

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



Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For th	ie 2008 ca	alendar	year, or tax ye		June		2009, and er		Ma	y 31	, 20 10
В	Check if	applicable	Please	C Name of organ			William B	Bloys Post #	#2		D Employe	er identification number
_		change	use IRS label or	Doing Business	s As Kilroy's	•					86	0082634
		-	print or		et (or PO box if m		d to street add	lress) Roor	m/surte		E Telepho	
_	Name c	-	type.		•		- -					
닏	Initial re	turn	See Specific	2125 S Indus							(480)	967-2968
Ш	Termina	tion	Instruc-	1 '	tate or country,							
	Amende	ed return	tions.	Tempe, AZ							G Gross rec	epts \$
	Application	on pending	F Nan	me and address of	principal officer	•				H(a) is this	a croup return t	for affiliates? Yes No
									1			ncluded? Yes No
_	Tax-ex	empt status	: [7] :	501(c) (19) ◄ (ins	ert no.)	947(a)(1) or	527	-			•	list (see instructions)
÷	Webs		<u> </u>	201(0) (13) 4 (11.0	G111107	3.1 (4)(1) 01	<u> </u>					•
<u></u>			70	. nn							exemption num	
K				oration Trust	Association L.J.	other ►		L Year of for	mation.	1919	M State of	legal domicile.
P	art I	Summ	ary									
	1	Briefly de	escribe	the organizati	on's mission	or most sig	inificant a	ctivities:				
	1	Veteran	s Servi	ices and Com	munity Bene	fit Activitie						
8												
돌	.			•••••			·			·	·	
盲	١ .											
Activities & Governance	2	Check this	box ►	if the organiz	ation discontin	ued its-operat	ions or disp	osed of more	than 259	% of its as	ssets.	
ن مع	3	Number :	of votir	ng, members of	f the governi	ng body (Pa	rt VI, line	1a), , ,			. 3:	9
g	4			pendent voting	_			•				9
Ę	5			f employees (P							5	4
- 5	٦					-					. 6	<u>-</u> 9
₹				f volunteers (es								
	7a	Total gro	ss unre	elated busines:	s revenue fro	m Part VIII,	line 12, c	olumn (C) .			. 7a	
	b	Net unre	lated b	usiness taxable	e income fro	m Form 990)-T, line 3	<u>4</u>	<u>.,.</u>		<u>.</u> 7b_	
									L	Prior Ye	ar	Current Year
	8	Contribut	tions: ai	nd grants (Part	t VIII. line 1h)					30949	61081
Revenue									- 1			0
5	9			e revenue (Par							4000	0
چ	10	Investme	nt inco	me (Part VIII)	Ç⊝l⊭anın (A), İl	ines 3, 4, ar	id 7d) .		• ├──		4820	
	11	Other rev	ve∏nue (PARTICELLA	nn (A), lines	5, 6d, 8c, 9	c, 10c, an	d 11e) .	·		129415	101607
	112	Total reve	enue-	add lines a thro	ពជិប ប (ប៉េងទិវិ	equal Part v	III, column	(A), line (2)			165184	162688
	13	Grants a	ndlaint	ilar amounts p	aion (Part \ X)	column (A).	lines 1-3)				17372	0
	14	Renefite	03/33/	or Johnembe	Le (Bart Kon	Folume (A)	ine 4)				378	0
2	45										63832	36575
Ě	15			ompensation; en					 		03032	
Expenses	, 16a			ndraising fees (e programa	, N	0
O				expenses (Par							الم يشتيد عام	and which there is a man district of
	17	Other ex	pensés	(Part IX) colui	mn (A), lines	11a-11d, 1	1f∸24f) .				115053	125425
				. Add lines 13-							196635	162000
				penses. Subtra			•	,,			-31451	688
5			1000 011	PO				 .		leginning (End of Year
		-							<u> </u>			
1000	20		-	art X, line 16).							160747	159732
₹;	원 21			(Part X, line 26)					.		9532	6130
ž	22_	Net asse	ts or fu	und balances.	Subtract line	21 from lin	e 20	<u> </u>		_	151215	<u> 153602</u>
P	art II	Sign	ature	Block								
		Under pe	nalties of	f perjury, I declare	that I have exam	ined this return	including ac	companying so	hedules	and statem	ents, and to	the best of my knowledge
		and belie	of, it is tru	Je-correct and co	mplete Declara	tion of prepare	(other than	officer) is base	d on all in	nformation	of which pre	parer has any knowledge
ο:			/, /	[[]	(1					!	16-	/.
	gń	L	49	co / Ca	<i>W/</i>					<u>-</u> -	1251	<u> </u>
He	ere	Sign	ature of	officer				0		Dat	é	
			ANGE	20 J.	Lomban	U. TR		Comma	W DEI	2		
		Туре	or print	name and title								
_		٦		1		>		Date	Check	ıf	Prenarer's in	entifying number
		Preparer' signature			0 1	-		1 1 1	self-		(see instructi	
Pai	id	-g.iaiai e	• •	17.05	-/ h_	08		1125/11	employ	/ed ► 🔲		
	parer's	I		1000				/ / / /				P01068687
	e Only	Firm's na if self-em		1110111	<u>pson & Asse</u>					EIN	▶ 27	0280363
- 0	,	address.		+ 4 7 500 W	Broadway I	Rd, Ste 101,	Tempe,	AZ, 85282		Phone n	• ► (480	966-6692
M	av the	IBS disci	uss this	s return with th								Ves No

