PMT #	ILLINOIS CHARITABLE ORGANIZATION AN Attorney General LISA MADIGAN Sta Charitable Trust Bureau, 100 West R	te of Illinois	Form AG990-IL Revised 3/05
AMT	11th Floor, Chicago, Illinois 606) #
	Report for the Fiscal Period:		Check all items attached: Copy of IRS Return
	Beginning $01 ext{ / } 01 ext{ / } 2017$	Make Checks	Audited Financial Statements Copy of Form IFC
INIT	Degilling / /	the Illinois Charity	\$15.00 Annual Report Filing Fee
Fodoral ID #	& Ending 12 / 31 / 2017	Bureau Fund	\$100.00 Late Report Filing Fee
Federal ID # Are contributions to the organ		Date Organization	
LEGAL NAME Gold Star Missi	on Inc	Year-end amounts	
MAIL	- ·	A) ASSETS	A) \$ 49,434.
ADDRESS 9215 Old Indian	Trail	B) LIABILITIES	в) \$ 0.
CITY, STATE Chatham, IL 626	529	C) NET ASSETS	C) \$ 49,434.
		發揮 B	
	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT D) \$ 67,492.
5 1	NTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		
	TS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES		%	F) \$
	OME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 67,492.
	XPENDITURES DURING THE YEAR:	1.3 %	н) \$ 250.
H) OPERATING CHARITAB	BLE PROGRAM EXPENSE	%	
I) EDUCATION PROGRAM			1) \$
1	ROGRAM SERVICE EXPENSE (ADD H & I)	1.3 %	J) \$ 250.
,	ATED TO PROGRAM SERVICES (INCLUDED IN J):		
	HARITABLE ORGANIZATIONS	%	K) \$ 0
L) TOTAL CHARITABLE	PROGRAM SERVICE EXPENDITURE (ADD J & K)	1.3 %	L) \$ 250
M) MANAGEMENT AND G	ENERAL EXPENSE	%	M) \$
N) FUNDRAISING EXPEN	SE	98.7 %	N) \$ 17,808.
	ES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 18,058
The state of the s	AID FUNDRAISER AND CONSULTANT ACTIVITIES: ort of Individual Fundraising Campaign- Form IFC. One for each PFR.) RS:	The first of the second of the	
P) TOTAL AMOUNT RAISE	D BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
Q) TOTAL FUNDRAISERS I	FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE PROFESSIONAL FUNDRAIS	E CHARITY (P MINUS Q=R)	%	R) \$
	O PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV. COMPENSATION TO	THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	A Section of the sect
T) NAME, TITLE:		a .	T) \$
U) NAME, TITLE:	No.		U) \$
V) NAME, TITLE:			V) \$
	AM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPEND.	ED) CODE CATEGORIES	List on back side of instructions CODE
	rships for Gold Star families	LL, SOLL ON LOOMES	W) # 200
X) DESCRIPTION:	1		X) #
Y) DESCRIPTION:			Y) #

IF '	HE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.		V
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		ľ
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		V
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	ev mes	~
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		V
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		* (1)
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION	111	~
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?9.	ĒĒĀ	
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?10.		V
1.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	Prairie State Bank & Trust		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization 217-414-2700		
ALL	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS		
DEF	PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUA	AL REP	ORT

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.

2.) FOR FEES DUE SEE INSTRUCTIONS.

