IRS e-file Signature Authorization for an Exempt Organization 17, or fiscal year beginning , 2017, and ending

zauoi	•	

OMB No. 1545-1878

	Do not send to the IRS. Keep for your records.		ZU7/
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information	on.	
Name of exempt organization	do to friving on other to the latest me.		identification number
GOLD STAR MIS	SION INC	82-1	112282
Name and title of officer			
THEODORE TRAC	Y		
TREASURER			
Part Type of	Return and Return Information (Whole Dollars Only)		· · · · · · · · · · · · · · · · · · ·
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, i a, below, and the amount on that line for the return being filed with this form was ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the a	s blank, then leave in policable line below	line 1b, 2b, 3b, 4b, or 5b, v. Do not complete more
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	CE 0CE
2a Form 990-EZ check he	· · · · · · · · · · · · · · · · · · ·	2b	65,865.
3a Form 1120-POL check	there b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
Rart II. Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	der, transmitter, or electronic return originator (ERO) to send the organization's re- off receipt or reason for rejection of the transmission, (b) the reason for any delay pplicable, I authorize the U.S. Treasury and its designated Financial Agent to init I institution account indicated in the tax preparation software for payment of the stitution to debit the entry to this account. To revoke a payment, I must contact to an 2 business days prior to the payment (settlement) date. I also authorize the fir ic payment of taxes to receive confidential information necessary to answer inqu a personal identification number (PIN) as my signature for the organization's elect- electronic funds withdrawal. box only	r in processing the r tiate an electronic fu organization's fede the U.S. Treasury F nancial institutions i iiries and resolve iss	eturn or refund, and (c) unds withdrawal (direct oral taxes owed on this inancial Agent at involved in the sues related to the
I authorize		to enter m	ny PIN
	ERO firm name		Enter five numbers, be do not enter all zeros
is being filed wit	on the organization's tax year 2017 electronically filed return. If I have indicated h a state agency(ies) regulating charities as part of the IRS Fed/State program, I the return's disclosure consent screen.	within this return th also authorize the a	nat a copy of the return aforementioned ERO to
indicated within	the organization, I will enter my PIN as my signature on the organization's tax yea this return that a copy of the return is being filed with a state agency(ies) regulat nter my PIN on the return's disclosure consent screen.	ar 2017 electronical ing charities as par	lly filed return. If I have t of the IRS Fed/State
Officer's signature 🕨	Date ▶	<u>07/31/18</u>	· · · · · · · · · · · · · · · · · · ·
Part III Certifica	tion and Authentication		
and the appropriate of the control o			
•	our six-digit electronic filing identification your five-digit self-selected PIN. Do not enter		
I certify that the above nur confirm that I am submitting e-file Providers for Busine	neric entry is my PIN, which is my signature on the 2017 electronically filed returng this return in accordance with the requirements of Pub. 4163, Modernized eless Returns.	n for the organization File (MeF) Information	on indicated above. I on for Authorized IRS
ERO's signature	Date >	08/01/18	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested		

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2017)

EXTENDED TO NOVEMBER 15, 2018 Short Form

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

Form **990-EZ**

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.

