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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Depa	rtment of the	Treasury Do not enter social security numbers on this form as it may	-		Inspection
	al Revenue S				
<u>A</u>	For the 20	14 calendar year, or tax year beginning つつしょうしょく , 2014, and end	ling ウ니크		<u>,20 1 5</u>
В	Check if app			er identification number	
	Address cha	inge Doing business as VIFW POST 2779		57-	0299341
	Name chang	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number
	Initial return	PO BOX 1311		803	-534·3280
	Fınai retum/te	(718)			5287.00
		O_{1}	/ /	G Gross re	
	Amended re			<u> </u>	
L)	Application	pending F Name and address of principal officer	I		subordinates? Yes X No
					s included? Yes No
	Tax-exempt	status ☐ 501(c)(3)	lf "	No," attach a	list (see instructions)
J	Website: ▶		H(c) Grou	p exemption	number ▶ 1747
K	Form of orga	nization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of form	nation 1917	5 M State	of legal domicile S.C.
		Summary			
		refly describe the organization's mission or most significant activities:	LACOUT V	POTORO	20 00 50 1-00
40	'۲۰۰۱	ars Childrens Home Salvation Army Wo	- PPOF	7.7.91	72 0 5 1 0 E C
ວິ		THE CHIMENS HOME DOINGHON HEND NO	unded	war	r,0rz,
'nai		3ed, Cr022			
ver	1	neck this box $lacktriangleleft$ if the organization discontinued its operations or disposed	d of more tha	an 25% of	its net assets.
ဌိ	3 N	umber of voting members of the governing body (Part VI, line 1a)		. 3	
Activities & Governance	4 N	umber of independent voting members of the governing body (Part VI, line 1)	b)	. 4	Ø
ies.	5 To	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	12
ĕ	6 To	otal number of volunteers (estimate if necessary)		. 6	
· ct	1	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	<u>Ø</u>
		et unrelated business taxable income from Form 990-T, line 34 .	• •	. 7b	
_	U 11	t unrelated business taxable income nontrolling 30-1, line 34 .	Pnor		Current Year
		(L		
e e	1	ontributions and grants (Part VIII, line 1h)	113	700	7+4
Revenue	1	ogram service revenue (Part VIII, line 2g)			
Š	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			
<u>ac</u>	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ł	+643	(146787)
	3	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4506	X 46048
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0035	-
	I	enefits paid to or for members (Part IX, column (A), line 4)	-	<u> </u>	
		alaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)			7
_®			ļ		
درارای Expenses	1	rofessional fundraising fees (Part IX, column A) line to	चरतात्र । चरतात्र ।	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
suadx: CIN7		otal fundraising expenses (PartiX, Column (D), line 25)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 % Feel 3 % Ca	7.20
E W	17 O	ther expenses (Part IX, column (A), lines (1/p-11g, 12022e) \ (i)	1	0035	37257
⇒	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A)- line 25)		20070	57257
	19 R	evenue less expenses Subtract line 18 from line 13	(18954	(103300)
12 × 8		OGDEN, UT	Beginning of	Current Year	End of Year
چ چ چ	20 T	otal assets (Part X, line 16)		34 212	130912
Sa Sa	21 T	otal liabilities (Part X, line 26)		3 0 0	30,75
VED DE	00 1	et assets or fund balances Subtract line 21 from line 20		34 515	130912
				34 CI C	730712
	art II	Signature Block			
		s of perjury, I declare that I have examined this return, including accompanying schedules and st			my knowledge and belief, it
M _tru	e, correct, a	nd complete Declaration of preparer (other than officer) is based on all information of which prepared	arer nas any kno	wieage	
	1	be is Dunken		14	9/2015
Sig	gn	Signature of officer		Date	
He	ere	I JOE W DUNKIN, QUAFTER Mas	Ter		
		Type or pnnt name and title	<u> </u>		
		Print/Type preparer's name Preparer's signature	Date		PTIN
Pa	aid			Check	∐
Pr	eparer			self-em	Picyeu
	se Only	Firm's name		ımı's EIN ▶	
		Firm's address ▶	F	hone no	
Mã	ay the IRS	discuss this return with the preparer shown above? (see instructions) .		<u> </u>	Yes No
For	r Paperwo	rk Reduction Act Notice, see the separate instructions.	at No 11282Y		Form 990 (201