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: To provide veterans of the US military with a variety of services to help them readjust to civilian life, to clothe needy and under-privileged children, and to inspire community high school youth to become active in
	their community leadership.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ 12902.80 including grants of \$) (Revenue \$ 12597) ClotheAChild provided clothing for under-privileged children during the pre-school and Christmas times of the year.
4b	(Code:) (Expenses \$ 2125.00 including grants of \$) (Revenue \$) Boys State of Arizona provides high school students the opportunity to participate and learn about
	the functioning of local and state governmental offices. Funding is from Post.
4C	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses \$ (Must equal Part IX Line 25, column (B))

Par	t 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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 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) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
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		✓
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		✓
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
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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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	_	✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
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		✓
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		
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		√
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21	_	<u> </u>
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Fes, complete Schedule I, Parts I and III	22		7
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		
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 questions	24a		✓
	24b-24d and complete Schedule K. If "No," go to question 25	24b		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
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		✓
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		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
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		✓
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		✓

Part IV	Oh1-1:-4	-4 D	C.	- -	
	Checklist	OT HE	eauirea Sa	negules	(continued)

28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		经
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	がいた。	
	Part IV	28a	 ✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 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 professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	 ✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 ✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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 301.7701-3? If "Yes," complete Schedule R, Part 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	√

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	Ño
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	/	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_ u	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	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	√	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	ļ
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		1
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		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	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_		✓
	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 \$75?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
	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	_	├
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	_8_		✓
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b	<u> </u>	1
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		v
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	100		
	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. 12b	12a	<u>L</u>	<u></u> _

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			
b	Enter the number of voting members that are independent			
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></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 person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		✓
6	Does the organization have members or stockholders?	6	✓_	
7a				
	of the governing body?	7a_	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	_8 <u>a</u>	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	/	
9a	Does the organization have local chapters, branches, or affiliates?	9a	<u> </u>	✓
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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	ļ		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or 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	11	L	✓_
Sec	tion B. Policies			
		40-	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	 -	 -
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406	ĺ	
	rise to conflicts?	12b	├	<u> </u>
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		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		✓
b	Other officers or key employees of the organization?	15b		✓
	Describe the process in Schedule O. (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
_	the organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Arizona			
18	Section 6104 requires an organization to make its Forms 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 Dupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of 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 books and reco	oras o	i the	

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.

