

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2009

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

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service 2009, and ending 20 For the 2009 calendar year, or tax year beginning D Employer identification number Post C Name of organization ママシ Check if applicable Please シタクラ use IRS 162159D Doing Business As Address change label o print o Number and street (or PO box if mail is not delivered to street address) Room/suite Telephone number Name change type 248-048 NE 20 103 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc 73507- 7495 tions G Gross receipts \$ Amended return Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? ☐Yes ☐ No 501(c) (Tax-exempt status 4947(a)(1) or 527) ◀ (insert no) If "No," attach a list (see instructions) H(c) Group exemption number ト の名斗つ Website: ▶ Form of organization Corporation Trust Association Other Year of formation M State of legal domicile Part I Summary Bnefly describe the organization's mission or most significant activities: SCANNED JUN 1 7 2010 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34, **Current Year** Contributions and grants (Part VIII, line 1h) . 36100 9 0941732 Program service revenue (Part VIII, line 2g) . 3.20 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3.00 219 491.1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>අම.ම</u> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **૮**૪૪૧૫.૧૩ 6~18.00 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX 10) Ines 5 16a Professional fundraising fees (Part IX, column (A) integral b Total fundraising expenses (Part IX, column (D), line 25) 340 O6 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) nife 240'061.70 Total expenses. Add lines 13-17 (must equal Part-1X, column 19 Revenue less expenses Subtract line 18 from line 12 23 288 M <u>51 > 8 6.25</u> Beginning of Current Year End of Year 78 38260 564 396-82 20 Total assets (Part X, line 16) 010.1 Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 22 567 372. YE Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here RR l E Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature emoloved > Paid Preparer's Firm's name (or yours & FINANCIAL SERVICE EIN Use Only if self-employed), address, and ZIP + 309 WEST GORE BLVD. Phone no ► (May the IRS discuss this return with the preparer shown above K(sea 3501 63768 Yes 🔲 Nο

Form 990 (2009)

Par	Statement of Program Service Acco	mpiisnments			
1	Briefly describe the organization's mission. FATERNAL PATRIOT C, HISTORICA	AL & EDUCATIONA	L' TO PRESE	RUL ESTREA	gTHEN CORNEAD
,	FATERNAL, PATRIOTIC, HISTORICI SHIP AMONG ITS MEMBERS, TO ASSI HISTORY OF OUR DEAD AND TO ASSI SOCIAL ACTIVITIES & PROVIDE FAC	ST WORTHY COM ST THEIR WIDD	RADIS, TO P WS TORPHAN FROMATION E	EFFITUATE T S' TO PRIMB! THE WALRE	H DENCOUDAGE WY DEALL MUN
2	Did the organization undertake any significant p the prior Form 990 or 990-EZ?	orogram services durir	g the year which	were not listed on	☐ Yes ☑ No
3	Did the organization cease conducting, or make services?	e significant changes	n how it conducts	s, any program	☐ Yes ☑ No
4	If "Yes," describe these changes on Schedule of Describe the exempt purpose achievements for Section 501(c)(3) and 501(c)(4) organizations an allocations to others, the total expenses, and re-	r each of the organizand section 4947(a)(1) tr	usts are required	to report the amou	
4a	(Code:) (Expenses \$				
	·				
				••••••••	
		·····	••••••••••••••••••••••••••••••••••••••		
4b	(Code:) (Expenses \$				
		•			
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
		•	.,		
		••••••			
	Other program services. (Describe in Schedule (Expenses \$ including grants		(Revenue \$)	
<u>4e</u>	Total program service expenses ▶				

Part IV	Checklist of Required Schedules	

			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		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		\checkmark
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		$\sqrt{}$
6	Did the organization maintain any donor advised funds or any similar funds or 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		$\sqrt{}$
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		$\frac{\checkmark}{2}$
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		4
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," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		V
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		/
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	18.34		, a
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		2	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	No.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	~ .	*.'
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	9,		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	 	1
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		./
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II *	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		/
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1/

	Checklist of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No /
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>_</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ;	22		V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		/
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	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		_
	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		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		/
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part !!	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		/
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 <i>If "Yes," complete Schedule R, Part I</i>	33		
34	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_		/
35	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		/
36	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		/
37	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 VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		