Part≀	Ш		Program Service A					
					any line in this Part	<u> </u>	· · ·	
1	Brie	fly describe the o	rganization's missio	n	1	/	1 ,	
	10	FOSTER	patriali	im presers	r and 37	tengthen commemory of our	ace si	L'P
	7	O assist	. Compada	s, to perp	etuate mi	emory of ours	d ea y 0	N.α.
	<u>Q</u> 5	SSIST The	512 MIGONZ	and or bus	<u>~</u>			
2	Did	the ergonization	undertake any signi	ficant program servi	ces during the year	which were not listed on the		
2		r Form 990 or 990		ilicant program servi	ces during the year		Yes	MING
			ese new services on	Sabadula O			☐ 162	AMO
3					nt changes in how	it conducts, any progran	n	
Ū		/ices? .	Coase conducting	, or make significa	nt changes in now	it conducts, any program	Yes	MNo
			ese changes on Sch	edule O	•		LJ 163	△110
4					its for each of its th	ree largest program service	e ae maa	sured by
•						ne amount of grants and all		
				or each program ser		. 		
		•		, -	·			
4a	(Co	de:) (E	Expenses \$	ıncludina ar	ants of \$) (Revenue \$		
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4b	(Co	de) (l	Expenses \$	including gr	ants of \$) (Revenue \$)
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4c	(Co	nde:) ((Evnenses \$	including ar	ants of \$) (Revenue \$	·	
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4d	Oth	her program servi	ces (Describe in Sch	nedule O)				-
		penses \$	including g) (Revenue \$)		
4e	Tot	tal program service	ce expenses 🕨					

Form 990	0 (2014)		Р	age 3
Part I	V Checklist of Required Schedules			
4	to the execution described in eaching 501(a)(2) or 4047(a)(1) (a)(a) the execution of a contract of the execution of the exec		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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	X
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, or have a section 501(h)	-	~~	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	77.7		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	く Reference	Sept.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>, </u>	X
c		11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	 -	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	$\frac{1}{\sqrt{2}}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
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 (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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		X	-
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	 	₩
_	If "Voe" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	+	1-\$

Form **990** (2014)

Part	Checklist of Required Schedules (continued)			
24	Did the expension report more than \$5,000 of grants or other approximate to any democrate expension or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		ıΧ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	00		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
240	\$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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		文
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a sentrolled entity within the meaning of section 512(b)(13)? If "Yes" complete Schodule R. Pert V. Inc. 3.	35a		X
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 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	35b	-	\ \ \
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	+
31	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part '	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		
0-	reportable gaming (gambling) winnings to prize winners?	1c X	ন_ ভাষা নতুত্ব ব
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		consens.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	== 1
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	25 TE AN	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	\rightarrow
b 40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
ь	If "Yes," enter the name of the foreign country: ▶	分類党员	A. Tr
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	(FBAR).		4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	
	gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).	100	1.00
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	<u> </u>
С	required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	PASSES OF THE	1 E4 F4 F7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	Ιχ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Ϋ́
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	to the same in	18.2.2.43
	sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.	THE SE	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:	344	
а	Initiation fees and capital contributions included on Part VIII, line 12		0.00
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] N/H		7
11	Section 501(c)(12) organizations. Enter.		
a b	Gross income from members or shareholders		
_	against 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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
is a	Is the organization licensed to issue qualified health plans in more than one state?	13a	NA
-	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		12
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X,
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	WA
		Form 99	0 (2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI		
Section	on A. Governing Body and Management		
		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12 1a 179	rich in	1.15
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		9.00 20 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.0
b	Enter the number of voting members included in line 1a, above, who are independent		12
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	Ž
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 governing documents since the prior Form 990 was filed?	4	ĺΧ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5	
6 7a	Did the organization have members or stockholders?	6	1×
	one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	\times
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
а	The governing body?	8a 🗙	1-7-
þ	Each committee with authority to act on behalf of the governing body?	8b X	
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	X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		' ——
40.	Did the annual natural hand should be story burned as a settle to 0	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	 X -
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	NA
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	\(\frac{1}{\times}\)
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	175 F 1722 T	1
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	N/A
13	Did the organization have a written whistleblower policy?	13	1
14	Did the organization have a written document retention and destruction policy?	14 X	
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	1×
b	Other officers or key employees of the organization	15b	1×
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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	X X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
	organization's exempt status with respect to such arrangements?	16b	MA
	on C. Disclosure		<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed South CAROLINA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.		s only)
	☐ Own website ☐ Another's website ☐ Upon request ☒ Other (explain in Schedule O) State	dow s	SITP
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year N		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords ►	

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees, a	nd
	Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII.		
- Opeck it acciedule O comana a resourse of note to any line in this eart vit		, ,
the contract of the contract o	 	

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.

- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
	9.17.10.210	9		(0	>)	J.11,D-0			Control Grants	, or tradice
(A)	(B)	(do n		Posi eck		than c	ne	(D)	(E)	(F)
Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of
•	week (list any		_				<u> </u>	from the	related organizations	other compensation
1	related organizations	direc	tituti	Officer	y em	plest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
+	below dotted	Individual trustee or director	onal t		Key employee	com		(44-27 1033-141130)		and related
•	line)	istee	Institutional trustee		ě	Highest compensated employee				organizations
			ě			ated				
(1) HUGH TAYLOR	5									
COMMANDER	<u> </u>			7		:		2525		
(2) WILLIAM SALLEY	6									
OVARTEL MOSTEL	 						_	4700		
3) EDWARD SALLEY SR VICE COMMANDER	•5							Q		~
(4) PAY HOOVER	• 5							8		(
TR VICE COMMANDER	•5	ļ					_			
(5) JOHN CARR ADJUTANT								82		~
16) ALLAN INABINET	,5							Ø		/
(7) CHARLES BELL	.5			-			-			
TRUSTEE		<u> </u>	_	_		ļ	_	8		
(8) ROBERT MAST	• 5							B		~
(9)										
(10)		-								
(11)	ļ	-	 	\vdash	 					
(12)		<u> </u>		\vdash	\vdash	-	-	ļ		
	 	 	<u> </u>		-		_	<u> </u>		
(13)	 									
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per	Average box, unless person is both a officer and a director/trustee			an	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount o	nated unt of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatioi (W-2/1099-M		from organi and re	ner nsation n the ization elated zations
(15)	1												
(16)				-									
(17)	,												
(18)						-		l					
(19)			-	-									
(20)			-		-			<u> </u>					
(21)	,		-					-					
(22)												 _	
(23)		-	-					ļ					
(24)		<u> </u>											
(25)						<u> </u>							
1b c d	Sub-total Total from continuation sheets to Partotal (add lines 1b and 1c)	t VII, Section		•			· ·	> > >					
2	Total number of individuals (including bureportable compensation from the organ	it not limited					abov	e) w	ho received m	ore than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest compe	nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual												X X
5	Did any person listed on line 1a receive for services rendered to the organization									zation or inc	lividual 	5	X
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re year												
	(A) Name and business ad								(B) Description of	services		(C) Compens	ation
	HARLESTON SC 29412	LD SUMM.	<u>er f</u>	iou	SE	R	D	P	ROMOTER		и	~v7,4	-17
	1						-						
2	Total number of independent contract received more than \$100,000 of competitions.								hose listed ab	oove) who		1	

Form **990** (2014)

