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Form 990-EZ

**Short Form**  
**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)**

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

**A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010**

- B Check if applicable**
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

<b>C Name of organization</b> JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA INC Post #65	<b>D Employer identification number</b> 88-0335718
<b>E Number and street (or P O box, if mail is not delivered to street address)</b> 3054 Canal Walk Road	<b>F Telephone number</b> (702) 614-3363
<b>G City or town, state or country, and ZIP + 4</b> Henderson, NV 890528512	<b>H Group Exemption Number</b> 0973

**G Accounting method**  Cash  Accrual Other (specify) ► \_\_\_\_\_

**I Website:** ► \_\_\_\_\_

**J Tax-Exempt status** (check only one) —  501(c)(3)  501(c)( 4 ) (insert no)  4947(a)(1) or  527

**H** Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ► if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 62,833

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td><td style="width: 10%;">1</td><td style="width: 10%;">3,865</td></tr> <tr> <td>2 Program service revenue including government fees and contracts</td><td>2</td><td>0</td></tr> <tr> <td>3 Membership dues and assessments</td><td>3</td><td>1,580</td></tr> <tr> <td>4 Investment income</td><td>4</td><td>139</td></tr> <tr> <td><b>5a Gross amount from sale of assets other than inventory</b></td><td><b>5a</b></td><td>0</td></tr> <tr> <td><b>b Less cost or other basis and sales expenses</b></td><td><b>5b</b></td><td>0</td></tr> <tr> <td><b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</b></td><td><b>5c</b></td><td>0</td></tr> <tr> <td><b>6 Gaming and fundraising events</b></td><td></td><td></td></tr> <tr> <td><b>a Gross income from gaming (attach Schedule G if greater than \$15,000)</b></td><td><b>6a</b></td><td>0</td></tr> <tr> <td><b>b Gross income from fundraising events (not including \$ 57,249 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)</b></td><td><b>6b</b></td><td></td></tr> <tr> <td><b>c Less direct expenses from gaming and fundraising events</b></td><td><b>6c</b></td><td>4,043</td></tr> <tr> <td><b>d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)</b></td><td><b>6d</b></td><td>53,206</td></tr> <tr> <td><b>7a Gross sales of inventory, less returns and allowances</b></td><td><b>7a</b></td><td>0</td></tr> <tr> <td><b>b Less cost of goods sold</b></td><td><b>7b</b></td><td>0</td></tr> <tr> <td><b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</b></td><td><b>7c</b></td><td>0</td></tr> <tr> <td><b>8 Other revenue (describe in Schedule O)</b></td><td><b>8</b></td><td>0</td></tr> <tr> <td><b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td><b>9</b></td><td>58,790</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1	3,865	2 Program service revenue including government fees and contracts	2	0	3 Membership dues and assessments	3	1,580	4 Investment income	4	139	<b>5a Gross amount from sale of assets other than inventory</b>	<b>5a</b>	0	<b>b Less cost or other basis and sales expenses</b>	<b>5b</b>	0	<b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</b>	<b>5c</b>	0	<b>6 Gaming and fundraising events</b>			<b>a Gross income from gaming (attach Schedule G if greater than \$15,000)</b>	<b>6a</b>	0	<b>b Gross income from fundraising events (not including \$ 57,249 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)</b>	<b>6b</b>		<b>c Less direct expenses from gaming and fundraising events</b>	<b>6c</b>	4,043	<b>d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)</b>	<b>6d</b>	53,206	<b>7a Gross sales of inventory, less returns and allowances</b>	<b>7a</b>	0	<b>b Less cost of goods sold</b>	<b>7b</b>	0	<b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</b>	<b>7c</b>	0	<b>8 Other revenue (describe in Schedule O)</b>	<b>8</b>	0	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	58,790	<b>Expenses</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td><td>10</td><td>36,736</td></tr> <tr> <td>11 Benefits paid to or for members</td><td>11</td><td>0</td></tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td><td>12</td><td>0</td></tr> <tr> <td>13 Professional fees and other payments to independent contractors</td><td>13</td><td>0</td></tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td><td>14</td><td>300</td></tr> <tr> <td>15 Printing, publications, postage, and shipping</td><td>15</td><td>1,949</td></tr> <tr> <td>16 Other expenses (describe in Schedule O)</td><td>16</td><td>0</td></tr> <tr> <td><b>17 Total expenses.</b> Add lines 10 through 16</td><td><b>17</b></td><td>38,985</td></tr> </table>	10 Grants and similar amounts paid (list in Schedule O)	10	36,736	11 Benefits paid to or for members	11	0	12 Salaries, other compensation, and employee benefits	12	0	13 Professional fees and other payments to independent contractors	13	0	14 Occupancy, rent, utilities, and maintenance	14	300	15 Printing, publications, postage, and shipping	15	1,949	16 Other expenses (describe in Schedule O)	16	0	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	38,985
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**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22</b> Cash, savings, and investments		83,788	<b>22</b> 103,593
<b>23</b> Land and buildings		0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O)		0	<b>24</b> 0
<b>25 Total assets</b>		83,788	<b>25</b> 103,593
<b>26 Total liabilities</b> (describe in Schedule O)		0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)		83,788	<b>27</b> 103,593