A	or the	2017 cal	endar year, or tax year beginning	9	nd ending			The state of the s
	Check if		C Name of organization		viiuiliy	ln	Employer	identification number
٦	٦ .					ا ا	pi0301	
\vdash	╕	ess change e change	GOLD STAR MISSION INC				82_1	112282
LĀ	Name	•	Number and street (or P.O. box, if mail is not delivered to street address)		Room/s	uita F	Telephone	
<u> </u>	- T⊦inai	return/	110 WESTVIEW DRIVE		110011//3		-	494-9289
H	₹ .	inated	City or town, state or province, country, and ZIP or foreign postal code					
늗	₹ .	nded return	I TOTAL TI COOKS				Group Exe	•
		ation pending nting Meth					Number	X if the organization is
			od: X Cash Accrual Other (specify) ►			— '	-	
				7 404			•	ed to attach Schedule B
			us (check only one) — X 501(c)(3) 501(c) () ◀(insert no.)		(a)(1) or	527	(Form 990), 990-EZ, or 990-PF).
		-	•	Other _			-	
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or					CF 0CF
		1 (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund	Balana	200 / #	·	<u> ▶ \$</u>	65,865.
	art I	l uese	ande, Expenses, and Changes in Net Assets of Fund	Dalan	ses (see the	instruci	tions for Pai	uti)
			if the organization used Schedule O to respond to any question in this Part I			,,,		
	1		tions, gifts, grants, and similar amounts received					63,257.
	2		service revenue including government fees and contracts					
	3		ship dues and assessments					
	4		nt income				. 4	
	5a		nount from sale of assets other than inventory					
	b		st or other basis and sales expenses	5b	<u></u>			
	C	•	loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				<u>5c</u>	
	6	_	and fundraising events				la sila	
Φ	a	Gross inc	come from gaming (attach Schedule G if greater than					
nue		\$15,000)		6a				
Revenue	b	Gross inc	come from fundraising events (not including \$	of contr	ibutions			
ш.		from fun	draising events reported on line 1) (attach Schedule G if the sum of such					
		gross inc	come and contributions exceeds \$15,000)	6b				
	C	Less: dire	ect expenses from gaming and fundraising events	6c				
	d	Net incor	me or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	ract line	6c)		6d	
	7a	Gross sa	les of inventory, less returns and allowances	7a				
	b		st of goods sold	7b				
	C	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other rev	renue (describe in Schedule 0)	E SC	HEDULE	0	8	2,608.
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	65,865.
	10	Grants ar	nd similar amounts paid (list in Schedule O)				10	
	11	Benefits _I	paid to or for members	•••••			11	
ý	12		other compensation, and employee benefits					
Expenses	13	Professio	onal fees and other payments to independent contractors					
(be	14	Occupani	cy, rent, utilities, and maintenance				14	
ш	15	Printing,	publications, postage, and shipping				15	
	16	Other exp	penses (describe in Schedule 0)	E SC	HEDULE	0	16	16,431.
	17	Total exp	penses. Add lines 10 through 16				17	16,431.
	18		r (deficit) for the year (Subtract line 17 from line 9)				18	49,434.
ets	19		is or fund balances at beginning of year (from line 27, column (A))					
Ass	l		ree with end-of-year figure reported on prior year's return)					0.
Net Assets	20		anges in net assets or fund balances (explain in Schedule 0)					0.
Z	21						▶ 21	49,434.
1.44	For		k Raduction Act Notice see the senerate instructions					Form 990-EZ (2017)