	TTTE	Olala 1 CD						rage 3
Par	VIII	Statement of Reve			ما الماسية الماسية الماسية الماسية	Dort V/III		_
		Check if Schedule O	contains a resp	onse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax
1700						revenue	revenue	under sections 512-514
ts ts	1a	Federated campaigns	. 1a		No. Friedrick			
Grants	ь	Membership dues .	1b	744				
	c	Fundraising events .	. 1c				4 7 7 7 7 7 7	
Giffs, ilar Ar	d	Related organizations	———		(2000年) (2000年)			
n is	e	Government grants (con						
Sin	f	All other contributions, gi		And Service				
ığ iğ		and similar amounts not incl			An analysis of the second		COLOR CALLED TO A COLOR	
tributic Other	ļ		ـــنـــا	<u> </u>				
Contributions, and Other Sim	9	Noncash contributions includ						THE PARTY OF THE P
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	744	September 1	<u>多类的类似</u>	
Program Service Revenue	İ	!		Business Code				
Ϋ́	2a							
æ	b							
je.	C	,			<u> </u>			
ě	d							
Ë	e					<u> </u>		
gra	f	All other program sen	vice revenue					
õ	g	Total. Add lines 2a-2		L			est interior	
	3	Investment income		ends interest		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The Marie of the Control of the Cont	- Marking of the same of the s
	"	and other similar amo		• Intorest,				
		!	•		<u> </u>	 	 	
	4	· · · · · · · · · · · · · · · · · · ·		ona proceeas >	79	ļ		
	5	Royalties	· ·	. Deresel	Q		Section 1 Market Control of the Law Telephone	TO THE WAR AND THE WAY AND THE WAY
	1	!	(i) Real	(II) Personal				The state of the s
	6a	Gross rents	<u> </u>					
	ь	Less. rental expenses						
	С	Rental income or (loss)	<u></u>					
	d	Net rental income or ((loss)	>	` '9-			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trace in All		A CONTRACTOR OF THE PARTY OF TH
	i	assets other than inventory						
	ь	Less cost or other basis				Report Mar		
		and sales expenses .					500	· 美国一个
	C	Gain or (loss)						Control of the second
	ď	Net gain or (loss)	L	•				
	0	Net gain or (1055)	•		ADE LANGE	17 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	11 12,000	GRANT STREET
ō	90	Cross income from fi	ındroioina					
Ĕ	oa	Gross income from fu events (not including \$	muraising			A STATE OF THE STA		
Š		=			医病毒等变性			
Č	1	of contributions reporte	•	nu noti		**************************************		
Other Reven		See Part IV, line 18 .	\cdots a	37 7 7		自然是是一种		
₹	b	Less direct expenses		11917	The Contract of the Contract o	1.76 P-188	miles establish	
_	C	Net income or (loss) f	rom fundraising	events >	16012	And Shirts		
	9a	Gross income from ga	aming activities.	[學的表現為古	
	1	See Part IV, line 19 .	a		The state of			
	b	Less. direct expenses	s b					
	c	Net income or (loss) f		ivities .	(62799)	(L2799	A CONTRACTOR MINORIAN	Parameter server process restrictions
	10a	Gross sales of in				3. 1. 1. 1. 1.	Wind the second	STANCE OF STREET
		returns and allowance			建筑	175000000000000000000000000000000000000		
	ь	Less. cost of goods s	_	 				
		Net income or (loss) f				LICENSE CONTRACTOR		
	<u>c</u>	Miscellaneous F		Business Code	727 1 3 3 Nov		1 10 10 10 10 10 10 10 10 10 10 10 10 10	F. 4. 123 man - 10
	<u></u>	MISCEIIAITEOUS F		Duamesa Code			Buch " Endaded	· 1918 · 1918 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919 · 1919
	11a					 	ļ	
	b				ļ	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	С		•••••		ļ			<u> </u>
	d	All other revenue .						
	e	Total. Add lines 11a-			<u>/</u>	学等最高		
	12	Total revenue See	nstructions	•	8 11/my	1627991	1	

Part										
Section	n 501(c)(3) and 501(c)(4) organizations must com	·		s must complete co	lumn (A).					
Check if Schedule O contains a response or note to any line in this Part IX										
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	6350	6350							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9 10 11	Other employee benefits Payroll taxes Fees for services (non-employees)		=							
a b	Management	700	700							
c d e	Lobbying	100								
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12 13	Advertising and promotion Office expenses	1610	1610							
14 15 16	Information technology	//47/	11471							
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	. 80	80							
19 20	Conferences, conventions, and meetings Interest	975	975							
21 22 23	Payments to affiliates . Depreciation, depletion, and amortization insurance	8025	8025							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column									
а	(A) amount, list line 24e expenses on Schedule O.)			And the state of t						
b c d										
e 25	All other expenses See Attached Total functional expenses. Add lines 1 through 24e	26925 57257	26925 57257							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	-								

