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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED JUL 17 2010

▶ The organization may have to use a copy of this return to satisfy state reporting requirements,

Open to Public Inspection

<u>A</u>	For the	2009 ca	lendar	year, or tax year	beginning		2009, aı	nd encling			, 20	
В	Sheck If ap	oplicable.	Please	C Name of organiza	ation America	n Veterans	Of W	WII Po	st 102	D Employ	er identification n	umber
	Address o	change	use IRS label or	Doing Business A						31	1237517	
	Name cha	ange	print or type.		or P.O. box if mail is no	t delivered to street ad	dress)	Room/sulte	9	E Telepho	ne number	
	nitial retu		See	485 Park	Ave.					(740)	363-8316	
	l'erminate		Specific Instruc-	City or town, star	te or country, and Zi	P + 4						
_	Amended		tions.	Delaware,	OH 43015					G. Gross red	ceupts \$ 414,6	558
	Application		F Nan	ne and address of p	rincipal officer:				H(a) is the		tor attilizates? Yes	No.
	фриодоск		La	rry Prince,	, Commander						ncluded? Yes	□ No
1	Tax-exer	mpt status	: X) :	501(c) (19)◀ (insert	t no.) 4947(a)(1) or 527					list. (see Instruction	
J	Websit	e: >								xemption nun	•	•
K	Form of o	rganization	Corp	oration Trust A	ssociation Other	>	L Year	of formatio			legal domicile: OF	Ī
Pa	art I	Summ	ary				<u> </u>					
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Revenue		_		e revenue (Part	viii, iine,29)	· · · · · ·	- 漢 ·	· · ·	47,84		35,638	
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	11 C	Janer rev	venue ((Paπ VIII, columi	n (A), lines 5, 66 gh 11 (must equa	Pareding	nd 11e)	, 13 \ · -	130,48		175,564	
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Expenses	15 5			•	ployee benefits (I	-	A), lines 5)-1U) -	89,84	.0	105,289_	
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m	, ~ ,		-		IX, column (D), lir						404.050	
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2 5				(Part X, line 26)				-	12,49	10	5,706	
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Ma	ay the l	H2 also	uss thi	s return with the	preparer show	n adove? (see ii	nstructio	ns)			. Yes	No

Cat. No. 11282Y

Form **990** (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	Assist Veterans for housing, healthcare, clothing, jobs, local schools,
	youth organizations, athletics, safety forces of city and county.
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2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	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		-X-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	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		
6	Did the organization maintain any donor advised funds or any similar funds or 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	. :	х
7	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	* ' 	- (
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		2 - I	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			``` €.a:
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		, , ,	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	-	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	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.	15		х
16	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	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X_

rai	Checklist of Required Schedules (continued)			
21	Did the examination report more than \$5,000 of arrests and other exciptance to approximate and examinations		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25,	24a		X
	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	04-		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		x_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
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	ļ	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	ļ	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	<u> </u>	x
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		 	X
				4

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ł
	Did the organization comply with backup withholding rules for reportable payments; to vendors and reportable gaming (gambling) winnings to prize winners?	10		AIN
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	, ,		-
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	-	x_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		_x_
þ	If "Yes," enter the name of the foreign country: ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X.
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_ ~		-
_	and services provided to the payor?	7a	_	X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Ves " indicate the number of Forms 8282 filed during the year. 7d	7c	_	Х
	11 105, indicate the manuer of 101115 0202 med during the year	ł		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	****	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	NA
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		NA
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		-	NA
9	Sponsoring organizations maintaining donor advised funds.	8	 -	1.2
a	Did the organization make any taxable distributions under section 4966?	9a	i .	ΝA
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	· .	1
11	Section 501(c)(12) organizations. Enter:]]	}
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-	-	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued duning the year. 12b	12a	<u> </u>	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

000	tion At deventing body and wanagement			
	1 1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
2				
3	Did the organization delegate control over management duties customarily performed by or under the direct	9		.,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u> X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6	X	L
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	х	ł
		7b	X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-		'
	The governing body?	8a	Χ	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)	,,,,ca		
-101	shad Godo.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	_X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	\mathbf{x}_{\perp}	L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11	х	
444		i i i i	 -	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		1,,
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c	L	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		x
	- · · · · · · · · · · · · · · · · · · ·			^
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	١		-
а	The organization's CEO, Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization	15b	L	X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)]	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	·	-5	
	with a taxable entity during the year?	16a	· ·	x
				1
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		ĺ	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	46.		
_	the organization's exempt status with respect to such arrangements?	16b	Щ.	<u>i</u>
<u> 260</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Qhio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.	,,-	,,	
	Own website Another's website Dupon request			
10	· · · · · · · · · · · · · · · · · · ·	_£ :•	-u	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ▶ Phillip Richert			
	485 Park Ave. Delaware, OH 43015			
_				

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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) of 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.