732171 11-22-17

R	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	ond to any ques					
			(A) Beginning of year			(B) E	nd of year
22	Cash, savings, and investments			0.	22 23		49,434.
23	Land and buildings				24		
24 25	Other assets (describe in Schedule 0)			0.	25		49,434.
25 26	Total assets Total liabilities (describe in Schedule 0)			0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			0.	27		49,434.
Pá	art III Statement of Program Service Accomplishment	s (see the instr	uctions for Part II	l)			penses
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part III				for section and 501(c)(4)
Wha	it is the organization's primary exempt purpose? SEE SCHEDULE O					organizatio	ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program se	vices, as measured by expe	enses. In a clear and concise		ļ	others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant informati		Cm > D				
28	RAISE FUNDS TO DISTRIBUTE SCHOLARSHI		STAR		-		
	FAMILIES. FIRST SCHOLARSHIPS DISTRIE	OTED IN ZU	10.			- 1	
	(Grants \$) If this amount includes foreign g	rante chack hara	1			28a	
29	(diants 9) Il tris amount includes foreign g	ants, check here					
					_		
					_		
	(Grants \$) If this amount includes foreign g	ants, check here		▶ [29a	
30					_	İ	
					- I		
					را ح		
	(Grants \$) If this amount includes foreign gr			<u> </u>	-4	30a	
	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign gi				٦l.	31a	
					_		^
22	Total program corving expanses (add lines 28a through 31a)					32	U .
32 Pa	Total program service expenses (add lines 28a through 31a)	nployees (list each	one even if not compensate	i - see	the in:	32 structions for	Part IV)
32 Pa	Int IV List of Officers, Directors, Trustees, and Key En	nployees (list each	one even if not compensate	i - see	the in	32 structions fo	Part IV)
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp	nployees (list each	tion in this Part I\ (c) Reportable	i - see /	the in	structions fo	Part IV) (e) Estimated
32 Pa	Int IV List of Officers, Directors, Trustees, and Key En	nployees (list each ond to any ques (b) Average hours per week devoted to	tion in this Part I\ (c) Reportable compensation (Form W-2/1099-MISC)	i - see / (d	the in	structions for lith benefits, outlons to yee benefit	(e) Estimated amount of other
Pa	Check if the organization used Schedule O to resp (a) Name and title	nployees (list each ond to any ques (b) Average hours	tion in this Part I\ (c) Reportable compensation (Form	i - see / (d	the in	structions for	Part IV) (e) Estimated
DA	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH	nployees (list each ond to any ques (b) Average hours per week devoted to position	tion in this Part I\ (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0	i - see / / ns (d	the in	structions fo lth benefits, outions to yee benefit nd deferred pensation	(e) Estimated amount of other compensation
DA PR	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT	nployees (list each ond to any ques (b) Average hours per week devoted to	tion in this Part I\ (c) Reportable compensation (Form W-2/1099-MISC)	i - see / / ns (d	the in	structions for lth benefits, outlons to see benefit nd deferred	(e) Estimated amount of other
DA PR AN	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK	nployees (list each ond to any ques) (b) Average hours per week devoted to position 1.00	tion in this Part I\ (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0	d - see	the in	ith benefits, outlons to vee benefit and deferred tensation	(e) Estimated amount of other compensation
DA PR AN VI	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT	nployees (list each ond to any ques (b) Average hours per week devoted to position	tion in this Part I\ (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0	i - see / / ns (d	the in	structions fo lth benefits, outions to yee benefit nd deferred pensation	(e) Estimated amount of other compensation
DA PR AN VI	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY	nployees (list each ond to any ques) (b) Average hours per week devoted to position 1.00	one even if not compensate: tion in this Part I\ (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0	i - see / / (d -) pi	the in	structions for the structions for the structions to yee benefit and deferred ensation	(e) Estimated amount of other compensation 0 .
DA PR AN VI TH	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER	nployees (list each ond to any ques) (b) Average hours per week devoted to position 1.00	tion in this Part I\ (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0	i - see / / (d -) pi	the in	ith benefits, outlons to vee benefit and deferred tensation	(e) Estimated amount of other compensation
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DA PR AN VI TH TR	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER	nployees (list each ond to any ques) (b) Average hours per week devoted to position 1.00	one even if not compensate: tion in this Part I\ (c) Reportable compensation (Forn W-2/1099-MISC) (if not paid, enter -0	i - see	the in	ith benefits, butions to yee benefit and deferred sensation 0.	(e) Estimated amount of other compensation 0 .
DA PR AN VI TH TR	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER ISTAN MYERS	nployees (list each ond to any ques' (b) Average hours per week devoted to position 1.00 1.00	one even if not compensate: tion in this Part I\ (c) Reportable compensation (Forn W-2/1099-MISC) (if not paid, enter -0	i - see	the in	ith benefits, butions to yee benefit and deferred sensation 0.	(e) Estimated amount of other compensation 0 .
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DA PR AN VI TH TR	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER ISTAN MYERS	nployees (list each ond to any ques' (b) Average hours per week devoted to position 1.00 1.00	one even if not compensate: tion in this Part I\ (c) Reportable compensation (Forn W-2/1099-MISC) (if not paid, enter -0	i - see	the in	ith benefits, butions to yee benefit and deferred sensation 0.	(e) Estimated amount of other compensation 0 .
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DA PR AN VI TH TR	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER ISTAN MYERS	nployees (list each ond to any ques' (b) Average hours per week devoted to position 1.00 1.00	one even if not compensate: tion in this Part I\ (c) Reportable compensation (Forn W-2/1099-MISC) (if not paid, enter -0	i - see	the in	ith benefits, butions to yee benefit and deferred sensation 0.	(e) Estimated amount of other compensation 0 .
DA PR AN VI TH TR	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER ISTAN MYERS	nployees (list each ond to any ques' (b) Average hours per week devoted to position 1.00 1.00	one even if not compensate: tion in this Part I\ (c) Reportable compensation (Forn W-2/1099-MISC) (if not paid, enter -0	i - see	the in	ith benefits, butions to yee benefit and deferred sensation 0.	(e) Estimated amount of other compensation 0 .
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DA PR AN VI TH TR	Check if the organization used Schedule O to resp (a) Name and title VE HELFRICH ESIDENT DREW ADAMCZYK CE-PRESIDENT EODORE TRACY EASURER ISTAN MYERS	nployees (list each ond to any ques' (b) Average hours per week devoted to position 1.00 1.00	one even if not compensate: tion in this Part I\ (c) Reportable compensation (Forn W-2/1099-MISC) (if not paid, enter -0	i - see	the in	ith benefits, butions to yee benefit and deferred sensation 0.	(e) Estimated amount of other compensation 0 .