	II L A	Check if Schedule O contains a response or note to any line in this Pa	rt Y		
		Check it Schedule O contains a response of flote to any line in this Pa		-	· · · L
		· ·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4(141	1	58631
	2	Savings and temporary cash investments .	140744	2	19954
ļ	3	Pledges and grants receivable, net	· .	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 52327			
	b	Less accumulated depreciation . 10b	52327	10c	52327
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	234212	16	130912
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	34634 2004 200	22	
ב	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	`
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	4.24 , 12 may 131 , 65 16 60 1		HARLEY,
ces		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets .	234212	27	/309/2
Ba	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets .	Control Marie Control	29	
Net Assets or Fund Balances	l I	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			The second of the second
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital, surplus, or land, building, or equipment fund .		31	
t À	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	234212	33	130912
_	34	Total liabilities and net assets/fund balances	234212	34	130912
		1			Form 990 (2014)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	٠,	<u>.</u>	\Box	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(4)	604	3)	,
2	Total expenses (must equal Part IX, column (A), line 25)	2		725	7	
3	Revenue less expenses Subtract line 2 from line 1	3	(10:	330	0)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	4-21	٠.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	<u> 13</u>	091	ُ	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>				
	·			Yes	No	
1	Accounting method used to prepare the Form 990 🖸 Cash 🗌 Accrual 📗 Other				2 3 3 3	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			2.3	
	Schedule O		1		SEE SE	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	, , ,	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		San Time			
b	Were the organization's financial statements audited by an independent accountant?		2b	Market and a	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account		1 1			.)1
	·		2c	. 480	14.5.	NY
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	kpiain in				
•	i	£				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?.	iortn in	1 1		٧.	
	j		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			NL
	required addit of addits, explain why in schedule of and describe any steps taken to dridergo such a	iuuns.				ז/ יי
			Forr	n 990 (2014)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization 7779 VEUL

Employer identification number 57-0299.34/

	VEW 10,21 2111	 	010011371
Par			ds or Accounts.
	Complete if the organization answered '	,	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		<u> </u>
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	•	
	funds are the organization's property, subject to the	ie organization's exclusive legal contro	ol? □ Yes □ No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the bene-	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· Yes 🗌 No
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	· · · · · · · · · · · · · · · · · ·	
·	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		a contined historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribute	on in the form of a conservation
-	easement on the last day of the tax year.	ord a quamica containvation containation	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
_	Total acreage restricted by conservation easement	ts.	
b	Number of conservation easements on a certified l		
c d	Number of conservation easements included in	, ,	20
u	historic structure listed in the National Register .	(c) acquired after 6/1//06, and not	
2	_		· · [2d]
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or terr	minated by the organization during the
		motion construct in leasted by	
4	Number of states where property subject to conse		
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		
_	I I		Yes No
6	Staff and volunteer hours devoted to monitoring, in	aspecting, and enforcing conservation	easements during the year
_	·		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year
	> \$		
8	Does each conservation easement reported on line		
	<u> </u>		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easem		
Par	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila	r assets held for public exhibition, e	ducation, or research in furtherance o
	public service, provide the following amounts relate	ting to these items.	
	(i) Revenue included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of an		r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$
U	, 1000to moradou in richini oco, richini		

