa .a.		\				
10		•	exclusively to test for public saf	•			•		-				
11 [, •	•	exclusively for the benefit of, to	•									
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally Integrated d Type III—Other												
	a ∐ Type					d							
e [_	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section												
	•	-	and other than one or more pu	blicly supp	ortea org	jarnzauo	ns desc	nbea in	section	1			
_	, , , ,	section 509(a)(2).			T 11	-							
f	•		rmination from the IRS that it is	saiypei,	Type II,	or type	III suppo	orting					
	-	check this box			***								
g			tion accepted any gift or contrib	oution from	n any of th	ne							
	following per												
	•	•	ontrols, either alone or together	with perso	ons descr	ıbed in (II)				Yes	No	
	, ,		f the supported organization?							11g(i)		-	
		member of a person describ								11g(ii)	├	-	
	` '	• •	described in (i) or (ii) above?							11g(iii		L	
h	Provide the f	following information about t	he organizations the organization	on suppor	ts.								
(i) Nam	ne of supported	(II) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did)	ou notify	(vi)	ls the	(vii) Am	ount of		
or	ganization		(described on lines 1–9		sted in your		uzation in	organizat		sup	oort		
			above or IRC section (see instructions))	governing	document?		of your port?	1., .	zed in the S?				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No				
				 									
								l					
												-	
_													
			eture a construction in our cr										
Total		1	F	ŧ	Ŧ	i	i	1	ŧ :	1			

Schedule A (Form 990 or 990-EZ) 2008 Run For The Wall 36-4125559 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005(c) 2006(d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 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 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

18

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2008

(d) 2007

(f) Total

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.)

(a) 2004

(b) 2005

(c) 2006

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,710	20,711	52,690	25,916	27,738	131,76		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	93,739	83,992	88,542	131,436	109,383	507,092		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1-5	98,449	104,703	141,232	157,352	137,121	638,85		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
	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 Add lines 7a and 7b								
8	Public support (Subtract line 7c from	98,449	104,703	141,232	157,352	137,121			
•	line 6)						638,85		
Sec	tion B. Total Support								
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9	Amounts from line 6	98,449	104,703	141,232	157,352	137,121	638,85		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,	98,449	104,703	141,232	157,352	137,121			
	and 12.)						638,85		
14	First five years. If the Form 990 is for the	- 0	, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	. [
<u>C</u>	organization, check this box and stop her		10.00				▶∟		
	tion C. Computation of Public St			(0)		15	100.0000 %		
15									
16 Sec	tion D. Computation of Investme					16	%		
17	Investment income percentage for 2008 (I			column (f))		17	%		
18	Investment income percentage from 2007		•	Column (1))		18	%		
19a	33 1/3 % support tests—2008. If the orga			14, and line 15 is	more than 33 1/3				
	17 is not more than 33 1/3 %, check this b						▶ [3		
b	33 1/3 % support tests—2007. If the orga		-		-				
	line 18 is not more than 33 1/3 %, check t						▶ [
20	Private foundation. If the organization did	l not check a box o	n line 14, 19a or 19	b, check this box	and see instruction	ns	•		
DAA						Schedule A (Form	990 or 990-EZ) 200		

Page 4

Schedule A (Form 990 or 990-EZ) 2008 Run For The Wall

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Name of the organization

Employer identification number Run For The Wall 36-4125559 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Part I (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

_ _ _ _ _ Number of states where property subject to conservation easement is located

_______ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

571								
Sche	dule D (Form 990) 2008 Run For T	he Wall			36-41	25559		Page 2
	rt III Organizations Maintaining		istorical Trea	sures,			sets (cont	
3	Using the organization's accession and other items (check all that apply).					•		
а	Public exhibition	d Loan or	exchange prograi	ms				
b	Scholarly research	e Other						
С	Preservation for future generations						_	
4	Provide a description of the organization's coll Part XIV	lections and explain how the	ey further the orga	anızatıon'	s exempt pı	ırpose ın		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of th	e organization's c	collection	?		Yes	☐ No_
Pa	rt IV Trust, Escrow and Custodi Part IV, line 9, or reported a	_			n answer	ed "Yes" to	Form 990),
1a	Is the organization an agent, trustee, custodia	n or other intermediary for	contributions or of	ther asse	ts not			
	included on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following t	table:					
_	Paginning balance					1c	Amoı	JIII
	Beginning balance Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo	rm 990. Part X. line 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV.							•
Pa	rt V Endowment Funds. Compl	ete if organization an	swered "Yes"	to Forr	n 990, Pa	rt IV, line 1	0.	
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years	back (e) Fo	our years back
1a	Beginning of year balance			ļ				
	Contributions			ļ				·····
	Investment earnings or losses		***************************************	ļ				
	Grants or scholarships	· -		 				
е	Other expenditures for facilities							
	and programs			-				
	Administrative expenses							
g	End of year balance			1		1	i	<u></u>
2	Provide the estimated percentage of the year Board designated or quasi-endowment							
	Permanent endowment %	%						
	Term endowment > %							
	Are there endowment funds not in the posses	sion of the organization tha	t are held and adr	ministere	d for the			
Ja	organization by:	Sion of the organization tha	t are new and ad-	Timilotor C	3 101 410			Yes No
	(i) unrelated organizations						3a(
	(ii) related organizations						3a(i	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Scheo	dule R?				3b	
4	Describe in Part XIV the intended uses of the	•						
	rt VI Investments—Land, Buildi			0, Parl	X, line 1	0		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or of basis (other	ther		preciation	(d) Bo	ook value
_	11	· · · · · · · · · · · · · · · · · · ·						

