

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income ta

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



Department of the Tleasury

	tell	Mai 1/6/	refue Service		The organization		e a copy of this rett	uiii to sati	isiy state repo	i tilig require	illena.	7,50		- P conori	
_	!	For t	te 2008 calen	dar year,	or tax year begi	nning 7/0:	1	, 2008	3, and endi	ng 6/	30	,	2009		
В	(	Check	ıf applicable								D Employ	er Identif	ication Number		
		Па	ddress change	Please use IRS label	Amvets Lac	dies Auxi	liary- Ohi	io Dei	partmen	t	23-	70544	140		
•		$\square_{N}$	ame change	orpnnt · ortype.	1395 E. Di	ıblin-Gra	nville Rd.	. #40	5		E Telepho				
		$\vdash$	utal return	See specific	Columbus,	OH 43229	-3314				614	-854-	-6220	4	
		$\vdash$		Instruc-							017	034	0220	<del></del>	
		-	ermination	tions.	]						_		105	ГСА	
		$\vdash$	mended return		<u> </u>						G Gross r			,564.	
		∐^	pplication pending	ľ	and address of princip	al officer				1	a group retur		<b>⊢</b> '''		
_					As C Above						l affiliates incl ' attach a list		ructions) Yes	No	
Ī		Tax	k-exempt statu	ıs <b> X</b>   501	(c) (19 )	(insert no.)	4947(a)(	(1) or	527	<u> </u>		`	•		
<u>J</u>		We	bsite: ► N/	<u>A</u>						H(c) Group	exemption nu	ımber 🟲			
K			e of organization	Corpor	ation Trust	Association	Other►	L	Year of Forma	ton	Ms	State of le	gal domicile		
П	a	rt I	Summa	ary											
_		1	Briefly descri	be the or	ganızatıon's miss	sion or most si	ignificant activit	ties: E	xpenses	incu	red he	lped	provide	<u>а</u>	
					o <u>uses, da</u> u										
١,	Activities & Governance				grams and										
Y	Ē				social fu		25775		-a-2-a	-4	74766 1	5 F ~ A T	<b>4</b> CP		
5	8	2	Check this bo	x •	if the organization	on discontinue	d its operations	or disc	osed of me	ore than 2	25% of its	assets.			
ζ:	5	3			nbers of the gove							3		6	
` `	0	4	Number of in	depender	nt voting membe	rs of the gover	ning body (Par	t VI, lin	e 1b)			4		0	
5	<u> </u>	5	Total number	of emplo	yees (Part V, Iir	ne 2a) .						5		0	
1	∮	6	Total number	of volunt	teers (estimate i	f necessary)						6		0	
のが、アンナ	∢	7 a	Total gross u	nrelated l	ousiness revenue	e from Part VII	II, line 12, colur	mn (C)				7a	128	<u>,570.</u>	
ν_	_	<u>b</u>	Net unrelated	busines	s taxable income	from Form 99	90-T, line 34					7b		0.	
							DECENI			1	Prior Year		Current Y	'ear	
	.	8	Contributions	and gran	nts (Part VIII, line	∍ 1h)	RECEIVE				15,6	16.		,339.	
•	Ž	9	Program serv	ice rever	iue (Part VIII, Iin	e 2g)   Q			SC		213,1			,740.	
	2	10	9 Program service revenue (Part VIII, line 2g) CA (A) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9 2010 CA (A) Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)							19.		,485.			
ر د	נ	11	Other revenu	e (Part V	III, column (A), I	ines 5, 6 <del>0</del> , 8c,	9c, 10c, and 1	1e).	(နှ)				-		
Й		12			nes 8 through 1			17 (A), I	ine 12)		232,3	75.	185	,564.	
i.	$\neg$	13			ounts paid (Part			UI							
Š	İ	14			members (Part				<del></del>						
×		15			nsation, employe		· ·	A) lines	s 5-10)		38,5	13	37	,829.	
"FROCES	963				ng fees (Part IX,	•		, ,,	,			-		, , , , ,	
_	Expenses						•								
1	ă			-	nses (Part IX, co								••••	<del></del>	
	ŀ	17	Other expens	ses (Part	IX, column (A), I	ınes 11a-11d,	11f-24f)				200,2			<u>,577.</u>	
		18			nes 13-17 (must			ne 25)			238,7	94.	4. 214,406		
_		19	Revenue less	expense	s Subtract line	18 from line 12	2				-6,4	19.	-28	,842.	
t	8									Beai	inning of \	ear	End of Y	ear	
1	Fund Balancos	20	Total assets	(Part X, I	ne 16)						169,0			,872.	
Š	P	21	Total liabilitie	•	•						13,1			,059.	
Ž	5	22		•	ances. Subtract I	ine 21 from lin	a 20				155,8			,813.	
П	52	nII		ure Blo		110 21 110111 1111	6 20				133,0	00.1	130	,013.	
لنا		7.7.27.													
			true_correct, a	nd complete	I declare that I have of Declaration of prepa	rer (other than offic	n, including accompa cer) is based on all ii	anying sch nformation	edules and sta of which preparation	tements, an arer has any	d to the best of knowledge	t my knov	vledge and belief,	it is	
•	ig		- EXer	<b>.</b>	1 M9	2000 A				1	11 2	1-10	1		
ŀ	lei	jii ro	Signature	of officer	<i>٠ ، ، رح</i>	meey					11 - 4- c	<i>-</i> / (			
٠	101			or officer	5 Mc	7 1 1	Tan	~ C	/n -	U	ale				
•			₹Type or pi	rint name an	d btte	-Auley	1161	45 u	17						
_					1	•				····		15			
_	•				fins \				Date		Check If self-	(see	parer's identifying e instructions)	number	
	ai		Preparer's	_					1/5/10	,	mployed -	Ш			
	re	:- rer's	şignature		<u>és M. Schu</u>		<del>-</del>					N/	<u>'A</u>		
	rar Jse		Firm's name (	or <u>Sc</u> h	ulte & Com	pany, CPA	's, Inc								
	) )n		yours if self- employed),	<b>►</b> 600	S. Cleve-	Mass Rd				E	in ► N	/A			
` `	- • •	- ,	address, and ZIP + 4			44333-302	2	-			hone no	/000	) 670-060	00	
<u> 7</u>	1av	/ the	IRS discuss th		with the prepare			(anoi		1:		, <del>-</del>	X Yes	No	
					rwork Reduction				ctions		TEEA0112L	12/22/0	<del></del>	(2008)	
_		•											i Ullii 96	- (COOO)	

