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## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	2009 calenda	ar year, o	r tax year beginning		, 2009	9, and endi	ng		, 20
B c	heck if	applicable	Please	C Name of organization THE RE	TIRED ENLISTE	D ASSOC AUXI	LIARY		] 1	D Employer identification no
	ddress	•	use IRS label or	Doing Business As						84-0961324
$\equiv$	ame ch	-	print or	Number and street (or P O box if r	nail is not delivered to st	reet address)		Room/suite		E Telephone number
一	ntial retu	-	type See	1101 MERCANTILE LA		,		260		(301) 583-8687
			Specific	City or town, state or country, and a	7ID ± 4			L		G Gross receipts
	erminat		Instruc- tions.	Upper Marlboro, MD					l'	\$ 204,194
$\equiv$	mended			e and address of principal officer SAI						
=[]A -	pplication	on pending		NICOLE ST, Rapid Cit				H(a) Is this a	a group ret	um for
<b>Ş</b>			<u> </u>							
				237 ( 111 11 11 11 11 11 11 11 11 11 11 11	(a)(1) or 527			` If "No,"	affiliates in ' attach a lis	st (see instructions)
<b>\</b>	Vebsite:		trea.			······································		H(c) Group	exemption	number 1032
		organization X	Corporatio	n Trust Association Ctr	ner 🕨	L Year of for	mation	M S	tate of lega	al domicile CO
Par	<u>t 🖂 </u>	<u>Summar</u>								
A G	1	Briefly descr	ribe the or	ganization's mission or most si	gnificant activities	PROMOTES	THE SC	CIAL WEI	LFARE	OF THE MEN AND
<b>.</b>				RETIRED FROM THE ARME						
Ç G		OF THE U	NITED S	STATES. EDUCATES THE	PUBLIC AND ME	MBERS OF COL	IGRESS A	ABOUT THE	E RETI	RED
i o		MILTARY	COMMUNI	TY, AND REPRESENTS M	EMBERS INTERF	STS AT BOTH	THE FED	ERAL AND	STAT	E LEVEL.
v e	2	Check this b	ox 🕨	if the organization discontinued	its operations or d	sposed of more th	nan 25% of	its net asse	ts	
tn	3	Number of v	oting mer	nbers of the governing body (Page 1997)	art VI, line 1a)				. 3	-
l a	4	Number of in	ndepende	nt voting members of the gover	rning body (Part VI	line 1b) · · · ·			. 4	-
e n s c	5			oyees (Part V, line 2a) · · · ·						(
_ е	6			teers (estimate if necessary) •						· · · · · · · · · · · · · · · · · · ·
_				business revenue from Part VII						(
				s taxable income from Form 99						
		ivet uniterate	u pusities	s taxable income nonn on 98	70-1, IIIIe 54 · · ·		- 1			
R		Cantabatan		nto (Dort VIII line 4h)				Prior Yea	<u>r</u> 83,986	Current Year 192,768
e	8			nts (Part VIII, line 1h) · · · ·				1,		515
e	9	-		nue (Part VIII, line 2g)					10 004	
n u	10			art VIII, column (A), lines 3, 4, a					10,304	10,911
e	11							- ·		
<del></del>	12			nes 8 through 11 (must equal P				19	94,290	<del> </del>
	13			ounts paid (Part IX, column (A)					8,250	(
E	14	Benefits paid	d to of Fol	members (Part IX, Column )	line 4) • • • • •					(
x	15	Salaries, oth	er compe	nsation, employee benefits Pa	ırt IX, column (A), lı	nes 5-10) • • •				
Р e	16a	Professional	l fundraisi	ng(1968) (PATIX) column (A), Im	ıe 11e) • • • • •					
n				enses (Part IX, column (D), line		23,172	د ا ۱۱	The way	1 15.45	
s e	17	Other expen	ses (Part	IX, column (A), lines 11a-11d,	11f-24f)				70,175	
s	18	-	=	lines 13-17 (must equal Part IX		5)		1	78,425	168,636
	19	-		es Subtract line 18 from line 1			<del>                                     </del>	····································	15,865	<del>                                     </del>
Net						<del></del>		ganning of Curre	ent Vear	End of Year
Assets	20	Total assets	(Part X li	ne 16)					43,717	
or Fund	21	Total liabilitie	•	•					2,294	<u> </u>
Bal-	22			ances Subtract line 21 from hi	no 20			3,	41,423	<del></del>
ances					16 20		· · · · L		11,423	3,7,010
Par	ťIľ	<u> Signatu</u>								
		Under penalti	es of perjury s true/: correc	, i declare that I have examined this retu ct, and complete. Declaration of prepare	m, including accompany r (other than officer) is b	ring schedules and stati ased on all information	ements, and to of which prepa	o the best of my arer has any kno	r knowleage owledge	e
			Som	Su CH	•			•	-	4 40 .010
Sigr	1			ry Cic					0	K-30-2010
Here	9	Signatur	re of officer		1				Dat	e
		2	andy	Ott, Thesider	<i>i</i> t					
		Type or	print name a	ind title						
		Preparer's		11		Date	Check if			ntifying number
		signature	7	/, ///	//		setf- employed		e instructio	ns)
Paid			*	Un ///Mm	±1	04-06-2010	3.,,,,,,,,,,,	_		
Prepa				OSCAR H PRESSEL CI	PA CHARTERED			IN D		
Use C	only	Firm's name (		2137 ESPEY COURT S	-			117	32-	0220202
		if self-employe address, and		Crofton, MD 21114				h • 1	10-72	
	L	2 4 :	4.	<u>'</u>				TIONE TIO		
May t	ne iRS	discuss this	return wil	th the preparer shown above? (	see instructions)					· · · Yes X No