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No No cryanization angage in any significant activity not previously reported to the IRS? If Yes, "provide a detailed description of each activity in Schedule 0 33	H.F.G	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the			X
33		g			_
34 War any significant changes made to the organization same. Otherwise, explain the change on Schedule O Gee instructions) 34 X X X X X X X X X	33	authority in Calcadula C	33		
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) \$5 bill the organization have winested business gross iscense of \$1,000 or more during the year from business activities (such as those reported on lites 2, 6s, and 7s, among others!? \$\$ \text{ if 'Yes' to lites 36s, has the organization lifed a Form 990-T for the year? If 'Yes', remylet an explanation in Schedule O \text{ organization a section 501(c)(4), 601(c)(5), or 501(c)(5),	34				
on lines 2, 6a, and 7a, among others)? bit 1'Yes' to line 63b, tesh the organization filed a Form 990-1 for the year? If 'No.' provide an explanation in Schedule 0 bit 1'Yes' to line 63b, tesh the organization filed a Form 990-1 for the year? If 'No.' provide an explanation in Schedule 0 where the organization accepts of the organization subject to section 6032(e) notice, reporting, and proxy tax requirements cutring the year? If 'Yes', complete Schedule C, Part III Bit off the organization indeep on injudiation, dissocition, termination, or significant disposition of net assets during the year? If 'Yes', organization file Form 1120-P01, for this year? Bit off the organization file Form 1120-P01, for this year? Bit off the organization file Form 1120-P01, for this year? Bit Off the organization file Form 1120-P01, for this year? Bit Off the organization file Form 1120-P01, for this year? Bit Off the organization file Form 1120-P01, for this year? Bit Off the organization file Form 1120-P01, for this year? Bit Off the organization file Form 1120-P01, for this year? Bit Off the organization file Form 1120-P01, for this year owner day this return? Bit Off the organizations. Enter. Bit Off the organizations. Enter. Bit Off the organization file Form 1120-P01, for the least of the total amount involved 10 section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under transaction offing the year, or did reagape in any section 4955 because benefit transaction offing the year of the organization file Form 990-F02 (1) (2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under transaction offing the year office form 990-F02 (1) (2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under the organization managers or disqualified persons during the year under the organization managers or disqualified persons during the year under the organization organi			34		X
If Yes' to line 35a, has the organization filed a Form 990-1 for the year? If Yes, "provide an explanation in Schedule 0 was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5) or 501(c)(5) or 501(c)(5), or 501(c)(5) or 501(c)	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
was the organization a section 501c(s)4, 501c(s)6, or 501c(s)6) organization subject to section 6003(e) notice, reporting, and proxy tax requirements during the year? If Yes,* complete Schedule C, Part III 350 360 372 380 380 X 380 X 381 382 X 383 X 383 X 384 X 385 385 X 386 X 386 X 387 387 387 387 388 X 388 X 388 X 388 X 389 X 378 389 380 X X 380 X X X X X X X X X X X X X		on lines 2, 6a, and 7a, among others)?	35a		X
requirements during the year? If "Yes," complete Schedule C, Part III B Oilt the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," as complete applicable parts of Schedule N 773 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 174	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A_
38	C				
complete applicable parts of Schedule N 2		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
376 Enter amount of political expenditures, direct or indirect, as described in the instructions	36				
b Did the organization file Form 1120-POL for this year? 38 b Did the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If Yes, complete Schedule I., Part II and enter the total amount involved 38 b If Yes, complete Schedule I., Part II and enter the total amount involved 38 b If Yes, complete Schedule I., Part II and enter the total amount involved 38 b If Yes, complete Schedule I., Part II and enter the total amount of the tax year covered by this return? 39 b If Yes, complete Schedule I., Part II and enter the total amount of tax imposed on the Organization flow and the Schedule II., Part II. 39 b If Yes, complete Schedule I., Part II and enter the total amount of tax imposed on the organization during the year under. 39 b If Yes, complete Schedule I., Part II. 30 cection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in an prior year that has not been reported on any or dits prior Ferms 990 or 990-251 "If Yes, complete Schedule I., Part II. 30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax timeposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 30 D. All organizations. At any time during the tax year, was the organization appriy to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 31 be organization beotics are in care of ▶ "THEODORE TRRCY Telephone no. ▶ 217-494-9289 32 Located at ▶ 6201 NORTHHAMPTON LANE, SPRINGFIELD, II. ZIP+4 ▶ 62711 33 Part A state states with which a copy of this return is filed ▶ NONE 34 Lay time during the calendary area, did the organization maintain an office outside the United States? 35 If Yes, enter the name of the foreign country; ▶ 36 Section 4947(a/1) nonexemp		complete applicable parts of Schedule N			X
88 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 95			• :	F. P.	
in a prior year and still outstanding at the end of the tax year covered by this return? If 'Yes,' complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: I Initiation fees and capital contributions included on line 9 If orsos receipts, included on line 9 If orsos receipts, included on line 9 If orsos receipts, included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization in a prior year that has not been reported on any of it by prior Forms 990 or 990-€27 if 'Yes,' complete Schedule L, Part I organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization managers or disqualified persons 4912, 4955, and 4958 organization under the during the calendar year, did the organization malerest the organization organization under the under of the foreign country; local th			37b		X
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B Gross receipts, included on line 9, for public use of club facilities 38b N/A 10a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	39				
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Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	44 a				
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			44a		X
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a	b				
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		***************************************		_	
in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 44d 45a X 45a 45a 45b			44c	· · · · · ·	<u> </u>
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45a X 45a X	d		مند با فساد ما ما ما ها	تأسانا	XLuui
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	4F -			 	Y
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			BCP	g 165	
	D		ARh	تدحم	
Form 990-EZ (2017)		VIZ. U/I II 100, 1 VIII 330 and Obligation II may need to be completed instead of Form 330-22 (See instructions)		90-F7	(2017)

