



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



Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	74291	22 88822
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	74291	25 88822
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74291	27 88822

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)

28 Services to Youth - Scholarships and Awards, Cash to 5 Students		
(Grants \$ 10000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10000
29 Service to Community, Grantee: Crime Prevention Banquet, Cash Grant \$4502		
(Grants \$ 4502) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4502
30 Americanism, Grantee: Freedom Shrine Maintenance and Installation: \$2200		
(Grants \$ 2200) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2200
31 Other program services (describe in Schedule O)		
(Grants \$ 33840) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	33840
32 Total program service expenses (add lines 28a through 31a)	32	50542

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 ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Alma Dietz President	20	0	0	0
William Trimble President Elect	10	0	0	0
Lonnie Servais Secretary	10	0	0	0
James Puckett Treasurer	10	0	0	0
Jose Inchausti Immediate Past President	10	0	0	0
Phil Everhart Director	1	0	0	0
Matt Hartman Director	1	0	0	0
Joanne Koehler Director	1	0	0	0
Mike Schetting Director	1	0	0	0
Jim Thomas Director	1	0	0	0
Tom O'Bryan Director	1	0	0	0