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efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349203400610						
			Short Form			OMB No 1545-1150
	Q	90-EZ	Return of Organization Exempt From	Income T	av	
For	m 🕽 i	90-LZ	•		2016	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept private foi	ındatıons)	2010
Dan	artmant	of the Treasury	▶ Do not enter social security numbers on this form as it may	/ be made publi	ic.	Ou ou to Dublic
-		enue Service	► Information about Form 990-EZ and its instructions is at	www.irs.gov/	form990.	Open to Public
						Inspection
			r year, or tax year beginning 01-01-2016 , and ending 1	2-31-2016		
		f applicable s change	C Name of organization JOHN Q LONG VFW POST NO 4057		D Employe	er identification number
	Name c	-			35-2463	
	Initial r	eturn	Number and street (or P O box, if mail is not delivered to street address) Room/s POST OFFICE BOX 2511	uite	E Telephon	e number
_		turn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
_		ed return tion pending	TUPELO, MS 388032511		F Group Ex	emption 8628
	пррпси	aon penang			Number	▶ 0020
	ccoup	tıng Method ☑	Cash □ Accrual Other (specify) ►	H Check ▶	☐ If the	organization is not
u ~	ccoun	ting Method E	Cash D'Accidal Other (specify)	required	to attach s	Schedule B
ΙW	/ebsit	e: Þ		(Form 99	00, 990-EZ	., or 990-PF)
			only one) - ☐ 501(c)(3) ☑ 501(c)(19) ◀(insert no) ☐ 4947(a)(1) or ☐ 527			
<u></u>	orm of	organization 🗸	Corporation ☐ Trust ☐ Association ☐ Other			
		-	to line 9 to determine gross receipts If gross receipts are \$200,000 or n	nore or if total :	assets (Pai	rt II. column (B) helow)
are	\$500,	,000 or more, file	Form 990 instead of Form 990-EZ			► \$ 94,977
P	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (se	e the instructio	ns for Part	: I)
_		Check if the	organization used Schedule O to respond to any question in this Part I			
	1	Contributions, g	ıfts, grants, and sımılar amounts received		1	150
	2	Program service	revenue including government fees and contracts		2	
	3	Membership due	es and assessments		3	595
	4	Investment inco	me		4	4
	5a	Gross amount f	om sale of assets other than inventory 5a		_	
	b	Less cost or ot	ner basis and sales expenses		_	
	C	Gain or (loss) fr	om sale of assets other than inventory (Subtract line 5b from line 5a) .	5c		
	6	Gaming and fur	draising events			
ΣĮ	а	Gross income fr	om gamıng (attach Schedule G ıf greater than \$15,000) 6a	4,82	2	
Revenue	b	Gross income fr	om fundraising events (not including \$ of contributio	ns from		
۲		_	nts reported on line 1) (attach Schedule G if the			
		sum of such gro	ss income and contributions exceeds \$15,000) 6b		_	
	С	Less direct exp	enses from gaming and fundraising events 6c		_	
	d	,	loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act line 6c)	6d	4,822
	7a	Gross sales of I	nventory, less returns and allowances	89,40	6	
	b	Less cost of go	LL	48,42	3	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	40,983
	8	Other revenue (describe in Schedule O)		8	
_	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> • • • • • • • • • • • • • • • •</u>	9	46,554
	10	Grants and simi	lar amounts paid (list in Schedule O)		10	
Expenses	11	Benefits paid to	or for members		11	_
	12	Salaries, other	compensation, and employee benefits	12		
	13	Professional fee	s and other payments to independent contractors		13	1,620
	14	Occupancy, ren	t, utilities, and maintenance		14	545
ш	15		tions, postage, and shipping		15	102
	16	Other expenses	(describe in Schedule O)		16	37,947
	17	Total expense	s. Add lines 10 through 16	•	▶ 17	40,214
[بر	18	Excess or (defic	it) for the year (Subtract line 17 from line 9)	18	6,340	
Assets	19	Net assets or fu	nd balances at beginning of year (from line 27, column (A)) (must agree			
A>		end-of-year figu	re reported on prior year's return)		19	44,808
ž	20	Other changes i	n net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fu	nd balances at end of year Combine lines 18 through 20		21	51,148
For	Pape	rwork Reduction	on Act Notice, see the separate instructions. Cat	No 10642I		Form 990-EZ (2016)