		iary- Ohio Department		05444	10		Paç
		e Accomplishments (see instruction	s)				
•	the organization's mission		• • • • • • • • • • • • • • • • • • • •	_	_		
		vide a place where spouses,					. <b>_</b> .
		ss_beneficial_programs_and_v		T	<u>re</u>		. <u> </u>
organizat	<u>ion also provides 1</u>	fellowship and social function	ons				
Did the organiz	ation undertake any significant	program services during the year which were	not listed on the prior				
Form 990 or 99	0-EZ?		·		Yes	X	N
If 'Yes,' describ	e these new services on Sched	ule O.					
		e significant changes in how it conducts, any	program services?		Yes	X	N
If 'Yes,' describ	e these changes on Schedule (	D.	, ,			ш	
and 501(c)(4) o	empt purpose achievements for rganizations and section 4947( revenue, if any, for each progra	r each of the organization's three largest progi a)(1) trusts are required to report the amount of am service reported.	ram services by expense of grants and allocations	s. Secti to other	on 501 rs, the	(c)(3) total	)
a (Code)	) (Expenses \$ 15	56,373. including grants of \$	) (Revenue	Ś			
		ovide a place where spouses,	· ·		of		
		ss beneficial programs and ve					-
		fellowship and social function					
<u>organizac</u>	1011 4120 510 1405 1	criowship and social lancer	<u> </u>				-
			<b>-</b>				-
							· <b>–</b>
		<del></del>					-
							-
			<del>_</del>				-
							-
							-
							- –
<b>b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue	\$		•	
							-
	<del></del>						· –
							-
		<b></b>					-
							-
							-
							-
<del>_</del>							-
		<del></del>					-
		<del></del>					
c (Code	) (Expenses \$	including grants of \$	) (Revenue	\$			
	<b></b>		. <b></b>				
			<b>_</b>				_
							_
			<del></del> -				_
							-
	<del></del>						-
		<del></del>					-
							_
	services. (Describe in Schedule	- 01					
<b>d</b> Other program (Expenses	\$ incl		) (Revenue \$				

