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Form **990**

Return of Organization Exempt From Income Tax

1012

OMB No 1545-0047

048

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Address change / Name change / Initial return / Terminated / Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **40/8 Voiture 690** AMER

Doing Business As **na**

Room/suite

801 S. Farragut st bay city mi 48708

City or town, state or country, and ZIP + 4

bay city mi 48708

D Employer identification number **38 6148144**

E Telephone number **(989) 892 8178**

G **680.00**

F

H(a) ✓ Yes No

H(b) Are all affiliates included? ✓ Yes No

If "No," attach a list (see instructions)

J Website: ▶

K 1/19▶ L **2010** M mi

1 Briefly describe the organization's mission or most significant activities:
veterans and nurses causes

2	▶		
3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	n a
6	Total number of volunteers (estimate if necessary)	6	26
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	242.00
b	Net unrelated business taxable income from Form 990-T, line 34	7b	na

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	na	
9	Program service revenue (Part VIII, line 2g)	na	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	242.00	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	na	
12		242.00	
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	na	
14	Benefits paid to or for members (Part IX, column (A), line 4)	na	
15		na	
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	none	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
19			

		End of Year
20	Total assets (Part X, line 16)	8743.00
21	Total liabilities (Part X, line 26)	348.00
22	Net assets or fund balances. Subtract line 21 from line 20	8395.00

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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 Here

Signature of officer

Date 10-14-2010

DONALD E. GOOD COMMISSAIRE INTENDANT

Type or print name and title

Preparer's signature D.E. GOOD

Date 10/14/10

Check if self-employed ▶

Preparer's identifying number (see instructions)

Print name (or yours if self-employed), address, and ZIP + 4

EIN ▶

Phone no ▶ (989) 686-4734

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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10 20 2010
FRESNO, CA

SCANNED DEC 02 2010

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1 Pg only