



MARATHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

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

Form PC **FINAL RETURN**

Report for the Fiscal Period: 01-01-2014 to 12-31-2014

Attorney General's Account #: 054378

Federal ID #: 26-0322786

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)
- Schedule A-1
 - Schedule A-2
 - Schedule RO
 - Probate Account
 - Copy of IRS Return
 - Audited Financial Statements/Review
 - Filing Fee
 - Amended Articles/By-Laws

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@adoptasoldierplatoon.org Website: www.adoptasoldierplatoon.org

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)	<u>15</u>	Organization Purpose Code 1	<u>40</u>
Type of Organization (Table 2)	<u>26</u>	Organization Purpose Code 2	<u>61</u>

Please check box if final return prior to dissolution:

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, New Jersey
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	\$539,664.00
B.	Gross support and revenue	\$506,773.00
C.	Program services and similar amounts paid out	\$495,777.00
D.	Fundraising expenses	\$5,170.00
E.	Management and general expenses	\$13,383.00
F.	Payments to affiliates	\$0.00
G.	Total expenses	\$514,330.00
H.	Net assets or fund balances at the end of the year	\$179,047.00

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	00050	\$0.00	\$0.00	\$0.00
2.	Lara Marie Cutro (a.k.a. Lara Spina) / VP	00005	\$0.00	\$0.00	\$0.00
3.	H. Allan Virginia / Treasurer	00030	\$0.00	\$0.00	\$0.00
4.	Dennis M. Maloney / Assistant Treasurer	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.	Karabulut & Yasosky LLP / Public Accountant	\$4,000.00	Financial Audit
2.			
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	800 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 become 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

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

Signature: _____



Date: 07/28/2015

Printed Name: H. Allan Virginia

Title: Treasurer

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.

The Organization only uses its official name to solicit donations.

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

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input 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 type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

Other *specify*: Did not solicit contributions in Mass. in 2014

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 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, Treasurer
Address 675 Cooper Avenue
City Oradell State NJ Zip Code 07649

Name and Title: Dennis M. Maloney, Assistant Treasurer
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, Treasurer
Address 675 Cooper Avenue
City Oradell State NJ Zip Code 07649

Name and Title: Dennis M. Maloney, Assistant Treasurer
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.

The Organization did not solicit contributions in the Commonwealth of Massachusetts during 2014 and no longer seeks such authorization after December 31, 2014.

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

Mass Mailing <input type="checkbox"/>	Via the Internet <input 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 type="checkbox"/>
Telemarketing with sale of goods <input type="checkbox"/>	Corporate solicitations <input type="checkbox"/>
Telemarketing with sale of ads <input type="checkbox"/>	Grant Proposals <input type="checkbox"/>

Other *specify*): None

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 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: _____
Address _____
City _____ State _____ Zip Code _____

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

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: _____
Address _____
City _____ State _____ Zip Code _____

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

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: 07/28/2015

Printed Name: Alan I. Krutchkoff

Title: President

Signature:  Date: 07/28/2015

Printed Name: H. Allan Virginia

Title: Treasurer

Schedule RO

I. 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

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 2014

Form PC / Page 4 / Question # 16

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 2014

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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
Anne M. Neilson	Assistant Corporate Secretary	48 Beach Road Norwalk, CT 06855
Mary-Edna Krutchkoff	Vice President – Wounded Care (effective April 20, 2015)	2-19 Lyncrest Avenue Fair Lawn, NJ 07410

The organization's by-laws prohibit Trustees and Officers from receiving a salary. 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
Calendar Year 2014

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
(P.O. Box 1111)
Fair Lawn, NJ 07410

AG#: 054378
Federal Tax ID#: 26-0322786
Calendar Year 2014

Form PC / Page 4 / Question # 19

Since June 3, 2008, the organization has been registered as a domestic, nonprofit charity in the State of New Jersey, NJ Charities Registration #CH3060400. The organization's fundraising activities in 2014 were conducted only in New Jersey.

The organization notified the Commonwealth's Office of the Attorney General by letter on January 15, 2015 (see attached) that it no longer desired to solicit contributions in the Commonwealth in 2014 after December 31, 2014. In 2014, the organization did not conduct any fundraising activities in the Commonwealth of Massachusetts.

Adopt-a-Soldier Platoon, Inc.

P.O. Box 1111
Fair Lawn, New Jersey 07410
www.adoptsoldierplatoon.org
Improving the morale of our troops



Adopt-a-Soldier Platoon, Inc. is recognized under Section 501(c)(3) of the Internal Revenue Code as a nonprofit public charity

NJ Charitable Registration No. CH3060400



January 13, 2015

Ms. Regina Lindsey
The Commonwealth of Massachusetts
Office of the Attorney General
Non-Profit Organizations / Public Charities Division
One Ashburton Place
Boston, MA 02108

Re: Withdrawal from Commonwealth (AG# 054378)

Dear Ms. Lindsey:

Please be advised that effective December 31, 2014, Adopt-a-Soldier Platoon, Inc. no longer wishes to solicit donations or conduct any fundraising activities in the Commonwealth. Since early 2014, we have had no volunteers in the Commonwealth to either solicit donations or conduct activities. We will continue to conduct non-profit activities in the State of New Jersey where we are domiciled.

Until we complete our 2014 financial statements and file our Federal Form 990 and Commonwealth Form PC, we will continue to pay any registration fees and maintain our registered agent (InCorp Services, Inc.). If there is anything else we need to do prior to filing our final Form PC, please advise either by phone, mail or email.

Sincerely,

A handwritten signature in blue ink, appearing to read "H. Allan Virginia".

H. Allan Virginia
Treasurer & Trustee
201-483-6554 (H)
201-321-7662 (C)



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	26-0322786
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

066573.565845.491312.21250 1 AT 0.416 370



ADOPT-A-SOLDIER PLATOON INC
% H ALLAN VIRGINIA
PO BOX 1111
FAIR LAWN NJ 07410-8111

Page 1 of 1

66573

Important information about your December 31, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2014 Form 990.

Your new due date is August 15, 2015.

What you need to do

File your December 31, 2014 Form 990 by August 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.