Part	Ш	Organizations Maintaining	Colle	ections of	Art, Hist	orical T	reasures,	or Ot	her Similar Ass	sets (continued)	厂
3		the organization's acquisition, tion items (check all that apply)	acces	sion, and ot	her recor	ds, checl	k any of the	e follov	ving that are a si	gnificant use of it	ts
а	☐ Pu	blic exhibition			d [Loan	or exchang	e prog	rams		
b	☐ Sc	holarly research			е [Other					
С	☐ Pro	eservation for future generations	S						•		
4	Provid	le a description of the organiza	tion's	collections a	and expla	in how th	ney further	the org	janization's exem	ipt purpose in Pa	ırt
5	During	the year, did the organization	solicit	t or receive	donation	s of art,	historical tr	easure	s, or other simila	r	
	assets	to be sold to raise funds rather	r than	to be mainta	ained as p	art of the	e organizati	on's co	llection?	_ ☐ Yes ☐ No	0
Part	IV	Escrow and Custodial Arra	anger	nents.							_
		Complete if the organization 990, Part X, line 21.							·		
1a	ınclud	organization an agent, trustee ed on Form 990, Part X?				•		ions oi	other assets no	t ☐ Yes ☐ Ne	0
b	If "Yes	s," explain the arrangement in P	art XII	and compl	ete the fo	llowing ta	able.			···	
		'						\	Ar	nount	_
С	•	ning balance '		- •	•			10	:		
d		ons during the year .		•		•	•	10	1		_
e		outions during the year	•					16	·		_
f		g balance								···	
2a		e organization include an amou								? 🗌 Yes 🛄 N	0
		s," explain the arrangement in P	art XII	I Check her	re if the ex	planatio	n has been	provid	ed in Part XIII	<u>. </u>	_
Par	V	Endowment Funds. Complete if the organization		warad "Vaa	" to Form	~ 000 0	tard IV lung	10			
		Complete if the organization		Current year	(b) Pric		(c) Two year		(d) Three years back	(e) Four years back	<u> </u>
10	Rogin	ning of year balance			(5) (1)	, you	(0) 1110 year	-	(a) Thice years back	(c) rour years back	<u>`</u>
1a b		ibutions			<u> </u>					+	—
c	Net in	vestment earnings, gains, and									_
d		s or scholarships			 					 	—
e		expenditures for facilities and			 						—
•		ams			ł						
f		nistrative expenses .			 			·			
9		f year balance			 					 	_
2		de the estimated percentage of	the cu	rrent vear ei	nd balanc	e (line 1a	. column (a)) held	as:		-
a		designated or quasi-endowme			%	- (9	,, = 0.2 (,,,			
b		anent endowment >	%								
C	Temp	orarily restricted endowment		%							
		ercentages in lines 2a, 2b, and			00%.						
3a		nere endowment funds not in th				zation tha	at are held	and ac	lministered for th	е	
	organ	ization by.								Yes No	0
	(i) ur	related organizations .			•					3a(i)	_
	(ii) re	lated organizations								3a(ii)	_
b		s" to 3a(ıı), are the related orgar								3b	_
4		ribe in Part XIII the intended use			on's endo	wment f	unds				
Par	VI	Land, Buildings, and Equi									
		Complete if the organization	n ansv	wered "Yes	s" to For	n 990, F	Part IV, line	11a	See Form 990,	Part X, line 10	
		Description of property		(a) Cost or o (investing	nent)	(c	or other basis other)	ď	Accumulated epreciation	(d) Book value	
1a	Land				5000		5000			5000	C
b	Build	_		14	0000	4	0000	L		40000	
С		ehold improvements									
d		oment!			1327	1 7	<u> </u>			7327	,
<u>e</u>	Other		•	L		<u> </u>		<u></u>			
Total	Add li	nes 1a through 1e (Column (d)	must e	edual Form 9	990. Part :	x. columi	n (B), line 10	(IC.)	▶	52327	

Part VII	Complete if the o		ered "Yes" to	o Form 9	90 Part IV lin	e 11h See Form	990, Part X, line 12.
		of security or category	160 163 1	31 0111 3	(b) Book value	Ţ 	nod of valuation
		name of security)			(b) Book value	1 , ,	of-year market value
(1) Financial	derivatives .						
(2) Closely-h	eld equity interests						
(3) Other							
(A)	1						
(B)	'						
(C)							
(D)]						
(E)							
(F)							
(G)	!						······
(H)							
Total. (Column (I	b) must equal Form 990, Par	t X, col (B) line 12) ▶				44 54 - 12 - 13 () 2027	
Part VIII		rogram Related.					- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			ered "Yes" t	o Form 9	90. Part IV. lin	e 11c. See Form	990, Part X, line 13.
		ption of investment			(b) Book value	(c) Me	thod of valuation -of-year market value
(1)	·····						
(2)					····		
(3)							
(4)	1					 	
(5)				_ -	· · · · · · · · · · · · · · · · · · ·		
(6)							
(7)	<u> </u>					<u> </u>	
(8)	1					· 	
(9)	······································				··		
	b) must equal Form 990, Pa	rt X. col. (R) line 13.) ▶				The medical services	
Part IX	Other Assets.	(7), (2), (10			· · · · · · · · · · · · · · · · · · ·	Caracara, Janes, Africa,	
r art ix		organization answe	ered "Yes" t	o Form 9	90 Part IV Ju	e 11d. See Form	990, Part X, line 15.
	1		Description		30,1 0.11,1,		(b) Book value
(1)	!						
(2)							
(3)			·				
(4)	1						
(5)							 -
(6)							}
(7)	The state of the s						
(8)							
(9)							
	mn (b) must equal Fo	orm 990. Part X. col	(B) line 15)		·····	•	
Part X	Other Liabilities						L
			ered "Yes" t	to Form 9	990, Part IV, lır	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of lia	ability	(b) Book	value	72.625.53	Table Table To the Control	and the state of t
	ncome taxes			·			
(2)							
(3)							
(4)							
(5)						如此(是会。到海	没知识 为的原理的
(6)							
(7)	 			 -			
(8)	1						
(9)	,						
	(b) must equal Form 990, Pa	art X col (R) line 251					
	or uncertain tax positio		a tha tavt of th	a footnote	to the organizati	on's financial state—	onto that topeds the
							ents that reports the en provided in Part XIII
organization	a nationally for uncertain	tax positions under r	114 40 (MOC /4	o). Check	nere ii ine text oi	me roomote nas be	en provided in Part XIII