21,500

Schedule D (Form 990) 2008

4,483

17,017

b Buildings

d Equipment

e Other

c Leasehold improvements

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Part VII	Investments—Other Securities. See Fo	rm 990, Part X. line 12.		
1 221 2 42	(a) Description of security or category	(b) Book value	(c) Method of valuation	
_	(including name of security)	(,,, = = = = = = = = = = = = = = = = = =	Cost or end-of-year market v	ralue
inancial derivati	ives and other financial products			
Closely-held equ				
Other	ny morodo			
				
				
				
	b) should equal Form 990, Part X, col. (B) line 12)	DOD D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part VIII	Investments—Program Related. See Fo			
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market v	/alue
			 -	
		1		
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	•		
rotal. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, lin			
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, lin (a) Descn	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Fotal. (Column (Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Descri	e 15.	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Descri	e 15. ption	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Descri	e 15. ption	(b)	Book value
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Part IX	b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Part IX Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Part IX Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Part IX Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Part IX Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value
Part IX Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	(b)	Book value

Sche	dule D (Form 990) 2008 Run For The Wall		36-412555	9	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	· · · · · · · · · · · · · · · · · · ·
5	Donated services and use of facilities			5	
6	Investment expenses			6	· · · · · · · · · · · · · · · · · · ·
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		·	10	
	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	/ith Revenue per Re		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	110 11	Thirttevenue per ite	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
_		2c		†	
_	Recoveries of prior year grants Other (Describe in Part XIV)	2d		1	
d	·	Zu		2e	
_	Add lines 2a through 2d Subtract line 2e from line 1			3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ſ	l		
4	· · · · · ·	4.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		1	
b	Other (Describe in Part XIV)	40		ا ۵۰ ا	
_	Add lines 4a and 4b			4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) **T XIII Reconciliation of Expenses per Audited Financial Statemen	nte l	Mith Evpances per		n
-		;iit5 \	with Expenses per	1	11
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا م	I		
a	Donated services and use of facilities	2a		1	
	Prior year adjustments	2b		-	
	Losses reported on Form 990, Part IX, line 25	2c		-	
d	Other (Describe in Part XIV)	2d		ا ۱	
_	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	ſ	I	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV)	4b	<u> </u>	┨. │	
	Add lines 4a and 4b			4c	···
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	
_	rt XIV Supplemental Information		14.5 4.04 4.4		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin				
and 2	b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	and 40).		
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Schedule D (F	orm 99	0) 2008	3]	Run	ı F	or	T	'he	W	al	1										36	<u>-4</u>	12	55	559)					Pa	ge 5
Part XIV	Sup	plem	enta	l In	for	mat	ion	(cor	ntını	red)																						
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SCHEDULE O

(Form 990)

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Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Run For The Wall

Employer identification number 36 – 4125559

Form 990, Part III, Line 4d - All Other Achievements
Escort US military veterans on motorcycles from Los
Angeles, CA to Washington, DC so they may participate in
Memorial Day services.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Attachment 67

Identifying number Name(s) shown on return Run For The Wall 36-4125559 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 2,867 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property year placed in service репод only-see instructions) 19a 3-year property 5-year property 7-year property С 10-year property 15-year property 20-year property S/L 25 yrs. g 25-year property h Residential rental S/L 27.5 yrs. MM property ММ S/L 27.5 yrs. MM S/L Nonresidential real 39 yrs. property ММ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L b 12-year 40-year S/L 40 yrs MM Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr

2,867

23

23

2057,1, Run For The Wall 36-4125559

FYE: 8/31/2009

Federal Statements

Taxable Interest on Investments

Description		Amount	Unrelated Business Code	Exclusion Code	Postal <u>Code</u>
Bank Interest Earned	\$	274			
Total	Ś	274			

Fund Raising ₹/}-Management & General Form 990, Part IX, Line 24f - All Other Expenses 1,861 1,791 1,125 849 240 667 125 2,049 8,745 Program Service **Federal Statements** ŧԴ 2,049 1,861 1,791 1,125 849 240 125 38 667 8,745 Expenses Total ŁΩ Printing and Publications Description 20571 Run For The Wall Repairs/Maintenance Telephone Office Supplies Equipment Rental Taxes/Licenses FYE: 8/31/2009 Postage Bank Charges Web Services 36-4125559 Total