



MAURA HEALEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Office Use Only: Fiscal Year

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01-01-2018 to 12-31-2018

Attorney General's Account #: 054378

Federal ID #: 26-0322786

Electronic Payment Confirmation #:

When did the organization first engage in charitable work in Massachusetts? 11-23-2012

Has the organization applied for or been granted IRS tax exempt status? ☒ Yes ☐ No

If yes, date of application OR date of determination letter: 06-22-2008

IRS Exemption under 501(c): 03

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? ☒ Yes ☐ No

Check all items attached (if applicable)

- ☒ Filing Fee or Printout of Electronic Payment Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial Statements/Review
- ☐ Amended Articles/By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

Organization Data

Name: Adopt-a-Soldier Platoon, Inc.

Mailing Address: P.O. Box 1111

City: Fair Lawn State: NJ Zip: 07410

Phone Number: (201) 483-6554 Fax Number: (201) 483-6554

Email: treasurer@aasp.vet Website: aasp.vet

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	15	Organization Purpose Code 1	40
Type of Organization (Table 2)	26	Organization Purpose Code 2	61

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 05-29-2007

2. Where was the organization created? Fair Lawn, NJ

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	\$523,219.00
B.	Gross support and revenue	\$603,867.00
C.	Program services and similar amounts paid out	\$551,637.00
D.	Fundraising expenses	\$8,316.00
E.	Management and general expenses	\$22,124.00
F.	Payments to affiliates	\$0.00
G.	Total expenses	\$582,077.00
H.	Net assets or fund balances at the end of the year	\$393,883.00

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	Alan I. Krutchkoff / President & Trustee	00050	\$0.00	\$0.00	\$0.00
2.	Lara Spina (a.k.a. Cutro) / VP & Trustee	00005	\$0.00	\$0.00	\$0.00
3.	H. Allan Virginia / Treasurer & Trustee	00040	\$0.00	\$0.00	\$0.00
4.	Dennis M. Maloney / AsstTreasurer&Trustee	00005	\$0.00	\$0.00	\$0.00
5.	Kimberly Daves / Corporate Secretary	00005	\$0.00	\$0.00	\$0.00

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	Grippio & Company, CPAs	\$10,000.00	Financial Audit
2.	InCorp Services Inc.	\$377.00	Registered Agent
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
Unilever Federal Credit Union	700 Sylvan Avenue Englewood Cliffs, NJ 07632	(800) 975-3328

10. What is the organization's accounting method? ☐ Cash ☒ Accrual
☐ Other *specify*): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: 2-19 Lyncrest Avenue

City: Fair Lawn

State: NJ

Zip Code: 07410

12. Contact Person Name: H. Allan Virginia

Street Address: 675 Cooper Avenue

City: Oradell

State: NJ

Zip Code: 07649

Phone Number: +1 (201) 483-6554

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☒ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☒ Yes ☐ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☒ Yes ☐ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of of this organization's officers, directors or trustees has a relationship?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____

H. Allan Virginia

Date: _____

9-10-19

Printed Name: H. Allan Virginia

Title: Treasurer & Trustee

Name of Preparer: H. Allan Virginia

Address 675 Cooper Avenue

City Oradell

State NJ

Zip Code 07649

Phone Number +1 (201) 483-6554

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other *specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: H. Allan Virginia
Address 675 Cooper Avenue
City Oradell State NJ Zip Code 07649

Name and Title: Dennis M. Maloney
Address 809 Midland Road
City Oradell State NJ Zip Code 07649

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: H. Allan Virginia
Address 675 Cooper Avenue
City Oradell State NJ Zip Code 07649

Name and Title: Dennis M. Maloney
Address 809 Midland Road
City Oradell State NJ Zip Code 07649

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other *specify*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: H. Allan Virginia
Address 675 Cooper Avenue
City Oradell State NJ Zip Code 07649

Name and Title: Dennis M. Maloney
Address 809 Midland Road
City Oradell State NJ Zip Code 07649

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: H. Allan Virginia
Address 675 Cooper Avenue
City Oradell State NJ Zip Code 07649

Name and Title: Dennis M. Maloney
Address 809 Midland Road
City Oradell State NJ Zip Code 07649