3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Charles Kitson

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Charles Kitson

SIGNATURE

1-

TREASURER or TRUSTEE (PRINT NAME)

Reggie Black EA

PREPARER (PRINT NAME)

SIGNATURE

DATE

EXTENDED TO NOVEMBER 15, 2018 Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Openito Public inspection"

Contract of the properties o	A			endar year, or tax year beginning		and end	ling				
Number and steeled or FLD box if mails not delivered to street address) Room/sults Table Table Room/sults Table Table Room/sults Table Table Room/sults Table	В	Check	k if cable:	C Name of organization				D Empl	oyer iden	tification numb	er
Number and street (or P.O. lox, if mail is not delivered to street address) Room/suite E Telephone number 217 - 494 - 9289	Ļ	Ad	dress change								
Tax	Ļ		20, 200 (200) (200)								
Namested-name FREBURG TL 62243	Ļ	X Init	tial return	the state of the s			Room/suite				
Sociolate seetile FRERBURG, IL 6.2.43 Number Richeck Ric	Ļ	ter	minated								
Second trip Method:	Ļ		and the second s	NA				F Grou	p Exempt	ion	
Website: WWW. GOLDSTARMISSION.ORG Tax-examel states (check only one) X SOI(c)(1)											
Tax-exempt status (check only one)	G			od: X Cash				H Chec	$k \triangleright X$	if the organiz	ation is
Reference of organization: Comporation Trust Association Other	1							not r	equired to	attach Schedul	e B
Lead dilines 5b, 6c, and 7 bto line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, life Form 990 instead of Form 990-EZ Part 1					49	47(a)(1)	or 527	(Forr	n 990, 99	0-EZ, or 990-PF)
Part	K	Form	of organizat	ion: X Corporation Trust Association	Other						
The evenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) The children of the program control of the part I of 3, 257. The evenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) The children of the part I of 3, 257. The contributions, gifts, grants, and similar amounts received 1	L				r more,	or if total	assets (Part I	l,			
1 Contributions, gifts, grants, and similar amounts received 1 63 / 257 . 2	_		nn (B) below	r) are \$500,000 or more, file Form 990 instead of Form 990-EZ					\$	65,	865.
Contributions, gifts, grants, and similar amounts received 2 63 , 257 .		art									
Contributions, gifts, grants, and similar amounts received 2 63 , 257 .	_	, .	Check i	f the organization used Schedule O to respond to any question in this Part I							X
Program service revenue including government fees and contracts 2 3 3 4		1	Contributi	ons, gifts, grants, and similar amounts received						63,	257.
A Investment income Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gamining and fundralising events a Gross income from gaming (attach Schedule G if greater than \$15,000 b Gross income from fundralising events (not including \$ of contributions from fundralising events (not including \$ of contributions gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundralising events 6 A Net income or (loss) from gaming and fundralising events 6 B 7 Gross sales of inventory, less returns and allowances D Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and stimilar amounts pald (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses (describe in Schedule O) 18 A 4 4 4 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4		2	Program s	service revenue including government fees and contracts				L	2		
For a constraint income or contributions exceeds \$15,000 Less: cost or contributions exceeds exceeds exceeds exceeds exceeds exceeds exceeds exceeds exceeds exceed		3	Membersh	nip dues and assessments				[3		
Sa Gross amount from sale of assets other than inventory Sa Sa Sa Sa Sa Sa Sa S		4	Investmen	it income				[4		
b Less: cost or other basis and sales expenses c Gainor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Ross sales of inventory, less returns and allowances 7 Less: direct expenses from gaming and fundraising events 7 Less: direct expenses from gaming and fundraising events 8 Description (loss) from sales of inventory (Subtract line 7a) 7 Less: cost of goods sold 8 Description (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 8 SEE SCHEDULE O 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total expenses and differ payments to independent contractors 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 14 15 Cocupancy, rent, utilities, and maintenance 14 16 Coupancy, rent, utilities, and maintenance 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at the payment of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in		5a						1.	41.4		
c Calin or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) d Net income (describe in Schedule 0) d Net revenue (describe in Schedule 0) d Net rev			Less: cost	or other basis and sales expenses	5b			- 1	9 (