							Yes	s No
	rganization engage, directly or indirectly,						46	X
	omplete Schedule C, Part I Section 501(c)(3) organizati	ions only					40_1	144
	All section 501(c)(3) organizations m		-49b and 52. and	complete	the tables for lines	50 and 51.		
	Check if the organization used Sche							
	<u> </u>	•				_	Yes	
47 Did the o	rganization engage in lobbying activities	or have a section 501(h) elec	tion in effect durin	g the tax ye	ear? If "Yes," complete	Sch. C, Part II	47	X
	anization a school as described in sectio						48	X
	rganization make any transfers to an exer						19a	X
b If "Yes," w	as the related organization a section 527	organization?				L	19b	
50 Complete	this table for the organization's five high	est compensated employees	(other than officer	s, directors	s, trustees, and key en	nployees) who eac	h received	more
than \$100	0,000 of compensation from the organiza		None."			· · · · · · · ·		
	(a) Name and title of each empl	loyee	(b) Average		(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Esti	
	_		per week dev		W-2/1099-MISC)	employee benefit plans, and deferred	amount o	
		NONE	poonio	··		compensation	00	
	· · · · · · · · · · · · · · · · · · ·	··	4				ł	
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organizat	this table for the organization's five high ion. If there is none, enter "None." I lame and business address of each inder	NONE	nt contractors who		Yed more than \$100,0		on trom the	
	· · · · · · · · · · · · · · · · · · ·							
-			<u> </u>	· · · · · · · · · · · · · · · · · · ·				
								