	- ()						rage -
Part II	Balance Sheets (see the instruction Check if the organization used Schedule		westion in this	Part II			🗹
	Shook in the organization assu periodals	o to respond to any o	acotton in timo		eginning of year		(B) End of year
	ivings, and investments				39,196	22	45,536
	d buildings				0		0
	ssets (describe in Schedule O)				5,612		5,612
	abilities (describe in Schedule O)				44,808		51,148
	ets or fund balances (line 27 of column				44,808		51,148
Part III	•	<u>, , </u>		lons for Pai	<u>'</u>	Т	Expenses
	Check if the organization used Schedule	e O to respond to any o	question in this	Part III			equired for section 501(c)) and 501(c)(4)
What is the TO SERVE V	organization's primary exempt purpose? ETERANS					org	janizations, optional for
measured b	e organization's program service accompl y expenses In a clear and concise manne nd other relevant information for each pr	er, describe the service				- otr	ners)
28 See Additior	nal Data Table						
(Grants \$)	If this amou	nt includes foreign gran	nts. check here		. ▶ □	28a	
29	<u>.</u>		,		<u> </u>	29a	
(Grants \$)	If this amou	nt includes foreign gran	nts, check here		. ▶ □		
30						30a	
(Grants \$)	If this amou	nt includes foreign gran	nts, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule 0)				· · <u>·</u> ·		
(Grants \$)		nt includes foreign gran				31a	
	ogram service expenses (add lines 28 List of Officers, Directors, Trustees,		(list each one ov				uctions for Port IVA
Part IV	Check if the organization used Schedule	e O to respond to any o	luestion in this	Part IV.	ompensated — see the	·	· · · · □
	(-) N	1 (1)	l () B			٠.	14.3 =
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -	ation /1099- o t paid,	(d) Health ben contributions to er benefit plans, deferred comper	nploy and	(e) Estimated amount of other compensation
TOM GINN		0 00	Cite	0			0 0
COMMANDE	R						
OHN P OCA	LLAGHAN	0 00		0			0 0
QUARTERMA	ASTER						
HEZZY WILL	IAMS	0 00		0			0 0
1 YEAR TRU	STEE						
ERRY CHAN	NDLER	0 00		0			0 0
2 YEAR TRU	STEE						
TEDDY WIN		0 00		0			0 0
3 YEAR TRU	STEF						
							Form QQQ-F7 (2016)

39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9	39a				
b	Gross receipts, included on line 9, for public use of club facilities	39b]		
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 $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage excess benefit transaction during the year, or did it engage in an excess benefit transaction has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Scheduling the prior Forms 990 or 990-EZ?	on in a pr	or year that	40b		
С	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax imposed managers or disqualified persons during the year under sections 4912, 4955, and 4958.	d on orgai ►	nization			
d	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations Enter amount of tax on line 4 by the organization	40c reimb ►	oursed			
e	All organizations At any time during the tax year, was the organization a party to a prohil			40e		No
41	transaction? If "Yes," complete Form 8886-T					
42a	The organization's books are in care of ► TOM GINN		Telephone no 🕨	(662) 4	01-2974	<u>. </u>
	Located at ▶ POST OFFICE BOX 2511 TUPELO, MS	ZIP + 4				
h	At any time during the calendar year, did the organization have an interest in or a signatu	ire or oth	er authority over a	Г		
	financial account in a foreign country (such as a bank account, securities account, or othe			42b	Yes	No No
	If "Yes," enter the name of the foreign country			420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Repor	rt of Ford	eign Bank and			
	Financial Accounts (FBAR)	t of Tole	g 24			
С	Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U			42c		No
С	•			42c		No
	At any time during the calendar year, did the organization maintain an office outside the U	U S ?			<u> </u>	No ——
43 5	At any time during the calendar year, did the organization maintain an office outside the U If "Yes," enter the name of the foreign country	US?			<u> </u>	No
43 5	At any time during the calendar year, did the organization maintain an office outside the U If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -	US?	ere		► □	No No
43 ⁹	At any time during the calendar year, did the organization maintain an office outside the Land If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 99 of Form 990-EZ	Check he	ere			
43 ⁹	At any time during the calendar year, did the organization maintain an office outside the L If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 99	Check he	e completed instead			No
43 ⁹ 44a b	At any time during the calendar year, did the organization maintain an office outside the Land If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 99 of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form	Check he	e completed instead	44a		No No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an

