



05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

Tcode 13196 Franchise

■ Taxpayer number

■ Report year

3 2 0 8 2 7 6 8 9 3 1

2024

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

| | | | |
|---|--------------------|---|--|
| Taxpayer name UNITED STATES ARMED FORCES FOUNDATION, INC. | | <input type="checkbox"/> Blacken circle if the mailing address has changed. | |
| Mailing address 751 BEACH STREET / CAGE CODE: 997N2 | | | Secretary of State (SOS) file number or Comptroller file number 0804392946 |
| City FORT WORTH | State TX | ZIP code plus 4 76111 | |

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

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|---|
| Principal office 751 BEACH STREET / DEPARTMENT OF THE ARMY / CAGE 99994 |
| Principal place of business 751 BEACH STREET / DEPARTMENT OF DEFENSE / CAGE 96412 |



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Please sign below! This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

| | | | |
|--|-------------------------------|--|--|
| Name WILLIAM MAVERICK WINSLOW AC56 | Title ADMINISTRATOR | Director <input type="checkbox"/> YES | Term expiration m m d d y y 0 4 1 7 2 8 |
| Mailing address 751 BEACH STREET / CAGE CODE 997N2 | City FORT WORTH | State TX | ZIP Code 76111 |
| Name MALITIA NATIONAL MILITARY FORCES US | Title PARTNER | Director <input type="checkbox"/> YES | Term expiration m m d d y y 0 4 1 7 2 8 |
| Mailing address 1000 DEFENSE PENTAGON | City WASHINGTON | State D.C. | ZIP Code 20301 |
| Name NAT. CONGRESS OF AMERICAN INDIAN | Title PARTNER | Director <input type="checkbox"/> YES | Term expiration m m d d y y 0 4 1 7 2 8 |
| Mailing address 1516 P ST. NW | City WASHINGTON | State D.C. | ZIP Code 20005 |

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|---|-----------------------------------|-------------------------------|--|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution UNITED STATES DEPARTMENT OF THE TREASURY | State of formation D.C. | Texas SOS file number, if any | Percentage of ownership 100% |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution FEDEFRAL RESERVE BANK SYSTEM | State of formation D.C. | Texas SOS file number, if any | Percentage of ownership 100% |

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

| | | | |
|---|-----------------------------------|-------------------------------|---------------------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution UNITED STATES OF AMERICA | State of formation D.C. | Texas SOS file number, if any | Percentage of ownership 50% |
|---|-----------------------------------|-------------------------------|---------------------------------------|

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|---|--|--|--------------------------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) | | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. | |
| Agent: WILLIAM MAVERICK WINSLOW AC56 | Office: 751 BEACH STREET / CAGE CODE 997N2 | City FORT WORTH | State TX |
| | | State TX | ZIP Code 76111 |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

| | | | |
|--|-------------------------------|-------------------------|---|
| sign here <i>W.M. Winslow AC56</i> <i>U.S. ARMY CAGE 997N2</i> | Title ADMINISTRATOR | Date 04/10/24 | Area code and phone number (214) - 208-6457 |
|--|-------------------------------|-------------------------|---|

Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196|32082768931||Wed Apr 10 2024 10:00:34
GMT-0500 (Central Daylight Time)|9997|1|

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| VE/DE | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
|-------|--------------------------|---------|--------------------------|