Par	Statements Regarding Other IRS Filings and Tax Compliance	·····
		Yes No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c V/2
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	发展
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b /
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a /
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b /
4a	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)?	4a /
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.	100
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a /
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 🗸
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c /
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a /
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
	Organizations that may receive deductible contributions under section 170(c).	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a (
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b .
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c /
	If "Yes," indicate the number of Forms 8282 filed during the year	13.2
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 0
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	.7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	4
а	Did the organization make any taxable distributions under section 4966?	9a /
b	Did the organization make a distribution to a donor, donor advisor, or related person?.	9b /
10	Section 501(c)(7) organizations. Enter:	
	Initiation fees and capital contributions included on Part VIII, line 12	1-11838
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 3 30 35 1 1 1
11	Section 501(c)(12) organizations. Enter:	
a	Gross income from members or shareholders	1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year.	12a 7

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Sec	tion A. Governing Body and Management				_	
		I	٠. ۵	जिल्लाम् जिल्लाम्	Yes	No
1a	Enter the number of voting members of the governing body	1a	10	1		4
b	Enter the number of voting members that are independent	<u>1b</u>	0		160	2/4
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relation	onship with	- Þ i	4.	المرتث
	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or	unde	r the direct			
	supervision of officers, directors or trustees, or key employees to a management company or o	ther p	erson?.	3	•	V
4	Did the organization make any significant changes to its organizational documents since the prior Foi	m 990) was filed?	4		V
5	Did the organization become aware during the year of a material diversion of the organiza			5		
6	Does the organization have members or stockholders?			6		1
-	Does the organization have members, stockholders, or other persons who may elect one or	r mor	e members			
	of the governing body?			7a		V
h	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er nei	renne?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions up			14 S. A.	3 25	
Ü	the year by the following:	Ideita	aken during	(T 50)	٠,)
_	The governing body?			8a	1/	
b	Each committee with authority to act on behalf of the governing body?		•	8b	/ /	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca	nnot	he resched	05	<u>v</u>	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Scheen			9a		1
500	tion B. Policies (This Section B requests information about policies not requ					
	enue Code.)	iii eu	by the int	Gi:iai		
1167	ande Gode.,				V	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
				40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		
þ	If "Yes," does the organization have written policies and procedures governing the activities		-	l		
	affiliates, and branches to ensure their operations are consistent with those of the organiz			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing bod	y bèf	ore filing the	١ ا	/	
	form?			11	V	स्य अस्तित
11A	Describe in Schedule O the process, if any, used by the organization to review this Form	990.			12 44	1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interest	ts tha	t could give			1
	rise to conflicts?			12b		ļ
C	Does the organization regularly and consistently monitor and enforce compliance with the	polic	v? If "Yes."]		
	describe in Schedule O how this is done	٠.	<i>,</i>	12c		
13	Does the organization have a written whistleblower policy?			13	<u> </u>	
14	Does the organization have a written document retention and destruction policy?			14		V
15	Did the process for determining compensation of the following persons include a review	and	approval by	. e y	* 1884 * 1884	200
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion ar	nd decision?	3	, P	14 2 m 7 m
а	The organization's CEO, Executive Director, or top management official			15a		V
b	Other officers or key employees of the organization			15b		V
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			2 1	# 1 T	J
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sin	nılar a	rrangement	-	, ,	1 11
	with a taxable entity during the year?		. 3- /	16a	L	1
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization	ration	to evaluate	Ð, a	ž ,	E
U	its participation in joint venture arrangements under applicable federal tax law, and taken s	tens t	o safeguard	2000	p'	
	the organization's exempt status with respect to such arrangements?		-	16b		
Sec	etion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18						
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990		990-1 (501)	ပ)(၁)S	only)	
	available for public inspection. Indicate how you make these available. Check all that app	ıy.				
40	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing do	ocume	ents, conflict	ot int	erest	
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the	he bo	oks and reco	ords o	f the	
	organization > LARLY Now AK 183NE 281757 LAWTON, OK 73507		200-248	101	(2)	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

