

State of Missouri

EXEMPTION FROM MISSOURI SALES AND USE TAX ON PURCHASES AND SALES

ISSUED TO:

WILLIAM T SHERMAN-BILLY YANK CAMP #65
4729 MEHL AVE
ST LOUIS COUNTY MO 63129

MISSOURI TAX I.D.
NUMBER: 15257886

EFFECTIVE DATE:
11/08/93
EXPIRATION DATE:
11/08/98

YOUR APPLICATION FOR SALES/USE TAX EXEMPT STATUS HAS BEEN APPROVED PURSUANT TO SECTION 144.030.2 (20). THIS LETTER IS ISSUED AS DOCUMENTATION OF YOUR EXEMPT STATUS.

PURCHASES BY YOUR ORGANIZATION WILL NOT BE SUBJECT TO SALES OR USE TAX, IF THEY ARE WITHIN THE CONDUCT OF YOUR EXEMPT RELIGIOUS, CHARITABLE, CIVIC OR EDUCATIONAL FUNCTIONS AND ACTIVITIES. ALL SELLERS OR VENDORS MUST BE FURNISHED A COPY OF THIS EXEMPTION LETTER. PURCHASES MUST BE PAID FOR FROM FUNDS OF THE ORGANIZATION. THIS EXEMPTION CANNOT BE USED BY INDIVIDUALS TO MAKE PURCHASES FOR THEIR PERSONAL USE.

SALES BY YOUR ORGANIZATION ARE EXEMPT IF THEY ARE RELATED TO, OR PROMOTE, THE EXEMPT FUNCTION OF THE ORGANIZATION. THE ORGANIZATION CANNOT ENGAGE IN A COMPETITIVE COMMERCIAL BUSINESS IF THE PROFITS DERIVED FROM THIS BUSINESS ARE USED FOR PURPOSES OTHER THAN ITS EXEMPT FUNCTION.

AN AGENT OF, OR CONTRACTOR FOR, AN EXEMPT ORGANIZATION CANNOT CLAIM OR BENEFIT FROM YOUR ORGANIZATION'S EXEMPT STATUS. SALES TO CONTRACTORS WHO PURCHASE CONSTRUCTION MATERIALS TO FULFILL THEIR CONTRACTS WITH YOUR ORGANIZATION ARE SUBJECT TO SALES TAX ON ALL SUCH PURCHASES, UNLESS THE MATERIALS ARE DIRECTLY BILLED TO YOUR ORGANIZATION AND PAID FOR FROM YOUR ORGANIZATION'S FUNDS.

THIS EXEMPTION IS NOT PERMANENT. IT IS SUBJECT TO REVIEW BY THE DIRECTOR OF REVENUE, AND IT EXPIRES ON THE DATE GIVEN ABOVE. IF IT IS DETERMINED THAT THIS ORGANIZATION CEASES TO QUALIFY AS AN EXEMPT ORGANIZATION IN ANY OF ITS ACTIVITIES, THIS EXEMPTION WILL CEASE TO BE VALID, AND PURCHASES AND SALES MADE BY YOUR ORGANIZATION IN ITS NON-EXEMPT ACTIVITIES WILL BE SUBJECT TO THE SALES/USE TAX.

THIS EXEMPTION IS NOT ASSIGNABLE OR TRANSFERABLE. IT IS FOR SALES/USE TAXES ONLY AND IS NOT AN EXEMPTION FROM REAL OR PERSONAL PROPERTY TAX.

ANY ALTERATION TO THIS EXEMPTION LETTER RENDERS IT INVALID.

4481

SS-4

Application for Employer Identification Number

EIN 43-1607678

Form (Rev. April 1991)
Department of the Treasury
Internal Revenue Service

(For use by employers and others. Please read the attached instructions before completing this form.)