**Checklist of Required Schedules** Yes No ١ Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A 1 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 10 Х 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, X 11 VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII . . . . . . . X 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I* 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X X 19 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III X 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25 X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part Ì 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

BAA

Form 990 (2008)

27

Х

contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

	· ·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
•	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	28a		Х
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV .	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
BA		Form	990	(2008

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 Information Returns. Enter -0- if not applicable 0 1ь **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За X b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b Х 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b **c** If 'Yes,' to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7a X a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9 a a Did the organization make any taxable distributions under section 4966? **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Entera Gross income from other members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year Form 990 (2008) BAA

Form 990 (2008) Amvets Ladies Auxiliary- Ohio Department 23-7054440 Page Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A.	Governing Body and Management				
•	For each	n 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstai es, or changes in Schedule O. See instructions	nces,	Yes	No	
. 1	a Enter the	e number of voting members of the governing body	6			
	<b>b</b> Enter the	e number of voting members that are independent . 1b				
2	Did any officer, of	officer, director, trustee, or key employee have a family relationship or a business relationship with any oth director, trustee or key employee?	er <b>2</b>		Х	
3	Did the o	organization delegate control over management duties customarily performed by or under the direct supervi	sion 3		Х	
4		organization make any significant changes to its organizational documents	4		X	
	since the	prior Form 990 was filed?				
5	Did the d	organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>	
6	Does the	e organization have members or stockholders?	6		X	
7	<b>a</b> Does the governin	e organization have members, stockholders, or other persons who may elect one or more members of the ig body?	7a		<u>X</u>	
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?					
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	<b>a</b> The gove	erning body?	8a		<u>X</u>	
		mmittee with authority to act on behalf of the governing body?	8b		<u>X</u>	
9	a Does the	e organization have local chapters, branches, or affiliates?	9a		<u>X</u>	
	<b>b</b> If 'Yes,' and brar	does the organization have written policies and procedures governing the activities of such chapters, affilial aches to ensure their operations are consistent with those of the organization?	es, 9b			
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was filed? All organizations mu in Schedule O the process, if any, the organization uses to review the Form 990 $$ See $$ Schedule $$ O	st 10		<u>X</u>	
		any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the tition's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	11		X	
<u>Se</u>	ction B.	Policies				
				Yes	No	
		e organization have a written conflict of interest policy? If 'No,' go to line 13	12a		_X_	
	<b>b</b> Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests that could give rise cts?	12ъ		<u>X</u>	
	Schedul	e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe to how this is done.	12c		X	
		e organization have a written whistleblower policy?	13		<u>X</u>	
14		e organization have a written document retention and destruction policy?	14		<u>X</u>	
15	persons,	process for determining compensation of the following persons include a review and approval by independe comparability data, and contemporaneous substantiation of the deliberation and decision:	nt			
		anization's CEO, Executive Director, or top management official?	15a		<u>X</u>	
		ficers of key employees of the organization?	15b		X	
		the process in Schedule O (see instructions)				
	a Did the d		E 3		Х	
	entity du	organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ta Iring the year?	16a			
	entity du b If 'Yes,' in joint v	iring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its particip renture arrangements under applicable federal tax law, and taken steps to safequard the organization's exe	ation mpt			
	entity du  b If 'Yes,' in joint v status w	iring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its particip	ation 16a			
	entity du  b If 'Yes,' in joint v status w ction C.	rring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its particip renture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exe ith respect to such arrangements?	ation mpt			
Se-	b If 'Yes,' in joint v status w ction C.  List the	rring the year?  has the organization adopted a written policy or procedure requiring the organization to evaluate its particip venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exe ith respect to such arrangements?  Disclosures	ation npt 16b	e for p		
Se-	b If 'Yes,' in joint v status w ction C. List the : Section inspection	has the organization adopted a written policy or procedure requiring the organization to evaluate its participle venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemple to such arrangements?  Disclosures  states with which a copy of this Form 990 is required to be filled None  6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990-T (501(c)(3)s or	ation npt 16b	e for p		
Se- 17 18	b If 'Yes,' in joint v status w ction C.  List the : Section inspection Describe	has the organization adopted a written policy or procedure requiring the organization to evaluate its participal penture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemple respect to such arrangements?  Disclosures  States with which a copy of this Form 990 is required to be filed None  6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or on. Indicate how you make these available.	ation 16b 16b	·	oublic	
17 18	b If 'Yes,' in joint v status w ction C.  List the: Section inspection Own Describe statement	has the organization adopted a written policy or procedure requiring the organization to evaluate its participly renture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exertify respect to such arrangements?  Disclosures  States with which a copy of this Form 990 is required to be filed None  6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or con. Indicate how you make these available Check all that apply.  In website	ation 16b 16b 18b 18b 19b 19c	nd fina	oublic	
17 18	b If 'Yes,' in joint v status w ction C.  List the Section inspection Own Describe statement State the	has the organization adopted a written policy or procedure requiring the organization to evaluate its participly renture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemple respect to such arrangements?  Disclosures  States with which a copy of this Form 990 is required to be filed None  6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or on. Indicate how you make these available Check all that apply.  In website Another's website Upon request  In Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interestates available to the public.	ation 16b 16b 18b 18b 19b 19c	nd fina	oublic	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