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

To serve veterans and active members of the United States military services, especially those who are faced with emergencies, without regard to race, religion, or sex

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28** See Schedule O Money to provide these and other services was raised through semiannual "Poppy Drives" (Grants \$ 36,736) If this amount includes foreign grants, check here  **28a** 4,043**29**(Grants \$ ) If this amount includes foreign grants, check here   **29a****30**(Grants \$ ) If this amount includes foreign grants, check here   **30a****31** Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here   **31a****32 Total program service expenses** (add lines 28a through 31a) **32** 4,043**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	0	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► <u>Joel Berg</u> Telephone no ► <u>(702) 614-3363</u> 3054 Canal Walk Road Located at ► <u>Henderson, NV</u> ZIP + 4 ► <u>89052</u>		
b 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)? If "Yes," enter the name of the foreign country ►	42b	No
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	<b>Yes</b>	<b>No</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45</b>	No
<b>45a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45a</b>	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

<p><b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."</p> <table border="1"> <thead> <tr> <th><b>(a)</b> Name and address of each employee paid more than \$100,000</th><th><b>(b)</b> Title and average hours per week devoted to position</th><th><b>(c)</b> Compensation</th><th><b>(d)</b> Contributions to employee benefit plans &amp; deferred compensation</th><th><b>(e)</b> Expense account and other allowances</th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances																				
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**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ►

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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.

<b>Sign Here</b>	Signature of officer			
	2011-05-11 Date			
 <u>Joel Berg Quartermaster</u>				
 Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/>

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

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

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

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Digitized by srujanika@gmail.com

**Employer identification number**

88-0335718

88-0335718

88-0335718

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		<b>(a) Event #1</b> <b>Poppy Drives</b> (event type)	<b>(b) Event #2</b> (event type)	<b>(c) Other Events</b> (total number)	<b>(d) Total Events</b> (Add col (a) through col (c))
1	Gross receipts . . .	57,249			57,249
2	Less Charitable contributions . . .	36,736			36,736
3	Gross income (line 1 minus line 2) . . .	20,513			20,513
4	Cash prizes . . .	0			0
5	Non-cash prizes . . .	0			0
6	Rent/facility costs . . .	300			300
7	Food and beverages . . .	0		0	0
8	Entertainment . . .	0		0	0
9	Other direct expenses .	4,043			4,043
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				4,343
11	Net income summary Combine lines 3 and 10 in column (d) . . . . .				16,170

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		<b>(a) Bingo</b>	<b>(b) Pull tabs/Instant bingo/progressive bingo</b>	<b>(c) Other gaming</b>	<b>(d) Total gaming</b> (Add col (a) through col (c))
1	Gross revenue . . . . .				
2	Cash prizes . . . . .				
3	Non-cash prizes . . . . .				
4	Rent/facility costs . . . . .				
5	Other direct expenses . . . . .				
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

13a	
13b	

**a** The organization's facility . . . . .

**b** An outside facility . . . . .

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.****Name of the organization**JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA INC  
Post #65**Employer identification number**

88-0335718

Identifier	Return Reference	Explanation
F99Z_P01_S00_L10	Form 990-EZ, Part I, Line 10	Cash donations to V A Healthcare \$9608, NV Veterans Assistance League of the NV Veterans Nursing Home \$4443, Sew Much Comfort/Las Vegas Sew Girls (provides wearing apparel sewn to accommodate prosthetic devices for veterans) \$1500, US Vets (Supports homeless veterans) \$9320, Indigent Funds (Pays utility bills for needy veterans) \$3993, Boy Scouts \$500, VA Henderson Veterans Center \$42, Operation JVV (Provides snacks, energy drinks, toiletries, and sports equipment to troops in Afghanistan, together with Beanie Babies for Afghan children and for the children of soldiers killed in action) \$5200, Jewish Welfare Board (For chaplain services to troops) \$500 Total \$35,106

## Additional Data

**Software ID:** 10000077  
**Software Version:** v1.00  
**EIN:** 88-0335718  
**Name:** JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA INC  
Post #65

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
George Barnett 1811 Eagle Village Avenue Henderson, NV 89012	Commander 18	0	0	600
Robert Roth 2302 Marengo Coves Avenue Henderson, NV 89044	Senior Vice Commander 15	0	0	0
Sherman Goldsmith 3046 Tardon Drive Las Vegas, NV 89120	Junior Vice Commander 12	0	0	0
Bernard Spindel 2816 Scotts Valley Drive Henderson, NV 89052	Judge Advocate 2	0	0	0
Joel Berg 3054 Canal Walk Road Henderson, NV 890528512	Quartermaster 18	0	0	0
Janet Kanofsky 157 Vance Court Henderson, NV 89074	Adjutant 3	0	0	0
Bernard Snitzer 3482 Don Miguel Drive Las Vegas, NV 89121	Trustee 2	0	0	0
Samuel Westerman 903 Derringer Lane Henderson, NV 89014	Trustee 2	0	0	0
Larry Brody 498 Carmel Mesa Drive Henderson, NV 89012	Trustee 2	0	0	0
Edward Kranson 2516 Corvus Street Henderson, NV 89044	Trustee 2	0	0	0