☑ Check this box if the organization did not co	mpensate	any c	offic	er,	dire	ctor,	trus	tee, or key em	ployee.	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated 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
Fred Handy Board Member	4	1						0	0	0
Bill Loew Board Member	4	√ _						0	0	0
JT Frazier Board Member	4	1				_		0	0	0
Gary Remerkis Board Member	4	/						О	0	0
Steve Pacheco Post Commander	4			1				0	0	0
David Grev Sr Vice Commander	4			1				0	0	0
Rick Exting Jr Vice Commander	4			1				0	0	0

Pa	Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employees (co	ntinued)
	(Å)	(B)	(C)						(D)	(E)	(F)
Name and title		Average hours per week	Individual trustee or director	nstitutional 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
				l L							
					ĺ			ĺ	[[
1b	Total	<u></u>	l	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	i		0	0	0
2	Total number of individuals (including thosorganization 0	e in 1a) wh	no rec	eive	ed r	nor	e thar	n \$1		ortable compens	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the	chedule J	for su	ıch	ınd	ividi	ıal	٠.			3 🗸
•	the organization and related organizations individual	greater tha	an \$15	50,0	0003	? If '	'Yes,"	co	mplete Schedu	ile J for such	4 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	compolete	pen Sch	satı ledu	on ile	from I for s	any such	unrelated org	anization for	5 √
	ction B Independent Contractors									 	
1	Complete this table for your five highest c compensation from the organization.	ompensate 	ed ind	ере —	ende	ent o	contra	acto		d more than \$1	
	Name and business add	dress							(B) Description of s	services	(C) Compensation
No	ne				_	_		 			
								+			
								\vdash			
								$oxed{\Box}$			
2	Total number of independent contractors collegisation from the organization 0		those	in	1) v	vho	recei	ved	more than \$1	00,000 in	

rom 9	_							Page 3
Part	<u>.</u> Yo	Statement of Re	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Nembership dues Fundraising events Related organizations Government grants (contributions, gifts, good similar amounts not include Noncash contributions include Total. Add lines 1a-1f	grants, ded above 1f	47814 13267 0 0	61081			
e Revenue	2,			Business Code				
Program Service Revenue	7 d e 1	All other program service						
	g	Total. Add lines 2a-2f	<u></u> '		0			
	3	Investment income (inc other similar amounts) Income from investment o			0			
	5	Royalti es	(i) Real	(ii) Personal			 	
	١.	Gross Rents Less rental expenses Rental income or (loss)	18759	(1) 1 01001101				
		Not rental income or (lo	oss)		18759			
	7.≀	Cross amount from sales of access other than inventory	(i) Securities	(II) Other				
		Less cost or other basis and cales expenses .						
	١,	Gain or (loss) Net gain or (loss) .		· · · · · · · · · · · · · · · · · · ·	0			
Other Revenue	£ :	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).					
the	١,	Loss direct expenses	b					
0	i	Net income or (loss) fro		vents	0		 	
		Gross income from gam See Part IV, line 19 Loss direct expenses.	a					
		Tet income or (loss) fro		ities	0			<u> </u>
		Gross sales of inversions and allowances	a	128690				
	'`	Less cost of goods so Net income or (loss) from			82848			
	-	Miscellaneous Rev		Business Code	02040		 	
	1.							<u> </u>
	:							
								<u> </u>
		All other revenue						
	1	Fotal Add lines 11a-1				·- <u>-</u>		
	12	Fotal Reven ue. Add lir 3c, 10c, and 11e	nes 1n, 2g, 3, 4,	5, 6a, /a, 8c,	162688			,}

Part 11. 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).										
	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	Grat is and other assistance to governments and organizations in the U.S. See Part IV, line 21	0									
2	ts and other assistance to individuals in the U.S. See Part IV, line 22										
3 4 5	Gi, it is and other assistance to governments, on a reations, and individuals outside the Uniform See Part IV, lines 15 and 16										
6 7 8	consation not included above, to disqualified in sign (as defined under section 4958(f)(1)) and process described in section 4958(c)(3)(B) considered and wages in plan contributions (include section 401(k))										
9 10 11	a rection 403(b) employer contributions). C rempley to benefits P roll taxes For services (non-employees):	2717		2717							
b	N' :gement	2544		2544							
f g	F signal to traising services. See Part IV, line 17 In atment management fees	7932		7932							
13 14 15	A rtising and promotion	2904		2904							
16 17 18	Upancy I el P nents of t avel or entertainment expenses										
	for any federal, state, or local public officials C ferences conventions, and meetings I est	1190 9097		1190 9097							
21 22 23	reciation, depletion, and amortization. rance	9222 8000		9222 8000							
24	C or expenses Itemize expenses not c red abo e. (Expenses grouped together labelet iniscellaneous may not exceed of total expenses shown on line 25 below.)										
a b c	od & Bar Purchases pairs & Laintenance es Expe ses,Taxes & Licenses	45842 19059 2471		45842 19059 2471							
	> plies-m kers,etc. ink Char is A there onses Misc expenses Add loss 1 through 244	3124 1571 46327		3124 1571 46327							
25 26	J it Costs Check here I if following 98-2 Complete this line only if the initiation reported in column (B) joint costs a complete ducational campaign and raising s 'citation in the column is a complete ducational campaign and in the column is a complete ducational campaign and in the column is a complete ducational campaign and in the column is a column in the column is a column in the column in the column is a column in the column in the column in the column is a column in the column in	162000		162000	5 000 0000						