X Check this box if the organization did not compensate any officer, director, trustee, or key employee. (B) (c) (D) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per week compensation from the organization (W-2/1099-MISC) compensation from related organizations (W-2/1099-MISC) amount of other compensation Individual trustee or director Institutional trustee Officer Key employee Highest employee from the organization and related organizations compensated Molly "Dee" Eusey #1979 President 0 0 0 0. Jeannine Reznik #22 1st Vice Pres 0 0. 0 0. Sharon Meyer #1991 2nd Vice Pres 0 0. 0 0. Barbara VAlley #95 3rd Vice Pres 0 0. 0 0. Penny Byrd #39 Treasurer 0 0 0 0. Linda Hahn #1928 Americanism 0 0. 0 0.

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		Х
Sect	ion B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.			
	(A) Name and business address  (B) Description of Services		(C) ensatio	nn
2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0			
BAA	TEEA0108L 10/13/0	8 Form	n <b>990</b>	(2008)

organization > 0

Pa	t VIII   Statement of Revenue		(D)		<del></del>
•	,	<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f: \$				
S &	h Total. Add lines 1a-1f	23,339.			
NUE	Business Code	22 CEE	22 (55		
REVE	2a Membership Dues & Assessments b Restricted Income	33,655. 127,085.	33,655.	127,085.	
/ICE	c c	121,003.		127,005.	
SER	d				
3AM	e				
30GF	f All other program service revenue	160 740			
<u>-</u>		160,740.		-1,1-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	1,485.		1,485.	
	(i) Real (ii) Personal  6a Gross Rents			<del></del>	
	b Less rental expenses				
	c Rental income or (loss)  d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).  See Part IV, line 18				
ŎŢ.	b Less direct expenses  c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities			·····	
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold  c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a Service Foundation Oper. b Miscellaneous Income				
	C			· · · · ·	
	d All other revenue .  e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	185,564.	33,655.	128,570.	0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
.Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages.	37,829.		37,829.					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees).								
	Management				<del></del>				
	Legal								
	: Accounting	2,775.		2,775.					
		2,113.		2,113.					
	Lobbying				<del></del> -				
	Prof fundraising svcs. See Part IV, In 17				<del></del>				
	Investment management fees								
-	Other			<u>.</u> .					
12	Advertising and promotion	_							
13	Office expenses	5,778.		5,778.					
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
	Interest .				<del></del>				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	715.	715.						
23	Insurance	720.	710.		<del> </del>				
	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
٤	Dues National	70,132.	70,132.						
	Program Services	24,800.	24,800.		······································				
	Officer's Per Diem	21,919.	21,919.						
	President's Projectes	9,923.	9,923.						
	Rent- office	6,840.	6,840.		· -				
	All other expenses	33,695.	22,044.	11,651.					
	Total functional expenses Add lines 1 through 24f	214, 406.			<del></del>				
		214,400.	156,373.	58,033.	0.				
26	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
BAA				· · · · · · · · · · · · · · · · · · ·	Form 990 (2008)				