of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning

Nο

Nο

44d

45a

45b

								Page -
							Yes	No
	e organization engage, directly or indirec							
candıd	ates for public office? If "Yes," complete	Schedule C, Part I .			•	46		No
art VI	Section 501(c)(3) organization	-						
	All section 501(c)(3) organizations Check if the organization used Schedule	must answer quest O to respond to any o	ons 47-49b and 52, uestion in this Part VI	and comple	ete the tables	s for lir	nes 50	and 5:
	eneak if the organization about barreadic	o to respond to any c	acstorrin ans rare vi		<u> </u>	· · · · ·	Yes	No
		_						
7 Did the If "Yes	e organization engage in lobbying activiti ," complete Schedule C, Part II	es or have a section 5)1(h) election in effect	during the ta	x year?	47		
						48		
8 Is the	organization a school as described in sec	tion 1/0(b)(1)(A)(ii)?	if "Yes," complete Sche	dule E		\vdash		
9a Did the	e organization make any transfers to an	exempt non-charitable	related organization?			49a		
b If "Yes	," was the related organization a section	527 organization? .				49b		
0 Comple	ete this table for the organization's five h	nighest compensated e	mployees (other than o	fficers, direct	ors, trustees a	and key	employ	ees)
	ach received more than \$100,000 of com	<u>. </u>	<u> </u>					
(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		th benefits, s to employee		timated er compe	
		devoted to position	(Forms W-2/1099-	benefit	olans, and ´			
			MISC)	аетеггеа с	ompensation			
				-		<u> </u>		
f Total	number of other employees paid over \$	100,000			-	•		
	number of other employees paid over \$ ete this table for the organization's five h	·		who each re	▶	nan \$10	0,000 of	
1 Comple		nighest compensated in				nan \$10	0,000 of	=
1 Comple	ete this table for the organization's five l	nighest compensated in none, enter "None "		who each re			0,000 of	
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in none, enter "None "						
1 Comple	ete this table for the organization's five h nsation from the organization. If there is (a) Name and business address of e	nighest compensated in inone, enter "None " ach independent contr	actor					
1 Comple	ete this table for the organization's five has needed in the organization. If there is	nighest compensated in inone, enter "None " ach independent contr	actor					
d Total	number of other independent contractor	ach independent control in achieve control	\$100,000	(b) Type of	service (c)) Compe	ensation	
d Total	ete this table for the organization's five hasation from the organization. If there is (a) Name and business address of e	ach independent control in achieve control	\$100,000	(b) Type of	service (c)) Compe	ensation	
d Total Did com	number of other independent contractor the organization complete Schedule A	ach independent control of the contr	\$100,000	(b) Type of	service (c)) Compe	s V N	
d Total Did com com der penalt	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	ach independent control of the contr	\$100,000	(b) Type of	service (c)) Compe	s V N	
d Total Did com	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	ach independent control of the contr	\$100,000	(b) Type of	service (c)) Compe	s V N	
d Total Did com com	number of other independent contractor the organization complete Schedule A? In pleted Schedule A	ach independent control of the contr	\$100,000	t attach a edules and starts based on a	service (c)) Compe	s V N	
d Total 2 Did com nder penalt owledge ar s any know	number of other independent contractor the organization complete Schedule A? In pleted Schedule A	ach independent control of the contr	\$100,000	(b) Type of	service (c)) Compe	s V N	
d Total Did com com	number of other independent contractor the organization complete Schedule A? Need the organization complete Schedule A? Need to be pleted Schedule A	ach independent control of the contr	\$100,000	t attach a edules and starts based on a	service (c)) Compe	s V N	
d Total 2 Did com nder penalt inowledge aris any know	number of other independent contractor the organization complete Schedule A? Independent Schedule A? Independent complete Schedule A? Independent complete Schedule A? Independent complete Schedule A:	as each receiving over HOTE. All Section 501(\$100,000	t attach a edules and starts based on a	service (c)) Compe	s V N	
d Total 2 Did com der penalt owledge ar s any knov	number of other independent contractor the organization complete Schedule A? Need the organization complete Schedule A? Need to be pleted Schedule A	ach independent control of the contr	\$100,000	(b) Type of st attach a edules and st is based on a 2017-0 Date	service (c)	Yed to the of which	s V N	
d Total 2 Did com der penalt owledge ars any know	number of other independent contractor the organization complete Schedule A? Independent Schedule A? Independent Schedule A? Independent Schedule A? Independent Schedule A	rs each receiving over HOTE. All Section 501(Declaration of prepa	\$100,000	(b) Type of st attach a edules and st is based on a 2017-0 Date	service (c)	Yed to the of which	s V N	
d Total 2 Did com der penalt owledge ar sany knov gnere	number of other independent contractor the organization complete Schedule A? Independent contractor Tom GINN COMMANDER Type or print name and title Print/Type preparer's name Robert Pilgrim Firm's name Hodges Pilgrim and Complete Schedule A? Independent contractor The organization complete Schedule A. Independent contractor The organization complete Schedule A.	rs each receiving over HOTE. All Section 501(Declaration of prepa	\$100,000	ct attach a	service (c)	Yel to the of which	s V N	
d Total 2 Did com der penalt owledge ar sany knov gnere	number of other independent contractor the organization complete Schedule A? Independent Schedule A	rs each receiving over HOTE. All Section 501(Declaration of prepa	\$100,000	ct attach a	service (c)	Yel to the of which	s V N	
d Total Did com der penalt owledge ar s any knov	number of other independent contractor the organization complete Schedule A? Independent contractor Tom GINN COMMANDER Type or print name and title Print/Type preparer's name Robert Pilgrim Firm's name Hodges Pilgrim and Complete Schedule A? Independent contractor The organization complete Schedule A. Independent contractor The organization complete Schedule A.	rs each receiving over HOTE. All Section 501(Declaration of prepa	\$100,000	ct attach a	service (c)	Yel to the of which	s V N	