a Graming and fundralsing events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundralsing events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralsing events d Net income or (loss) from gaming and fundralsing events d Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) 86 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 G 55, 865. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Pricessional fees and other payments to independent contractors 13 Total expenses (describe in Schedule 0) 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses, Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 O. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Other changes in net assets or fund balances (explain in Schedule 0) 21 Other changes in net assets or fund balances (explain in Schedule 0) 21 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20		C							3525550 5556		
a a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Cross sales of inventory (Subtract line 7b from line 7a) 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7e Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7e Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7e Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7e Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7e Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 G 5 , 865. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Intervenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 11 Occupancy, rent, utilities, and maintenance 11 Occupancy, rent, utilities, and maintenance 11 Occupancy, rent, utilities, and maintenance 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Other expenses (describe in Schedule 0) 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 Octor		6									
b Gross income from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events b Less: cost of goods sold c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	ø	a	Gross inco	ome from gaming (attach Schedule G if greater than							
b Gross income from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events b Less: cost of goods sold c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	Ž		\$15,000)		6a				A:		
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) o Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 19 Net assets or fund balances at beginning of year (from line 9) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20	ΘΛΘ	Ь									
gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Garants and similar amounts paid (list in Schedule 0) 10 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Profassional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 O. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	Œ								£7.		
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 Benefits paid to or for members 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 O. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 A9, 434.		i		1 1				-	à		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 7b 7c 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses (describe in Schedule O) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 O. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 23 Against subtract line 6c) 7a		١.						4			
7a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts pald (list in Schedule 0) 10 Grants and similar amounts pald (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Printing, publications, postage, and shipping 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses, Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49, 434.		d			-	6c)			ION NO.		
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts pald (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 49,434.		7a						8.			
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 A9, 434.			Less: cost	of goods sold	7h			155			
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49, 434.			Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	.,,,				70		
State Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 State Sta			Other rever	nue (describe in Schedule O) SE	E SC	HEDU	LE O			2.0	508.
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49,434.			Total rever	nue Add lines 1 2 3 4 5c 6d 7c and 8	TT.						
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 24 9, 434.		-	Grants and	similar amounts paid (list in Schedule (1)	******	*******				00/1	
12 Salaries, other compensation, and employee benefits 12		(0.000)	Benefits paid to or for members								
13 Professional fees and other payments to independent contractors 13	"		Salaries other compensation, and employee henefits								
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 16 16, 431. 17 16, 431. 18 249, 434.	398	20000									
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 16 16, 431. 17 16, 431. 18 249, 434.	ben		SECOND EXPLANATION OF CONTRACT OF THE PROPERTY								
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 18 16, 431. 17 16, 431. 18 49, 434.	X	0.0	D. J. Harrison, M. W.								
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17 16, 431. 49, 434.										16.4	131.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49,434.										16.4	31.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20 21 49,434.											
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49,434.	Ste									/-	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49,434.	188										0 -
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49,434.	ot A	วก									
AAA 117	ž			The state of the s			The second of the second of the		1077 1070	49.4	
	LHA							<u> </u>			