F.9	<del>n</del> X	Balance Sheet			(A) Beginning of year		(E End o	<b>)</b> f year	
•	1	•Cash - non-interest-bearing .			162,862.	1	1	39,3	86.
	2	Savings and temporary cash investments				2			
_	3	Pledges and grants receivable, net				3			_
•	4	Accounts receivable, net		, ,		4			
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trus L	stees, key employees,		5			
	6	Receivables from other disqualified persons (as define			···				
		and persons described in section 4958(c)(3)(B). Comp	olete F	Part II of Schedule L		6			
A S S E T S	7	Notes and loans receivable, net				7			
S	8	Inventories for sale or use			·	8			
T S	9	Prepaid expenses and deferred charges		9					
	10a	Land, buildings, and equipment: cost basis	10a	59,488.	•••••				
	l	Less: accumulated depreciation. Complete Part VI of							
		Schedule D	10ь	54,002.	6,201.	10c		5,4	186.
	11	Investments - publicly-traded securities	· · · · · · · · · · · · · · · · · · ·	11					
	12	Investments – other securities. See Part IV, line 11	Ī		12				
	13	Investments – program-related. See Part IV, line 11				13			
	14	Intangible assets		·		14			
	15	Other assets See Part IV, line 11				15			
	16	Total assets Add lines 1 through 15 (must equal line	34)	. 1	169,063.	16	1.	44,8	72.
LIABILI	17	Accounts payable and accrued expenses .		17		,-			
	18	Grants payable	, ,		18				
	19	Deferred revenue	F		19				
	20	Tax-exempt bond liabilities				20			
	21	Escrow account liability. Complete Part IV of Schedul	e D	<u> </u>		21			
	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees.	key employees, Complete Part II	••••••			•••••	***************************************
Ţ		of Schedule L		22					
E S	23	Secured mortgages and notes payable to unrelated th	·	23					
	24	Unsecured notes and loans payable		24					
	25	Other liabilities Complete Part X of Schedule D			13,197.	25		8,0	)59.
	26	Total liabilities. Add lines 17 through 25			13,197.	26		8,0	)59.
Й		Organizations that follow SFAS 117, check here ▶	X a	nd complete lines					
Ņ E T	ł	27 through 29 and lines 33 and 34.	_						
A S F	27	Unrestricted net assets			155,866.	27	1	36,8	313.
Ę	28	Temporarily restricted net assets				28			
Š	29	Permanently restricted net assets				29			
R	]	Organizations that do not follow SFAS 117, check he	ere 🕨	and complete					
Б	1	lines 30 through 34.		_		1 1			
OZO F	30	Capital stock or trust principal, or current funds				30			
Ŗ	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31			
BALANCES	32	Retained earnings, endowment, accumulated income,	or oti	her funds.		32			
Ñ	33	Total net assets or fund balances.			155,866.	33	1	36,8	313.
\$	34	Total liabilities and net assets/fund balances.			169,063.	34	1	44,8	372.
P	art X	Financial Statements and Reporting							
-		counting method used to prepare the Form 990: $[\overline{\mathrm{X}}]$ (	Cash	☐ Accrual ☐	Other			Yes	No
:		ere the organization's financial statements compiled or					2a	1	Х
•		ere the organization's financial statements audited by a					2b		X
	c if '	Yes' to 2a or 2b, does the organization have a commit yiew, or compilation of its financial statements and sele	tee tha	at assumes responsibilit	y for oversight of the a untant?	audit,	2c		
:	<b>3a</b> As	a result of a federal award, was the organization requi		·		Single			
	Au	dit Act and OMB Circular A-133?				-	3a		X
_		Yes,' did the organization undergo the required audit o	r audi	ts?			3b	990	(2000
RΔ	44						LOU	・・・ココリ	ィムレロロ