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.) <u>WM. T. SHERMAN - BILLY YANK CAMP #65</u>	
2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name <u>ROBERT M. PETROVIC</u>
4a Mailing address (street address) (room, apt., or suite no.) <u>4729 MEHL AVE</u>	5a Address of business (See instructions.)
4b City, state, and ZIP code <u>ST. LOUIS, MO. 63129</u>	5b City, state, and ZIP code
6 County and state where principal business is located <u>ST. LOUIS COUNTY, MISSOURI</u>	
7 Name of principal officer, grantor, or general partner (See instructions.) ▶	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other nonprofit organization (specify) <u>EDUCATIONAL</u>	If nonprofit organization enter GEN (if applicable) <u>0429</u>	
<input type="checkbox"/> Other (specify) ▶	<u>FRATERNAL</u>	

8b If a corporation, give name of foreign country (if applicable)-or state in the U.S. where incorporated ▶

Foreign country	State
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9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input checked="" type="checkbox"/> Other (specify) ▶ <u>EDUCATIONAL - FRATERNAL</u>

10 Date business started or acquired (Mo., day, year) (See instructions.)
CHARTERED JUNE 29, 1982

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ EDUCATIONAL - FRATERNAL

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) N/A
 Public (retail) Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶	Trade name ▶
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Name and title (Please type or print clearly.) ▶ ROBERT M. PETROVIC SEC-TREAS 314-892-2158

Signature ▶ Robert M. Petrovic Date ▶ MAY 12, 1992

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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ULYSSES S. GRANT - CAMP 68

St. Louis, MO

Sons of the Union Veterans of the Civil War

May 16, 1996

Dear Sir

Enclosed is a copy of the 55-4 form for the Wm. T. Sherman - Billy York Camp # 65. I am listed as the contact person for this nonprofit corporation. I am no longer a member of this organization. Please take my name off of their application because I do not want to be responsible for anything that they do. If they have to they can file a new form for their organization.

Please let me know what the correct procedure is for getting my name off of their 55-4 form.

Robert M. Petrovic

4729 Mehl ave.

St. Louis, Mo. 63129-1626

314-892-2158



MISSOURI DEPARTMENT OF REVENUE
 TAX ADMINISTRATION BUREAU
 P.O. BOX 840
 JEFFERSON CITY, MISSOURI 65105-0840
**MISSOURI SALES/USE TAX
 EXEMPTION APPLICATION**

FORM 1746 (REV. 5-91)	1. [REDACTED]
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INSTRUCTIONS **MAIL COMPLETED APPLICATION TO:**

PLEASE PRINT OR TYPE. ANSWER ALL QUESTIONS.
 DO NOT WRITE IN SHADED AREAS.

MISSOURI DEPARTMENT OF REVENUE
 TAX ADMINISTRATION BUREAU
 P.O. BOX 840
 JEFFERSON CITY, MISSOURI 65105-0840
 (314) 751-2836

2. IF YOU HAVE BEEN ISSUED A MISSOURI TAX I.D. NUMBER, ENTER BELOW

[REDACTED]	4. EFFECTIVE DATE M M D D Y Y [REDACTED]	EXPIRATION DATE M M D D Y Y [REDACTED]
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3. TYPE OF APPLICATION

NEW RENEWAL

IF RENEWAL, PLEASE ATTACH COPY OF PREVIOUS EXEMPTION LETTER. CODE [REDACTED]

5. QUALIFYING FOR EXEMPTION AS (CHECK ONE)

1 CHARITABLE 2 CIVIC, SOCIAL, FRATERNAL 3 ELEM. OR SECONDARY PUBLIC EDUCATION
 4 HIGHER EDUCATION OR PRIVATE NOT-FOR-PROFIT ELEMENTARY AND SECONDARY EDUCATION 5 RELIGIOUS 6 POLITICAL SUBDIVISION
 7 STATE OR FEDERAL AGENCY 8 OTHER EDUCATIONAL & FRATERNAL

6. IRS EXEMPTION CODE

501(c)(3) 501(c)(4) 501(c)(8) 501(c)(10) OTHER: _____

7. ORGANIZATION OR AGENCY NAME AND LOCATION

WILLIAM T. SHERMAN-BILLY YANK CAMP #65

STREET ADDRESS OR RURAL ROUTE - DO NOT USE P.O. BOX

4729 MEHL AVE

CITY ST. LOUIS CODE [REDACTED] STATE MO ZIP CODE 6311219 PHONE (314) 892-2158

8. LEGAL NAME OF RESPONSIBLE PERSON (LAST, FIRST, MIDDLE INITIAL)

PETROVIC ROBERT M.