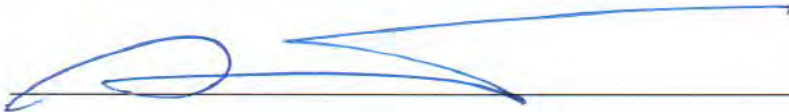
Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____



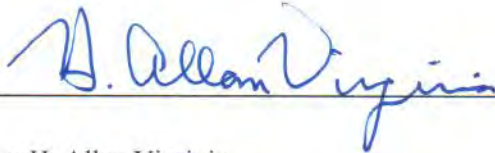
Date: _____

9-10-19

Printed Name: Alan I. Krutchkoff

Title: President & Trustee

Signature: _____



Date: _____

9-10-19

Printed Name: H. Allan Virginia

Title: Treasurer & Trustee

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section.
(If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

☐ Yes ☐ No

Schedule VCO

Application for Designation As Veterans' Charitable Organization

PLEASE NOTE THAT ORGANIZATIONS DESIGNATED AS VETERANS' CHARITABLE ORGANIZATIONS ("VCOs") MAY NOT RETAIN PAID FUNDRAISERS

Schedule VCO is an application for designation as a veterans' charitable organization. Schedule VCO may be submitted by certain charitable organizations. To determine whether your organization is eligible to be designated as a VCO, and thus may file a schedule VCO, please answer questions 1 and 2, below.

1. Was your organization established for an advocacy, benevolent, educational, humane, patriotic, philanthropic, scientific or social welfare purpose on behalf of veterans or the military? ☒ Yes ☐ No
2. Does your organization intend to solicit contributions from persons within the commonwealth itself or to have contributions solicited on its behalf only by other charitable organizations? ☒ Yes ☐ No

ORGANIZATIONS THAT ANSWER "NO" TO EITHER QUESTION MAY NOT SUBMIT A SCHEDULE VCO.

ORGANIZATIONS THAT ANSWER "YES" TO BOTH QUESTIONS MAY CONTINUE AND SUBMIT A SCHEDULE VCO.

Identify your organization's purpose, as recorded in its by-laws, articles of organization, agreement of association, or instrument of trust, or otherwise in its written statement of purpose.

The mission of the Organization is to lift the morale and support the welfare of active members and veterans of the United States Armed Forces, their immediate families, and the immediate families of deceased veterans.

Provide the charitable purposes for which solicited contributions shall be used.

The Organization primary activities are:

- (1) Operation Care Cartons involves the distribution of personal care supplies and foodstuffs to U.S. military units serving abroad, primarily those stationed in combat zones.
- (2) Operation Morale, Welfare and Recreation (MWR) i includes the distribution of recreational items such as sports and physical fitness equipment, video game systems, etc. to troops serving abroad. On occasion the Organization conducts Military Appreciation Tours that include celebrity "meet and greet sessions" and entertainment shows.
- (3) Operation Wounded Care provides aid and support to combat surgical hospitals abroad and to military personal and veterans who were wounded or injured during their service. This activity encompasses hospitalized troops both home and abroad as well as personnel transitioning to civilian life with permanent injuries.

IMPORTANT INFORMATION, PLEASE READ

- VCO designation is valid for three (3) years.
- By applying for this designation, this organization agrees that its retention of a paid fundraiser while it is designated as a VCO will operate to forfeit its VCO status.
- An organization designated as a VCO must still comply with annual filing requirements pursuant to G.L. c. 12, § 8F and G.L. c. 68, § 19; however, otherwise applicable fees for those filings will be waived for designated VCOs.
- Organizations designated as VCOs that fail to comply with annual filing requirements pursuant to G.L. c. 12, §8F and G.L. c. 68, §19 may not solicit contributions from persons within the commonwealth.

Signature: _____

H. Allan Virginia

Date: _____

9-10-19

Printed Name: H. Allan Virginia

Adopt-a-Soldier Platoon, Inc.
2-19 Lyncrest Avenue
(P.O. Box 1111)
Fair Lawn, NJ 07410

AG#: 054378
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The Organization does not have any other offices, chapters, branches or affiliates.