Form 990 (2009)

111,833

Total program service expenses

EEA

Pa	rt/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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
•	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u> </u>		
_	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 similar funds or accounts where donors have	<u> </u>		
-	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		Δ
٠	complete Schedule D, Part III • • • • • • • • • • • • • • • • •	8		v
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		X
3				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		3.7
40		-		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10		
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11 a1.7.55	Sec. 1	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		(a)	
	Schedule D, Part VI		74	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			S ME TE
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	3.4	354	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	321	34	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			¥ (\$\frac{1}{2}\)
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			he
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		3.5	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11.6		10.0
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	18	34	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	1	看獎	1-30
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.00	34 " A	ńκ
	Schedule D, Parts XI, XII, and XIII	12	_X_	50 T . 3
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	15 (1)		1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·		11 -1 151	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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		_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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		Ì	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_X	
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		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	EEA	Form	990 (2	(900)

Pa	rt:IV Checklist of Required Schedules (continued)			
<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			l
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			l
	United States 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, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$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		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
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		<u> </u>
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	ļ		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			l
	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 II	26_		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		4	41.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	المتمريقة	و المالية	, ) , , ) ,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,			
	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		Х
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 If "Yes," complete Schedule R, Part I	33		Χ
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 $\cdots$	34		Х
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	3, 4	15.00	Friends
	U.S. Information Returns Enter -0- if not applicable	6 h	739	2.54
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable · · · · · · · · · 1b 0	1.4.	15 July	١٠١٤
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			Sec.
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4.	ξ <b>ξ</b> '	1.3
	Statements, filed for the calendar year ending with or within the year covered by this return · · · · · · 2a 0	700	-1. 	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	1 , 100	- 12 - 1	78
	instructions)	1,517	3	3, 1, 1,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	:		ستسنا
	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		<b>├</b>
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	<u></u>	X
b	If "Yes," enter the name of the foreign country			رزيرا
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			17
	and Financial Accounts	4	المناهبة	-2.53
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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	ļ	ļ
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	1,3	1000	F.
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b></b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		1
_	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	36	مار مار مار مار
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		سنة الم	111-1
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	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-C as required? • • • • • • • • • • • • • • • • • • •	7h	ĺ	.,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			X
0			14. A	
	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	ىلىيە ئىدۇ	أعلمت وتشا
9	organization, have excess business holdings at any time during the year?		r	
	Did the organization make any taxable distributions under section 4966?	9a		37
a		9b		X
ь 10	Did the digatization make a distribution to a donor, donor advisor, or related person	30	الا روسان	X
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	`	⊈ <b>,</b> 734	11.
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 ,,	} ``,	¥ , e
11	Section 501(c)(12) organizations. Enter	<b>∤</b> , , ∤	76,1 1	;
	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	١,١	· <sub>.</sub>	
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	· , ;	3,	
b	amounts due or received from them ) · · · · · · · · · · · · · · · · · ·		".	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		الله الله الله الله الله الله الله الله
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	·	,	<del></del>
		لنـــــــــــــــــــــــــــــــــــــ		