Check this box if the organization did not co		any c	urre	_		cer, d	irec		, <u>, , , , , , , , , , , , , , , , , , </u>	
(A)	(B)	_			C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	c Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISO)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MELFORD C DAVIS	2			X				0	0	0
TROY A HENSON SA VIES COMMANDOR ROBERT KUCHAR	2		,	X				0	0	0
IR VICE COMMHNDER	2			X				0	ව	0
BUARTEX MAGTER	4			X				0	0	0
LENNETH METCHIF JUDGE ADVOCATE	2		,	X				0	0	0
LARPY KING SURGEON	2			M				0	0	0
CHARLAIN JOUR	2			X				0	0	0
GARY SECOR	2			1				0	0	0
YR TRUSTES	2			X				0	0	0
DORRETT R. MCGED	8			X				0	0	0
			-			 	3			_
			,							
		-								
		Ī								

Part VII Section A. Officers, Directors, Tru		Emp	loye	es,	and	Higi	nes			ontinuea)
(A)	(B)		1-	(((D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
							_			
•••••	İ							ļ	ļ	
1b Total	L	<u> </u>	L	J	l	ـــــــ	▶	0	0	0
2 Total number of individuals (including but reportable compensation from the organization)		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	compensated , ,	3
4 For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com plete	pen: Sch	sati ledu	on ile u	from I for s	any such	unrelated org	janization for	5 L
Section B. Independent Contractors							_ <u>></u>			
 Complete this table for your five highest c compensation from the organization. 	ompensate	ed ind	èpe	ende	ent o	contr	acto	ors that receive	d more than \$	100,000 of
(A) Name and business add	dress							(B) Description of :	services	(C) Compensation
				- :	-					
							 			

Par	t VII	Statement of Rev	venue					
, ,				in , k	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants amounts	ь	Federated campaigns Membership dues Fundraising events .	1a . 1b 1c	8623-		1	B	8
Contributions, gifts, grants and other similar amounts	е	Related organizations Government grants (contrib All other contributions, gifts, gi	rants,	 	8. 335			
Contril and of	g h	and similar amounts not include Noncash contributions included Total . Add lines 1a–1f			3636%	7,10	3	ر کی وی د
Program Service Revenue	2a b c			Business Code	*	3 3.7 5	5	agar.
Program S	d e f g	All other program service Total. Add lines 2a-2f			36366-	, a. (1, 3, 4), a. (8, 4)	e	ين المراجعة
	3 4 5	Investment income (inclication other similar amounts) Income from investment of Royalties		•	. g-			
	6a b	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal	0 1,10 1, 10			
		Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Less cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) .						70
Revenue	8a	of contributions reported	fundraising on line 1c).			The state of the s		3
Other		See Part IV, line 18 . Less direct expenses Net income or (loss) from	· · · · a	,	, , , , , , , , , , , , , , , , , , ,		a	3
		Gross income from gamin See Part IV, line 19 Less: direct expenses.	а		The state of the s	, co di si		
	С	Net income or (loss) from	m gamıng acti			F 5 5	, , , , ,	***
	b	returns and allowances Less: cost of goods sold Net income or (loss) from	d b sales of inven		255,280		1, 1, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	20.7
	11a b	Miscellaneous Rever	nue	Business Code		A set min		P
	c d e	All other revenue	 		-	2. k 2. 2. 2	ر وي الروادي الم	£ 0° 0
	12	Total revenue. See inst		•	291648			

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).

	All Other Organizations must complete co				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		• ,	4.4%	,,-
2			,		٠٠٠ ١ ٠٠ × ٠٠٠ ×
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16		-		A sea
4		528522		2 2 t	
4	Benefits paid to or for members . Des	_ 25.5		3.48.18.1	
5	Compensation of current officers, directors; trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		, •		
7	Other salaries and wages	60,9867	· · · · · · · · · · · · · · · · · · ·		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	612331			
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 200			
С	Accounting	P220 00			
d			1 1 1 mg all 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
е	Professional fundraising services. See Part IV, line 17		10 m 2 m 3 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	3 6 2 8 0 3 0 4	
f	Investment management fees				
-	Other	5750			
12	Advertising and promotion	5732			
13	Office expenses	4159			
14	Information technology				
15	Royalties	36,703			
16	Occupancy . Utilities .	3 6 103°	<u> </u>		
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials	1962 30			
20	Conferences, conventions, and meetings. Interest	62437			
21	Payments to affiliates	9647			
22	Depreciation, depletion, and amortization.	20,41295			. •
23	Insurance	16 839 67			
			3 46 9	\$ "0" " 9 0 5 4	, . M ² - B ₂ 2
24	Other expenses Itemize expenses not covered above (Expenses grouped together		010 10 90	of A.	10 mm
	and labeled miscellaneous may not exceed		10 mg 2 mg 2 mg		ه ۱۰
	5% of total expenses shown on line 25 below.)	3. 23.	San fan A	Carthaut Sun Son	2 3 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а		8039628			
b					
C	***************************************				
d	•••••			-	
е				,	
_f	All other expenses				
<u> 25</u>	Total functional expenses. Add lines 1 through 24f	240,06175.			
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	340,0612	_		