P	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any ques	tion in this Part II			
		1	(A) Beginning of year	0 .		End of year
22	•			٠.	22 23	49,434.
23	Land and buildings				24	
24 25	Other assets (describe in Schedule 0)			0.	25	49,434.
28	Total assets Total liabilities (describe in Schedule 0)			_	26	0.
	Net assets or fund balances (line 27 of column (B) must agree with line 21)			Name and Address of the Owner, where	27	49,434.
B	Net assets or fund balances (line 27 of column (B) must agree with line 21) artills Statement of Program Service Accomplishmen	its (see the instru	uctions for Part II)		xpenses
	Check if the organization used Schedule O to res		tion in this Part III			d for section) and 501(c)(4)
Wha	it is the organization's primary exempt purpose? SEE SCHEDULE C)			organizat	ions; optional for
	ribe the organization's program service accomplishments for each of its three largest program s ter, describe the services provided, the number of persons benefited, and other relevant informa		nses. In a clear and concise		others.)	
			CMAD			
28	RAISE FUNDS TO DISTRIBUTE SCHOLARSH FAMILIES. FIRST SCHOLARSHIPS DISTRI				-	
	FAMILIES: FIRST SCHODARSHIPS DISTRI	DOIED IN 20.	10.		-	
	(Grants \$) If this amount includes foreign of	grants, check here		▶ [28a	
29						
					_	
					_	
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30					-	
0		7- 5			-	8
	(Grants \$) If this amount includes foreign g	rente check here			- 30a	
•	(Grants \$) If this amount includes foreign g Other program services (describe in Schedule O)			-		
	(Grants \$) If this amount includes foreign g			· [□ 31a	
32					32	0.
Pa	List of Officers, Directors, Trustees, and Key Er	nployees (list each o	one even if not compensated	- see t	he instructions fo	or Part IV)
Pa	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to response.	nployees (list each o	one even if not compensated	- see t	he instructions fo	or Part IV)
Pa	List of Officers, Directors, Trustees, and Key Er	nployees (list each opened to any questing (b) Average hours	one even if not compensated on in this Part IV (c) Reportable	- see t	he instructions for Health benefits, ontributions to	(e) Estimated
Pa	List of Officers, Directors, Trustees, and Key Er	pond to any questi (b) Average hours per week devoted to	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d)	Health benefits, ontributions to nployee benefit ns, and deferred	(e) Estimated amount of other
Pa	Check if the organization used Schedule O to responsible (a) Name and title	nployees (list each opened to any questing (b) Average hours	one even if not compensated on in this Part IV (c) Reportable compensation (Forms	(d)	Health benefits, ontributions to nployse benefit	(e) Estimated
Pa DA'	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH	mployees (list each o pond to any questi (b) Average hours per week devoted to position	one even if not compensated on in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d)	Health benefits, entributions to aployee benefit as, and deferred compensation	(e) Estimated amount of other compensation
Pa DA' PR	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT	pond to any questi (b) Average hours per week devoted to	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d)	Health benefits, ontributions to nployee benefit ns, and deferred	(e) Estimated amount of other
DA' PRI	Check if the organization used Schedule O to respond to the company of the compan	mployees (list each of point to any quest) (b) Average hours per week devoted to position	one even if not compensated on in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d)	Health benefits, entributions to aployee benefit as, and deferred compensation	(e) Estimated amount of other compensation
DA' PRI ANI	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT	mployees (list each of point to any quest) (b) Average hours per week devoted to position 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d)	Health benefits, ontributions to neployee benefit has, and deferred compensation	(e) Estimated amount of other compensation 0 •
DA' PRI ANI VIO	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER	mployees (list each of point to any quest) (b) Average hours per week devoted to position	one even if not compensated on in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d)	Health benefits, ontributions to nployee benefit ns, and deferred compensation	(e) Estimated amount of other compensation
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER	mployees (list each of point to any quest) (b) Average hours per week devoted to position 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to neployee benefit has, and deferred compensation	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •
Pa DA' PRI ANI VI(I'HI	Check if the organization used Schedule O to respond to the company of the compan	pond to any questi (b) Average hours per week devoted to position 1.00 1.00	one even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) (c) er pla	Health benefits, ontributions to oppose benefit in standard or the standard or	(e) Estimated amount of other compensation 0 •

732172 11-22-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017 (Open to Rubilcalinspection

Employer identification number Name of the organization 82-1112282 GOLD STAR MISSION INC FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: AMOUNT: DESCRIPTION OF OTHER REVENUE: 2,608. T-SHIRT SALES - NET OF COST FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 250. BANQUET 407. ADVERTISING 5. BANK FEE 30. PURCHASE OF CHECKS 107. SERVICE FEE 408. PAYPAL 1,903. POLO SHIRTS POST OFFICE BOX 50. 13,271. RIDE EXPENSE

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE SCHOLARSHIPS TO GOLD STAR FAMILIES. FIRST SCHOLARSHIPS DISTRIBUTED IN 2018.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

 $\textbf{LHA} \ \ \textbf{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990 or 990-EZ) (2017)

16,431.

TOTAL TO FORM 990-EZ, LINE 16