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

Sec	tion A. Governing Body and Management		1	
		7.8	Yes	No
1a	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · · · ·			1
b	Enter the number of voting members that are independent	ļ. ( <u>)                                  </u>	37 7.2	35 Em 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	المنطقة	عائنات	
_	any other officer, director, trustee, or key employee?	2		X
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 person?	3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • •	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
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 members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1,1,0	4.57
	the year by the following	,".	· · · · ·	
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Х	
b	if "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	وي لاو		- : 3
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	ار ۵۰۰		T 47
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, - ,	1. 14
а	The organization's CEO, Executive Director, or top management official	15a		X
h	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	102	, ,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	,		12.1
	with a taxable entity during the year?	16a		نىتىسى X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	, ,	ا پ	3 7 7
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		( A. 1) ( M)	ا از افغات
	the organization's exempt status with respect to such arrangements?	16b		كالشيفان
		100	l	
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
18				
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict 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 records of the			
	organization JOHN MAY (301)583-8687			
	1101 MERCANTILE LA Upper Marlboro, MD 20774			

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## 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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posmit during vt control et of the control of the c	T , ,	$\overline{}$	All th Key employee	H c e I o mp l e s n y e e d	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
SANDRA M MILNER	-	<del>                                     </del>								
PAST NATIONAL PRESIDENT							X		1	1
SANDY OTT										
PRESIDENT	2.00			X	}	ŀ		l c	0	0
KAY CLAMAN	_				·					
SECRETARY				X		ĺ	<b>i</b>			
SHERRY ELLER	_	$\top$					$\Box$			~
TREASURER				x						
GLORIA CRISS		<del></del>					$\vdash$			
DIRECTOR		X								
SHEILA BUSTAMANTE		1		-		<del>                                     </del>		<del>-</del>	<u> </u>	
DIRECTOR		X								
JOLENE M O'CONNELL		1								
VICE PRESIDENT				X						
LORRAINE RICHMOND										
DIRECTOR		X	L							
·										
								Į.		
								<u>-</u> .		