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7623934	1	82969A
	2	Savings and temporary cash investments .	64782	2	345.31
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	227	4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of	, , , , , , , , , , , , , , , , , , , ,	ر انجار انجار	
		Schedule L	7	5	- Wr
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	and was stated	6	E Par
₁₀	_		ļ	7	
Assets	7	Notes and loans receivable, net	< <u>₹ 188.79</u>	8	5188.FA
Ass	8	Inventories for sale or use	5 (50,77	9	3100,17
-	9	Prepaid expenses and deferred charges	0(5) 125 m 300 100	5	1 2 3 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
	10a	other basis Complete Part VI of Schedule D		,,,	2000
		Less. accumulated depreciation 10b 366 4430	746 30p AZ		412, 245
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	378 382,10	16	564396.82
	17	Accounts payable and accrued expenses	11010.11.	17	25738
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		رة رياني	and the same
=		persons. Complete Part II of Schedule L	L	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11.010.11	26	2573,17
Section		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	327C 25 4 25 4	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ala a	27	Unrestricted net assets	<u> </u>	27	
ä	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets	200	29	1/
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	The state of the s	ر المارية المارية	
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	2-21-
¥	32	Retained earnings, endowment, accumulated income, or other funds	567,372.49	32	261,053
Ž	33	Total net assets or fund balances	567 37249	33	24 853 P3
	34	Total liabilities and net assets/fund balances .	578382.60	34	564 34682

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:	0	وه بود. اه برود	- F. 7.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		7214	* F 3 6
	Schedule O	7.76	a.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		_/
b	Were the organization's financial statements audited by an independent accountant?	2b		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		ļ	./
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		<i>V</i>
	If the organization changed either its oversight process or selection process during the tax year, explain in	40.3		
	Schedule O.	2		TIES .
đ	If "Yes".to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	2.9.3.6	- 8	
	issued on a consolidated basis, separate basis, or both.	1,000	7.00	100
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2 2 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	i	

Form **990** (2009)

NAME	V F W F	edez tzo	FILE NO		
ADDRESS			FOLIO		
			YEAR ENDED		
	PD#	73-0627284	2907		
					1
					ļ
	TETAL.	<u>990.</u>		9907	<u> </u>
Accounting	622000	655.00		28.62	20
Adjoatising	57.50	27.7		21	-77-
Deprocution	20,412.96	J-041.30		18371	bЬ
Donation	1520.0	122010			-
Ducs & Subscription		. . -		51.85	72
Convention Exp	196230	196230			
ot. lities		3670.36		33 v33	24
Rusurano	1682967	168297		15,146	סד
INTEREST	62457	6246		562	11
Licenses.	21700			2170	S
Pest-Coutrol	300.00	30.00		מרב	e)
Maintenance & Repairs		778.16		7003	47
Miscollaneus Rep	46,72324	· · · · · · · · · · · · · · · · · · ·		46723	24
O Prouve Eng & Postoge	4159.23	415.92		3743	3 L
Payroll Targe				6123	37
Penalty & 1007	1923.07	19231		1730	26
Security Alorn.		54.23		488	© ¬
Supplies - Shop	5861.97	586,20		5775	77
Telephono Beverages Tan	121830	124783		1393	47
Beverages Tox	11998.07			11 20 8	70

po 28872.

Winges

240,06L75 13,811.79 2262-A96

60,986 75