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number 'Amvets Ladies Auxiliary- Ohio Department Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a). 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 🕏 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule **D** (Form 990) 2008

Schedule D. (Form 990) 2008 Amvet						23-705	4440		Page 2
Part III Organizations Mainta	ining Colle	ection	s of Art, Hist	torica	al Treasures, c	or Other Similar As	ssets (d	<u>contin</u>	nued)
3 Using the organization's accession that apply):	on and other i	records	, check any of th	ne foll	owing that are a s	ignificant use of its col	lection ite	∍ms (cl	heck all
a Public exhibition			<b>d</b> Loan	or exc	change programs				
<b>b</b> Scholarly research			e U Other		<del></del>				
<b>c</b> Preservation for future gener									
4 Provide a description of the orga Part XIV.							se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or	receive	donations of a	rt, hist	orical treasures, o	or other similar	□v	г	Пыс
Part IV Trust, Escrow and Cu	etodial Ar	De IIIai	nante Compl	of the	f organization s co	escuered 'Ves' to	Yes	<del>~</del>	No
IV, line 9, or reported	an amount	on Fo	orm 990, Par	t X, I	ine 21.				art ———
1a Is the organization an agent, trus included on Form 990, Part X?			_		• • •	ner assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV a	and com	plete the follow	ing tal	ole:	F			
							Amount		
c Beginning balance					•	1c			
<b>d</b> Additions during the year					• • •	1d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a		rm 990,	Part X, line 213	?			Yes	L	No
b If 'Yes,' explain the arrangement			·			<u> </u>			
Part V Endowment Funds Co	mplete if c	rganiz	zation answe	<u>red '`</u>	Yes' to Form 9	90, Part IV, line 10	<u>).</u>		
	(a) Current	year	(b) Prior yea	ır	(c) Two years back	(d) Three years back	(e) F	our year	s back
<b>1a</b> Beginning of year balance									
<b>b</b> Contributions									
c Investment earnings or losses									
d Grants or scholarships									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses									
<b>g</b> End of year balance									
<ol><li>Provide the estimated percentage</li></ol>	e of the year	end bal	ance held as:						
a Board designated or quasi-endov	vment ►		<b></b> %						
<b>b</b> Permanent endowment ▶	%								
c Term endowment	*								
3a Are there endowment funds not a organization by:	n the posses:	sion of	the organization	that a	are held and admi	nistered for the	Γ	Yes	No
(i) unrelated organizations							3a(ı)		
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations	listed a	s required on S	chedul	le R?	•	3b		
4 Describe in Part XIV the intended							<u> </u>		<u></u>
Part VI Investments-Land, B						(, line 10,			
Description of investment		(a) Cos	it or other basis nvestment)	(b)	Cost or other pasis (other)	(c) Depreciation	( <b>d)</b> B	ook Va	alue
<b>1 a</b> Land .	-								
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment					59,488.	54,002.		5.	,486.
e Other						,			
Total. Add lines 1a-1e (Column (d) sho	ould equal Fo	rm 990,	Part X, column	(B), I	ine 10(c) )	<b>•</b>		5.	,486.
BAA						Sche	dule <b>D</b> (F		