Page 8

<u>,Fo</u>	rm 990 (2009) THE RETIRED ENLISTE										961324	Page 8		
<sup>≬</sup> P	art VIII Section A. Officers, Directors, Trustees, K	ey Employe	es, an	d Hi	ghe	st C	omper	sate	d Employees (cor	ntinued)				
	(A) Name and Title	(B) Average hours per	Posr I t d		check	C) all th	at apply	_	(D)  Reportable compensation	(E)  Reportable compensation		(F) Estimated imount of		
		week	nrı dur ıse	n r s t t s t t t e	su f t s c t e e r	ey employee	omployeest at ed	g mp h e o s n s e t a e t e	gheen set at e	e L U	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	d col	other mpensation from the ganization nd related ganizations
_														
					_			 						
									·	-				
						_				-				
				_		-								
				_		_								
			<del> </del>						<del></del>			<del></del>		
												_		
					-									
				_		_								
1b	Total		<u> </u>	_		<u> </u>		<b>•</b>			0	0		
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above	e) w	ho re	ecei	ved mo	ore th	nan \$100,000 in	1	0			
3	Did the organization list any <b>former</b> officer, director or t	-				-					منعنا	Yes No		
4	employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of report										3	X (%)		
	the organization and related organizations greater than individual	\$150,000?	If "Yes	s," c	omp	lete	Sched	lule .	J for such		4	X		
5	Did any person listed on line 1a receive or accrue comparities rendered to the organization? If "Yes," complete	-		•			-				. 5	1, 4, 4) F 3		
<u>S</u> e 1	ction B. Independent Contractors  Complete this table for your five highest compensated	ındependen	t contr	acto	ers th	at re	eceive	d mo	re than \$100,000	of				
	compensation from the organization (A)								(B)	<u> </u>		(C)		
	Name and business address								Description of s	ervices		ensation		
				_								<del></del>		
 2	Total number of independent contractors (including but	not limited	to thee	e lie	ted:	aho	re) wh	o rec	reived		1.3°.4°	F. St.		
_	more than \$100,000 in compensation from the organization		.0 11105	G 113	, cu	abo\	O WIII	U 1 <del>C</del> C	.c.vcu		Will The T			

Part \	VIII.	Statement of Revenu	16					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · ·	1	1	對效性強性原	湖南 观察	<b>新沙</b> 河流	
	b	Membership dues · · · ·	11	116,517			# 5	
Contn- butions,	C	Fundraising events • • • •	10	60,798				The state of the state of
gofts,	d	Related organizations	10	t		The same of the		
grants	e	Government grants (contributi	ons) • • 16	15,453			<b>建设在各名条件</b>	. 意识的意义
and other	f	All other contributions, gifts, g	rants					
similar	`	and similar amounts not include		:				
amounts	g	Noncash contributions include	ed in lines 1a-1f	\$				<b>建筑建筑</b>
	h	Total. Add lines 1a-1f · ·			192,768			
				Business Code	大学 医二种 医	·····································	12 17 1 1 1 2 un r C a	"你你我们事。"
	2a	MISC			515	515	5	
	b							
Program	c							
Service Revenue	d							
	e							
	f	All other program service rever	nue · · · · ·					
	g	Total Add lines 2a-2f · · ·			515	1977年 西北州西北	Tara Andrew	This Trains
	3	Investment income (including dother similar amounts)		• • • • • • • •	10,911			
	4	Income from investment of tax-	exempt bond pro	oceeds · · · ▶				
	5	Royalties • • • • • • • •		· · · · · · · <b>&gt;</b>				
			(ı) Real	(II) Personal	E CARRELINA		الله الله الله الله الله الله الله الله	
	6a	Gross Rents · · · · · ·				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b	Less rental expenses • • • •				经外面证据 計		The state of the s
	C	Rental income or (loss) • • •			المراكب المستحدد المستحدال	the second Helper Hone,	1	the file of the
	d	Net rental income or (loss) •		· · · · · • • • • • • • • • • • • • • •				
	7a	Gross amount from sales of	(i) Secunties	(II) Other				"我们不是是你的。"   我们还是我们的
	ļ	assets other than inventory					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same
	b	Less cost or other basis			The state of the s			
0		and sales expenses · · · ·					100 100 100 100 100 100 100 100 100 100	
ť	С	Gain or (loss)			Tugal.	to the second	The state of the s	The second of th
h	d	Net gain or (loss)		· <u>· · · · · · · </u>				
r	8a	Gross income from fundraising					1 1 4 1 4	1 1 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_		events (not including \$	60,798		[1] [1] [1] [1]		11 7 4 4	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
R e		of contributions reported on line	e 1c)			1. Sec. 17.	14. 15. 15.	1. 3. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
v		See Part IV, line 18 · · · ·	a	1		11.		المهاري المجاري
e	b	Less direct expenses · · ·	t	)	de la constitución de la constit		10 10 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
n u	С	Net income or (loss) from fundi	aising events	• • • • • • • •				
е	9a	Gross income from gaming act	ivities		The state of the state of	T. T. M. A. A. B. B. C.	المرابع	一种一种 一种
		See Part IV, line 19 · · · ·	a	ı	The Part of the Pa			The second of the second of
	b	Less direct expenses · · · ·	t	)		深 (1941) 聯方	u, "	The state of the s
	С	Net income or (loss) from gami	ng activities •					
	10a	Gross sales of inventory, less			·原子服装2克式	A NET WASTER OF THE	- 10 mm	
		returns and allowances · · ·	а	1		1,0	5	Many and a second
	b	Less cost of goods sold · ·	t	)	Mittigan sample	E. T. S. T. E.	5 1 1 1 24 1 141	1
	C	Net income or (loss) from sales	of inventory •					
		Miscellaneous Revenue		Business Code	130k2 1945 1915	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is in the little	
	11a							
	b							
	С							
	d	All other revenue · · · · ·	<del></del>					
	e	Total. Add lines 11a-11d •			-	是是此一下上成为二	it with the first the sail	1 54 " E M. 3. 2 "
	12	Total revenue. See instructions			204.194		0	(