Fom	_	008)				Pa	ge 1
Pa	IL.	Balance Sheet		 -			
			(A) Beginning of year	İ	(i End d	3) If vear	
	Γ.		33273	1		<u> </u>	3323
	1	Cash—non-interest-bearing	18	2			(0020
	2 2	Savings and temporary cash investments	0	3			
	1	Pledges and grants receivable, net	0	4			<u>`</u>
		Accounts receivable, net	 	\vdash			
		Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.	0	5			
	, e	Receivables from other disqualified persons (as defined under section					
		4958(f, r)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L	0	6			9
Assets	7	Notes and loans receivable, net	0	7			
SS	,	Inventories for sale or use	8107				9092
•		Prepaid expenses and deferred charges	1771	9			
	1'						
	!	Less accumulated depreciation. Complete	20724	100			9470
	ļ	Part V' of Schedule D	28731	10c			94/
	11	Investigents—publicly traded securities	87847	12			7847
	1;	Investments—other securities. See Part IV, line 11	07047	13			7 047
	1	Investments—program-related. See Part IV, line 11		14			
	1	Intangil 'e assets		15			
	1 1	Total a sets. Add lines 1 through 15 (must equal line 34)	160747			15	9732
_	17	Accour's payable and accrued expenses	3705	_			2015
	10	Grants payable		18	··		
	1.	Deferre ' evenue		19			
	2	Fax-ext not bond liabilities		20			
S	2	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	2	Payable to current and former officers, directors, trustees, key					
ap		employ es highest compensated employees, and disqualified					
	ł	cison Complete Part II of Schedule L		22			
	2.	Secure mortgages and notes payable to unrelated third parties		23			
	5.	Unsecured notes and loans payable	5827	24			4115
	1	Other Indities Complete Part X of Schedule D		25			
	;	Total li tulities. Add lines 17 through 25	9532	26			6130
ces		Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34.					
Š		, i		27			_
Balanc	2	Unrestricted net assets		28			
<u>Б</u>	1:	'empo ii y restricted net assets		29			
Fund		Perma intry restricted net assets					
or F		and considered lines 30 through 34.					
	2	Tapital Hick or trust principal, or current funds		30			
Net Assets	2	add-in capital surplus, or land, building, or equipment fund		31			
AS];	letains arnings, endowment, accumulated income, or other funds	151215	32		15	3602
det	2	ctal n = ssets or fund balances		33			
	[.	otal es and net assets/fund balances	160747	34		15	9732
P	<u>j</u> .	Fire stal Statements and Reporting				,	
					عنيسو	Yes	No
1		counting to find used to prepare the Form 990: 🗹 Cash 🔲 Accrual					
2		the or attion's financial statements compiled or reviewed by an ind	· ·	t?		√	-
ŧ		te the or milion's financial statements audited by an independent acco			<u>2b_</u>	✓	
(:	or 2b, does the organization have a committee that assumes	•	-	6 -	1	1
		d', re or compilation of its financial statements and selection of an inc				√	+-
3	1	esult c federal award, was the organization required to undergo an a fangle A Act and OMB Circular A-133?	audit of audits as set	· iorin	^{III} 3a		1

erganization undergo the required audit or audits? . . .