TEEA3302L 12/23/08

Schedule D (Form 990) 2008 Amvets Ladies Aux	iliary- Ohio De	epartment	23-7054440	Page 3
Part VII Investments—Other Securities See F		ine 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation or end-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
				_
			•	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶				· · · · · · · · · · · · · · · · · ·
Part VIII Investments-Program Related (See	Form 990, Part X,	line 13) N/.	A	
(a) Description of investment type	(b) Book value	<del></del>	(c) Method of valuation	
	(.,	Cost	or end-of-year market value	
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13.)				
Part IX Other Assets (See Form 990, Part X,	line 15) N/Z	A		
(a) De	escription		(b) Book	k value
				_
Total. Column (b) Total (should equal Form 990, Part X, co	ol (B), line 15)		<b>•</b>	
Part X Other Liabilities (See Form 990, Part			· · · · · · · · · · · · · · · · · · ·	
(a) Description of Liability	(b) Amount		······································	
Federal Income Taxes	(4)			
Restricted Net Equity	8,0	59		
nopolitional desired	3,0	<del></del>		
	-	-		
		$\dashv$		
		<del> </del>		
		_		
		_		
	<del>.  </del>	<del>-</del>		
T1101 (1) T1111 11 15 25 5 111 15 15 15		50		
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	▶ 8,0			
In Part XIV, provide the text of the footnote to the organiza	ation's financial statem	ents that reports the	organization's liability for uncer	taın tax

		3-7054440	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		185,564.
2	Total expenses (Form 990, Part IX, column (A), line 25)		214,406.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-28,842.
4	Net unrealized gains (losses) on investments .		
. 5	Donated services and use of facilities		
6	Investment expenses.		
7	Prior period adjustments ,		
8	Other (Describe in Part XIV) See Part XIV		9,789.
9	Total adjustments (net). Add lines 4-8		9,789.
10			-19,053.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	
1		1	185,564.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments.	4 1	
	b Donated services and use of facilities . 2b	4	
	c Recoveries of prior year grants	4	
	d Other (Describe in Part XIV)	<b>↓</b>	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	185,564.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4	
	b Other (Describe in Part XIV)	4	
	c Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	185,564.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn	<del></del>
1	· · · · · · · · · · · · · · · · · · ·	1	214,406.
2	· · · · · · · · · · · · · · · · · · ·		
	a Donated services and use of facilities 2a	4 ]	
	b Prior year adjustments	4 1	
	c Losses reported on Form 990, Part IX, line 25	4	
	d Other (Describe in Part XIV)	4 . 1	
_	e Add lines 2a through 2d	2e	014 406
3	Subtract line 2e from line 1	3	214,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4	
	b Other (Describe in Part XIV)	-	
_	c Add lines 4a and 4b	4c	014 406
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	214,406.
PZ	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I\ 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	/, lines 1b and	2b; Part V,
			· <b>-</b>
		. <b></b>	
			<b>-</b> -
			·

Schedule D. (Form 990) 2008  Part XIV Supplemental Information (continued)	Page 5
Part XIV   Supplemental Information (continued)	· <del></del>
;	

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

ame of the organization	Employer identification number								
Amvets Ladies Auxiliary- Ohio Department	23-7054440								
Form 990, Part VI, Line 10 - Form 990 Review Process									
No review was or will be conducted.	·								
·									
·									
·	· <b></b>								
·									
·									
·									
·									
·									
	·								

2008

## **Schedule D, Part XIV - Supplemental Information**

Page 6

**Amvets Ladies Auxiliary- Ohio Department** 

23-7054440

Schedule D, Part XI, Line 8 Other Changes In Net Assets Or Fund Balances

Increase in Restricted Net Equity

Total \$ 9,789.