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## 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). (D) Do not include amounts reported on lines 6b. (A) (B) (C) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . 3 Grants and other assistance to governments. organizations, and individuals outside the Compensation of current officers, directors, 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . . . 10 11 Fees for services (non-employees) 26,608 26,608 Legal b C 6,925 6,925 Lobbying d 1. Take 1919 13 - 10 A е Professional fundraising services See Part IV, line 17 . f q 12 Advertising and promotion .... 13 Office expenses . . . . . . . 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings · · · 20 21 22 Depreciation, depletion, and amortization ..... 23 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 70,368 70,368 MEMBERSHIP EXPENSES CONVENTION EXPENSES 14,429 14,429 WIDOW WIDOWER ASSISTANCE 10,769 8,286 98 2,385 FUNDRAISING COSTS 20,787 20,787 18,750 SCHOLARSHIPS 18,750 25 Total functional expenses. Add lines 1 through 24f · · 168,636 111,833 33,631 23,172 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 

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**Balance Sheet** (B) (A) Beginning of year End of year 25,092 31,130 1 1 Cash - non-interest-bearing 312,587 2 356,649 2 3 Pledges and grants receivable, net .......... 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Α 6 s S 7 Notes and loans receivable, net 8 Inventories for sale or use .......... 8 t 9 Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D · · · · · 10c 11 11 Investments - publicly traded securities ....... Investments - other securities See Part IV, line 11 ...... 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) ..... 343,717 381,741 16 16 2,294 17 17 4,725 18 18 L 19 19 20 20 а 21 21 Escrow or custodial account liability Complete Part IV of Schedule D ..... b 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .......... 22 23 Secured mortgages and notes payable to unrelated third parties 23 е 24 24 Other liabilities Complete Part X of Schedule D ....... 25 25 26 2,294 26 4,725 Organizations that follow SFAS 117, check here | X and complete lines 27 through 29, and lines 33 and 34. NF e t ų 27 170,654 27 189,398 n Temporarily restricted net assets .......... 28 170,769 28 187,618 A s 29 29 В Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. t 30 30 n Paid-in or capital surplus, or land, building, or equipment fund 31 31 C 0 32 Retained earnings, endowment, accumulated income, or other funds .... 32 33 341,423 33 377,016 343,717 381,741 34 Total liabilities and net assets/fund balances ....... 34

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 💢 Accrual 🔲 Other	, t'	امد المراد و داراً	1 m 1 m 1
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	141	31	
	Schedule O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	4		i di
	Schedule O		1 1 mg	1,4° 1,6°
þ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		4 4	, K
	issued on a consolidated basis, separate basis, or both	3		
	Separate basis Consolidated basis Both consolidated and separate basis	ندمند	-1-1-	Same
3a	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		X
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	·	<u> </u>

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Form 990 (2009)