Part			r Return.
	Complete if the organization answered "Yes" to Form 990, F		<u></u> -
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		25.5
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b	Other (Describe in Part XIII.)	4b	
¢	Add lines 4a and 4b,		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	per Return.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.	_
1	Total expenses and losses per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1.00 mg
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	Illa
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
z; Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.
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Schedule D (Fo	rm 990) 2014	Page 5
Part XIII	Supplement	Page 5 tal Information (continued)
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SCHEDULE'G (Form 990 or 990-EZ) Department of the Treasury

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



	of the organization		JIII 330 01 330	-EZ) and its	instructions is at www	Employer identific	ation number
\	FW POST 2	2779				57-020	19341
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organization		through any	of the follo			
а	Mail solicitations		e 🗀		on of non-govern	•	
b	Internet and email solicitatio	ns	f [on of government	-	
C	☐ Phone solicitations		g L) Special i	fundraising events	3	
d 2a	In-person solicitationsDid the organization have a writer	tten or oral agre	ement with	any indivir	dual (including off	icare directore true	toos
La	or key employees listed in Form	990, Part VII) o	r entity in co	onnection i	with professional i	fundraising services	?
b	If "Yes," list the ten highest paid					-	
	compensated at least \$5,000 by	y the organization	on.				
		1	1		1		1
	(i) Name and address of individual	(ii) Activity	(iii) Did fund	draiser have r control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser);	(4,7,0)		utions?	from activity	fundraiser listed in col (i)	organization
			Yes	No			
1		ĺ			1		
	l l						
			 				
3							
4	1						
5							
6			-	 			
7			-	ļ <u> </u>			
		 					
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9							
10	1						
		<u> </u>		J			
Tota 3							
3	List all states in which the orga- registration or licensing.	anizadon is regi	stered or no	ensea to s	SONCIE CONTRIDUCION	is or has been noun	led it is exempt from
	ŧ						
	t						
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Schedule G (Form 990 or 990-EZ) 2015

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		,	(a) Event #1 DANCE STRUK (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	27929			
ا ک	2	Less Contributions Gross income (line 1 minus line 2)	27929			
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			·	
Direct	8	Entertainment				
	9	Other direct expenses	•			
Pa	10 11 rt		act line 10 from line 3, o e organization answe	column (d) .	00, Part IV, line 19, or	TT 929
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue :	1386614			
ses	2	Cash prizes .	1386614			
ect Expenses	3	Noncash prizes :				
_	4	Rent/facility costs .	36000			36000
<u> </u>	5	Other direct expenses .	670696	☐ Yes %	□ Ves %	670696
	6	Volunteer labor .	☐ Yes % ☑ No	Yes %	│	
	7	Direct expense summary. A	dd lines 2 through 5 in c	column (d) .	•	
	8	Net gaming income summa	ry Subtract line 7 from l	line 1, column (d) .	<u> </u>	(62799)
ę	a I	Enter the state(s) in which the olds the organization licensed to old "No," explain.		s in each of these state	uth Carolina s?	. \ Yes No
10		Were any of the organization's If "Yes," explain.	gaming licenses revoke	d, suspended or termina	ated during the tax year	? . ☐ Yes ☑ No

Schedul	e G (Form 990 or 990-EZ) 2015 Page 3
11 . 12	Does the organization conduct gaming activities with nonmembers? 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 conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name DDEAN B BLEWER JR
	Address > 12 OLD SUMMER HOUSE RD CHARLESTONSC 29417
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
c	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
	Name DOEAN B BLEWEL IR
	Address > 12 OLD SUMMER HOUSE RD CHARLESTON SC 29412
16	Gaming manager information:
	Name DDEAN B BLEWER JR
	Gaming manager compensation ► \$ 427411
	Description of services provided ► PROMOTER
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
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