					····			
d Total nun	nber of other independent contractors ea	ch receiving over \$100 000			•		 	
	rganization complete Schedule A? Note:		zations must attach	a	······ <u> </u>			
						> 🗓	Yes	No_
	of perjury, I declare that I have examine					t of my knowledge	and belief	i, it is
	nd complete. Declaration of preparer (oth							
	>					Date		
Sign	Signature of officer					Date		
Here		TREASURER			·			
	Type or print name and title	15	·	I Dati	Charle C	T if I DTIN	_	
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid					self- emplo	yeu		
Preparer	Eirmin name			<u> </u>				
Use Only	Firm's name				Firm's EIN		_	
	Firm's address				Phone no.		-	
Marries 122 "	and the religion with the second state of	n should Can instruction					Yes	No
way the IRS di	scuss this return with the preparer show	n above? See instructions .				<u>- L</u> Fr	res erm 990-E2	
						1.0	VVV E4	- (/

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public

Inspection

Name of the organization

Employer identification number

		GOLD	STAR MISS	ION INC				8	2-1112282
Par		Reason for Public (CharityStatus (All organizations must c	omplete th	is part.) Se	e instructions		
The of 1 [2 [3 [4 [organ	ization is not a private found A church, convention of che A school described in secti A hospital or a cooperative A medical research organiz city, and state:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Forr Inization described in s	l in section 990 or 99 ection 170	on 170(b) (1 90-EZ).))(b)(1)(A) (ii	ii).)(iii). Enter	the hospital's name,
5 (An organization operated for	or the benefit of a col	lege or university owner	d or operat	ed by a go	vernmental u	nit describ	ed in
-		section 170(b)(1)(A)(iv). (C		,	•	, ,			
6 [A federal, state, or local gov	vemment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).		
7 [X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:							****
10 L		An organization that norma	• • •	•	•			•	•
		activities related to its exem	•	• •	٠,			• •	•
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	•						
11 [믁	An organization organized a	•	•	•				
12		An organization organized a	•	•	•		-	•	• •
		more publicly supported or	-						Check the box in
_		lines 12a through 12d that	• •	•		•		_	alvina
а		Type I. A supporting orga	•	•		_			
		the supported organization organization. You must o			і шајонцу с	n trie direc	iors or truster	92 OI 1119 20	upporting
h		¬ ~	•		tion with it	e eupporte	nd organization	n/e) by ba	ina
D	Ч-	Type II. A supporting org control or management o							
		organization(s). You mus			anie perso	ris ulai co	illoi oi manaș	ge the supp	ported
С		Type III functionally inte	•		in connect	tion with s	and functional	ly intograte	ad with
·	_	its supported organization	-					iy iiitogiate	ou willi,
d		Type III non-functionally						ted organi:	zation(s)
u	_	that is not functionally int	• • • • • • • • • • • • • • • • • • • •					-	
		requirement (see instructi	-					an attorn	· · · · · · · · · · · · · · · · · · ·
е	_	Check this box if the orga	•	•	•			II. Type III	
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , , ,	
f	Ente	r the number of supported o	rachizations						
g		vide the following information	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) is the orgain your govern	anization listed ing document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
									 -
							ļ		
			atuatieti unteko eti 13.5		i hakwatiya	r Nata Pak			