STREET ADDRESS

4729 MEHL AVE

CITY ST. LOUIS STATE MO. ZIP CODE 6311219 PHONE (314) 892-2158

9. TYPE OF ORGANIZATION (CHECK ONE)

1 FOUNDATION 2 ASSOCIATION 3 GOVERNMENT 4 OTHER _____

5 MISSOURI CORPORATION

MISSOURI CHARTER NUMBER N100048645 DATE INCORPORATED 082793

MISSOURI CERTIFICATE OF AUTHORITY NO. [REDACTED] DATE REGISTERED IN MISSOURI [REDACTED] STATE OF INCORPORATION [REDACTED]

6 OUT-OF-STATE CORPORATION

10. FICTITIOUS NAME ORGANIZATION

MISSOURI FICTITIOUS NAME NUMBER [REDACTED] DATE REGISTERED WITH SECRETARY OF STATE [REDACTED]

11. MAILING ADDRESS

1 ORGANIZATION OR AGENCY ADDRESS 2 RESPONSIBLE PERSON'S ADDRESS 5 OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS OR P.O. BOX

4729 MEHL AVE

CITY ST. LOUIS STATE MO ZIP CODE 6311219 COUNTY ST. LOUIS CODE [REDACTED]

12. ADDRESS OR LOCATION DESCRIPTION OF WHERE BOOKS AND RECORDS ARE KEPT (PLEASE DO NOT USE P.O. BOX OR RURAL ROUTE)

1 ORGANIZATION OR AGENCY ADDRESS 2 RESPONSIBLE PERSON'S ADDRESS 3 MAILING ADDRESS 4 OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS - DO NOT USE P.O. BOX OR RURAL ROUTE

4729 MEHL AVE

CITY ST. LOUIS STATE MO ZIP CODE 6311219 COUNTY ST. LOUIS CODE [REDACTED]

13. IDENTIFICATION OF ORGANIZATION OR AGENCY OFFICERS

NAME (LAST, FIRST, MIDDLE INITIAL) <i>PETROVIC ROBERT M.</i>	TITLE <i>SEC-TREAS</i>	SOCIAL SECURITY NUMBER	BIRTHDATE
STREET ADDRESS <i>4729 MEHL AVE.</i>	CITY <i>ST. LOUIS</i>		<i>MO 6/3/29</i>
NAME (LAST, FIRST, MIDDLE INITIAL) <i>WILLMERING THOMAS R.</i>	TITLE <i>COMMANDER</i>	SOCIAL SECURITY NUMBER	BIRTHDATE
STREET ADDRESS <i>3027 SEDAN</i>	CITY <i>ST. LOUIS</i>		<i>MO 6/3/12 15</i>

14. Brief statement of organizational purpose. (Attach a separate sheet, if necessary.)

15. Describe the organization's or agency's past, present and proposed activities. (Attach a separate sheet, if necessary.)

NOTE: IT IS NOT NECESSARY FOR STATE OR FEDERAL AGENCIES, POLITICAL SUBDIVISIONS, ELEMENTARY AND SECONDARY SCHOOLS OPERATED AT PUBLIC EXPENSE OR SCHOOLS OF HIGHER EDUCATION TO FURNISH THE DOCUMENTS REQUESTED IN ITEMS 16-20 LISTED BELOW.

16. Does your organization own real or personal property? Yes No
If yes, ATTACH a copy of the certification from your County Assessor(s) that the property of the organization is exempt from taxation pursuant to Section 137.100(5), RSMo.

17. ATTACH a copy of the Not-For-Profit Certificate, Registration or Charter issued by the Missouri Secretary of State, IF REGISTERED OR INCORPORATED.

18. ATTACH copy of your Bylaws or Articles of Incorporation.

19. ATTACH a complete financial history for the last three (3) years (or number of years in existence if less than three) indicating sources and amounts of income and a breakdown of disbursements. If just starting the organization, attach an estimated budget for one (1) year.

20. ATTACH a copy of your 501(c) Internal Revenue Service exemption letter. (The Department of Revenue will not approve your application without a copy of this exemption letter.)

21. I swear or affirm that the information reported in this form and any attached supplements is true and correct as to every material matter;

that the present nature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were issued and will continue to remain the same;

that I will remain knowledgeable of the statutes and regulations governing sales/use tax exemptions and that I will immediately notify the Missouri Department of Revenue, of any change in circumstances which could reasonably lead me to believe that the above-named organization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose or activities.

It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will result in the immediate revocation of any exemption letter issued to this organization.

SIGNATURE	TITLE	DATE
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NOTARY

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF 19	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

USE RUBBER STAMP IN CLEAR AREA BELOW.