**Adopt-a-Soldier Platoon, Inc.
2-19 Lyncrest Avenue
(P.O. Box 1111)
Fair Lawn, NJ 07410**

**AG#: 054378
Federal Tax ID#: 26-0322786
Calendar Year 2018**

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Name	Title	Address
Alan I. Krutchkoff	President & Trustee	2-19 Lyncrest Avenue Fair Lawn, NJ 07410
Lara Marie Cutro aka Lara Spina	Vice President & Trustee	16 Woodland Road Cresskill, NJ 07626
H. Allan Virginia	Treasurer & Trustee	675 Cooper Avenue Oradell, NJ 07649
Dennis M. Maloney	Assistant Treasurer & Trustee	809 Midland Road Oradell, NJ 07649
Kimberly Daves	Corporate Secretary	481 Piermont Road Closter, NJ 07624
Mary-Edna Krutchkoff	Vice President – Wounded Care	2-19 Lyncrest Avenue Fair Lawn, NJ 07410
Maura Dinicola	Trustee	775 Comanche Lane Franklin Lakes, NJ 07417
Lloyd Erlemann	Trustee	9 Shea Lane Tinton Falls, NJ 07724
Kevin J. Lynch	Trustee	370 Pascack Road Twp of Washington, NJ 07676

The Organization's by-laws prohibit Trustees and Officers from receiving any compensation, except that they may be reimbursed for any out-of-pocket expenditures made on behalf of the Organization. The Organization has no employees. All activities are conducted by volunteers.

Adopt-a-Soldier Platoon, Inc.
2-19 Lyncrest Avenue
(P.O. Box 1111)
Fair Lawn, NJ 07410

AG#: 054378
Federal Tax ID#: 26-0322786
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Form PC / Page 4 / Question # 18

Name	Title	Address	Responsibilities
H. Allan Virginia	Treasurer & Trustee	675 Cooper Avenue Oradell, NJ 07649	Primary signatory Distribution of funds Custody of funds Custody of financial records
Dennis M. Maloney	Assistant Treasurer & Trustee	809 Midland Road Oradell, NJ 07649	Alternate signatory Custody of funds
Alan I. Krutchkoff	President & Trustee	2-19 Lyncrest Avenue Fair Lawn, NJ 07410	Alternate signatory Fundraising

**Adopt-a-Soldier Platoon, Inc.
2-19 Lyncrest Avenue
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Form PC / Page 4 / Question # 19

Since June 3, 2008, the organization has been registered as a domestic, nonprofit public charity in the State of New Jersey, NJ Charities Registration #CH3060400. The organization's fundraising activities in 2018 were conducted only in New Jersey.

In 2018, the organization did not conduct any fundraising activities in the Commonwealth of Massachusetts.

Adopt-a-Soldier Platoon, Inc.
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Form PC / Page 5 / Question # 21

Net assets, revenue and support reported in the Organization's audited financial statements are classified based on the existence or absence of donor-imposed restrictions. During 2018, the Organization removed restrictions from \$535,766 of donor-restricted funds because the terms of the restrictions specified by donors were met by incurring expenses that satisfied the restricted purposes. The Organization does not hold any donor-restricted funds that are permanent or perpetual in nature.

Adopt-a-Soldier Platoon, Inc.
2-19 Lyncrest Avenue
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AG#: 054378
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Form PC / Page 6 / Question # 24.M.

During 2018, the Organization donated \$17,235 to Camp4Heroes, a 501(c)(3) public charity in Fairmont, NC. Camp4Heroes is an all-volunteer organization and has a similar mission as Adopt-a-Soldier Platoon. Alan I. Krutchkoff, President & Trustee of Adopt-a-Soldier Platoon, Inc. served as a Director for Camp4Heroes during 2018 until his resignation effective December 31, 2018. Total expenditures in 2018 were for the following activities with which Adopt-a-Soldier Platoon was a co-sponsor with Camp4Heroes:

Co-sponsorship - Superbowl Party for WRNMMC (Walter Reed) patients & families	\$ 5,000
Thanksgiving turkeys for military & veterans' families at Ft. Belvoir & Walter Reed	4,735
Co-sponsorship - Holiday Party for WRNMMC (Walter Reed) patients & families	3,151
Miscellaneous other	299
Total 2017 expenditures	\$17,235