Schedule A (Form 990 or 990-EZ) 2017 GOLD STAR MISSION INC

Part II Support Schedule for Organizations Described in Sec Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					63,257.	63,257.
2	Tax revenues levied for the organ-					İ	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					ŀ	
	furnished by a governmental unit to					}	
	the organization without charge						
4	Total. Add lines 1 through 3					63,257.	63,257.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	The second secon					
	Public support. Subtract line 5 from line 4.	And the second s		We will be a server of the ser			63,257.
<u>Sec</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					63,257.	63,257.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					ŀ	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		建设的有线数				63,257.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,608.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage			, 	
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))			L00.00 %
	Public support percentage from 2016						<u>%</u>
16a	33 1/3% support test - 2017. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	_
					Sche	edule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 GOLD STAR MISSION INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	ow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						·
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)14 First five years. If the Form 990 is for the form 10 is fo	he organization!	e first socond this	d fourth or fifth to	I voor as a soctio	n 501/o\/3\ arganiza	tion
	•	•	•	-	on 50 r(c)(3) organiza	
Section C. Computation of Public			***************************************		•••••	
15 Public support percentage for 2017 (lin		<u>~</u>	olumn (f))		15	%
16 Public support percentage from 2016 S	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 20					18	<u>%</u>
19a 33 1/3% support tests - 2017. If the c						. —
more than 33 1/3%, check this box and	=					
b 33 1/3% support tests - 2016. If the cline 18 is not more than 33 1/3%, check	-					
20 Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	Supporting Organizations (continued)			
		- "Deather	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		5 4 7 1	1111
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b	-	├──
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
<u> </u>	aon B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		168	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ly
	controlled the organization's activities. If the organization had more than one supported organization,		i jerini Crtus	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			5.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		rail.	
	or management of the supporting organization was vested in the same persons that controlled or managed			52.2
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		7 S. V. T. C. T. M	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			F 4
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			12,000 100
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	r neter	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			6-21-7
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	(12m)2)	A Mark Transport
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a		E. e.	
. 3	significant voice in the organization's investment policies and in directing the use of the organization's			7-3-54
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	transi 10	LLITEI 37
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions),		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	表面		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		s., 34.	
	how the organization was responsive to those supported organizations, and how the organization determined		LE	25.0
	that these activities constituted substantially all of its activities.	2a	gravity deglerate	Alabara.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		H.F	
	reasons for the organization's position that its supported organization(s) would have engaged in these	in in the same of		
_	activities but for the organization's involvement.	2b		(4 <u>0</u> 0)
3	Parent of Supported Organizations. Answer (a) and (b) below.		in in	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-	niiri	
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization everyise a substantial degree of direction over the policies, programs, and activities of each	3a		: <u>15</u> ,44
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	المائنة المائد	Minari I

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mpiete s	Sections A through E.	(B) Current Year
Secti	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or	I		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
•	instructions for short tax year or assets held for part of year):	i Aria		The second secon
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			The second secon
·	factors (explain in detail in Part VI):	1.0		A Company of the Comp
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	 •		
4	· · · · · · · · · · · · · · · · · · ·	4		
	See instructions)	5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6	 	
	Multiply line 5 by .035	7		
7	Recoveries of prior-year distributions	8		
8	Minimum Asset Amount (add line 7 to line 6)			·
Secti	on C - Distributable Amount	.,		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1771 Acc. 1421 1771 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
4	Enter greater of line 2 or line 3	4	A Company of the control of the cont	
5	Income tax imposed in prior year	5_		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	Particular and the second seco	
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	A per a description of the second of the sec		The state of the s
а				
b	From 2013			
С	From 2014	A control of the cont		
d	From 2015		東京 100 mm 東京 100 mm	
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			la de la companya de La companya de la co
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			A CONTRACT OF CONTRACTOR
5	Remaining underdistributions for years prior to 2017, if	Annual Control of the		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	The second secon		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	The state of the s		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			A TOTAL CONTROL OF THE STATE OF
а	Excess from 2013			
b	Excess from 2014			The state of the s
С	Excess from 2015	Tangan Amerikan Managan dan Managan Ma Managan Managan br>Managan Managan		
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE 0

(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.

Name of the organization

Employer identification number

GOLD STAR MISSION INC	82-1112282
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
T-SHIRT SALES - NET OF COST	2,608.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANQUET	250.
ADVERTISING	407.
BANK FEE	5.
PURCHASE OF CHECKS	30.
SERVICE FEE	107.
PAYPAL	408.
POLO SHIRTS	1,903.
POST OFFICE BOX	50.
RIDE EXPENSE	13,271.
TOTAL TO FORM 990-EZ, LINE 16	16,431.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE	E SCHOLARSHIPS TO
GOLD STAR FAMILIES. FIRST SCHOLARSHIPS DISTRIBUTED IN 201	8.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

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

Form **8868**

(Rev. January 2017)

Department of the Treasury

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print GOLD STAR MISSION INC 82-1112282 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 110 WESTVIEW DRIVE return. See instructions City, town or post office, state, and ZIP code, For a foreign address, see instructions. FREEBURG, IL 62243 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL വാ Form 1041-A N8 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 06 12 Form 990-T (trust other than above) THEODORE TRACY • The books are in the care of \blacktriangleright 6201 NORTHHAMPTON LANE - SPRINGFIELD, IL 62711 Telephone No. ► 217-494-9289 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ___ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

> MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER

OGDEN, UT 84201-0045