# (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service		► File a separate application for each return.								
<ul><li>If you are</li></ul>	filing for an	Automatic 3-Month	Extension, comp	olete only Part I and	check this box				<b>►</b> X	
<ul><li>If you are</li></ul>	filing for an A	Additional (Not Auto	matic) 3-Month	Extension, complete	te only Part II (on	page 2 of thi	s form	).		
		<i>less</i> you have alread								
Part I A	utomatic :	3-Month Extens	ion of Time.(	Only submit origi	nal (no copies	needed).				
A corporation	required to f	lle Form 990-T and	requesting an au	itomatic 6-month ex	tension — check	this box and o	omple	te Part I only	▶ 🗌	
All other corp income tax re	orations (incl turns	luding 1120-C filers)	, partnerships, R	EMICS, and trusts r	must use Form 70	004 to request	an ex	tension of time	e to file	
the additional Form 990-T I	(not automa nstead, you r	enerally, you can el nths for a corporation tic) 3-month extension must submit the fully fulle and click on a	on or (2) you file / completed and	: Forms 990-BL, 606 signed page 2 (Par	59. or 8870. arour	returns, or a	comp	osite or consol	lidated	
Name of Exempt Organization						Employer identification number				
Type or print	Amuzota I	adies Auxili	arv- Obio I	lonartmont			22 .	7054440		
		and room or suite number					23-7054440			
due date for		Dublin-Granv	•							
instructions		t office, state, and ZIP cod								
	Columbus	, OH 43229-3	314							
Check type o	f return to be	filed (file a separat	e application for	each return):	-					
X Form 990	n 990 Form 990-T (corporation) Form 4					Form 472	0			
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 52					Form 522	7				
Form 990	-EZ		Form 990-T (tr	ust other than above	e)	Form 606	9			
Form 990	Form 990-PF Form 1041-A Form 8870									
Telephone If the orga If this is for check this the extension	No. ► 330- anization does or a Group Re box ►  sion will cove st an automat 2/15	ic 3-month (6 month _, 20 <u>10</u> _, to file	or place of busing anization's four dependence group, check as for a corporation the exempt organization.	ligit Group Exemption this box ► and on required to file F	on Number (GEN) I attach a list with orm 990-T) exter	. If the names a				
	ension is for t calendar year	the organization's re r 20 or	turn for							
		nning _ <u>7/01</u> _	, 2008,	and ending _ <u>6/</u>	30, 200	09				
2 If this ta	ax year is for	less than 12 months	s, check reason	nıtıal return	Final retu	ırn 🔲 C	hange	in accounting	period	
		for Form 990-BL, 99 s. See instructions	0-PF, 990-T, 472	0, or 6069, enter the	e tentative tax, le	ss any	3a	\$	0.	
		for Form 990-PF or 9			and estimated tax	payments	3b	\$	0.	
deposit	Due. Subtrawith FTD cou	ct line 3b from line ipon or, if required,	Ba Include your by using EFTPS	payment with this fo (Electronic Federal	orm, or, if require Tax Payment Sys	d, stem).	3с	\$	0.	
Caution. If yo payment instr		o make an electron	c fund withdrawa	al with this Form 886	58, see Form 845	3-EO and For	m 887	9-EO for		
BAA For Priv	/acy Act and	Paperwork Reducti	on Act Notice, s	ee instructions.				Form <b>8868</b> (R	ev. 4-2009)	