Additional Data

Software ID:

Software Version: EIN: 35-2463755

Name: JOHN Q LONG VFW POST NO 4057

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's services, as measured by e number of persons benefite	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 TO SERVE VETERANCE BY PRO AND THEIR GUESTS	OVIDING A GATHERING PLACE FOR SOCIAL EVENTS FOR MEMBERS THEIR FAMILIES	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$		

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Political Campaign and Lobbying Activities

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

2016
Open to Public

Inspection

OMB No 1545-0047

DLN: 93492034006167

Department of the Treasury
Internal Revenue Service

| The Organization is described below. | Pattach to form 350 or 10 miles 50 or 10 miles

SCHEDULE C (Form 990 or 990-

EZ)

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** JOHN Q LONG VFW POST NO 4057 35-2463755 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

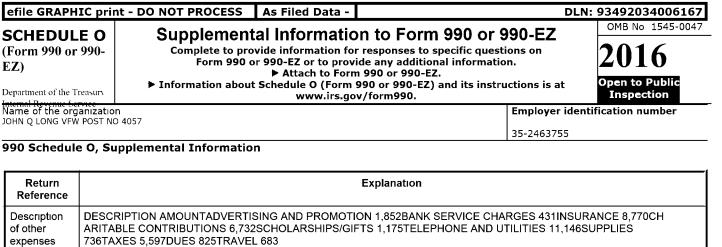
Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of



Part I line 16

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 24

Description of other assets Part II