Check this box if the organization did not co		any o	curre			cer, d	irec			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee		a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Larry Prince										
Commander	10		L	X		<u> </u>		-0-	0-	-0-
Phillip Richert										
Finance Officer	88			X		L		_0_	_0_	_0_
William Berry										
Past Commander & Adjutant	1_1_	1		X.		L	<u> </u>	0_	-0-	0_
Wesley Watson										
Chaplain	11	<u> </u>	<u> </u>	x	_	<u></u>		0_	-0-	0_
Charlotte Cooper										
1st Vice	1	<u> </u>		X		L	_	-0-	-0-	0_
Mark Blakeman	_		ļ		ļ	1			!	
2nd Vice	5	<u> </u>	L	X		<u> </u>		0_	-0-	_0-
Phil Vonville										
Provost	1_1		<u> </u>	х		<u> </u>		0-	0_	0_
Daniel Davis]				l					
Trustee	5	X		L		<u> </u>		0	-0-	_0-
Scott Needels])			Ì					•
Trustee	8	LX.	<u> </u>	<u> </u>	L		<u> </u>	-0-	-0-	_0_
Ron Gerfen	_[l		l	-		
Trustee	5	x			L	<u> </u>		0_	-0-	0
Christa Bowen	_			ŀ					<u>.</u>	
Manager	40	<u> </u>		L_	x	1		35.621	_0	0_
	_					1				
			<u> </u>	<u> </u>	<u>L</u> .	<u>L</u>	L			
	_	}	1	}	1	1			}	
		<u> </u>		<u>L</u>	L_			L		
	_[
		<u> </u>		<u> </u>						
	_									
	<u> </u>			L_	<u> </u>					
						1				
	1		1		1		1			}

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loye	ees,	an	d Hig	hes	t Compensate	d Employees (co	ntinued)
	(A)	(B) (C)							(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional	Officer	d Key employee	Highest compensated employee	Former	Reportable compensation from the organization (VI-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
			88	trustee			ensated				organizations
											<u></u>
			-								
				ļ							
				ļ							
					L	<u> </u>		<u> </u>			
							<u> </u>				
				_				_			
		•		<u> </u> _	L	<u> </u>	<u> </u>				
			ļ	<u> </u>	_		<u> </u>		<u> </u>		
		-		ļ						ł	
1b	Total		' .	<u>. </u>		'	٠.	┢	35,621	-0-	_0_
2	Total number of individuals (including but reportable compensation from the organize		to th	ose	list	ed a	above	e) w		ore than \$100,0	
								-			Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							loye 	e, or highest o	compensated	3 x
4	For any individual listed on line 1a, is the the organization and related organizations individual.	greater tha	an \$1	50,0	000	? <i>If</i> '	"Yes,'	co.	mplete Schedu	ule J for such	4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	pen	sati	on	from	any	unrelated org		5 X
Se	ction B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·									
1	Complete this table for your five highest compensation from the organization.	ompensate NA	ed inc	lepe	ende	ent	contra	acto	ors that receive	ed more than \$1	00,000 of
	(A) Name and business ad	dress						<u> </u>	(B) Description of	services	(C) Compensation
								+			
								\perp			
								1			
2	Total number of independent contractors (including b	ut no	t lin	nite	d to	those	l led	ted above) who	received	
-	more than \$100,000 in compensation from								CG above) will	, legelyed	

t VII	Chatamant of Da					,	Page 9
	Statement of Re	venue	-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a b c	Federated campaigns Membership dues Fundraising events .		1b 4,503 1c	- : .		`-	
1a b c d e f	Related organizations Government grants (contri	' 1	1d 1e			7.	
9	All other contributions, gifts, g and similar amounts not inclu Noncash contributions include	ded above	1f .),		
h	Total. Add lines 1a-1f	<u> </u>	<u> ▶</u>	4,503	}·	, , , , , , , , , , , , , , , , , , ,	-
2a b	Machines, Banque	• • • • • • • • • • • • • • • • • • • •		35,638	35,638	abaya nasa Pasabahananan nasa .	
d							
f	All other program servi Total. Add lines 2a-2f	ce revenue		35,638			
3	Investment income (incother similar amounts)		lends, interest, and		2,304		
4 5	Income from investment of Royalties	of tax-exemp	t bond proceeds				
6a	Gross Rents	(i) Real 8,10	(ii) Personal				
C							
d		(i) Securitie		8,100	8,100		
	Gross amount from sales of assets other than inventory Less: cost or other basis	(/	- (-)				
1	and sales expenses Gain or (loss)						
1	Gross income from events (not including \$ of contributions reporte See Part IV, line 18	d on line 1d	 :).				
	Less: direct expenses Net income or (loss) fro		b		- 1	in a residue m	
1	Gross income from gam See Part IV, line 19 Less: direct expenses.		a 159,451	·-			
C	Net income or (loss) from	om gaming	activities >		28,298		
Ь	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from	s old	a 343,828 b 204,662		139,166		
	Miscellaneous Rev		Business Code		133,100		
11a							
0	All other revenue						
- 1	Total. Add lines 11a-1	1d		218-009	218,009		

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are no	t required to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			1	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			-	- 1
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				· · · · ·
4	Benefits paid to or for members			7	4 2 2
5	Compensation of current officers, directors, trustees, and key employees	35,621		35,621	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	55,467		55,467	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	14 004		44.004	
10	Payroll taxes	14,201		14,201	
11	Fees for services (non-employees):				
а	Management	 			······································
b	Legal	4 5	 		
	Accounting ,	4,005		4,005	
d	Lobbying		- 6" 414	ļ	
е	Professional fundraising services. See Part IV, line 17			3 \	
f	Investment management fees			<u> </u>	
g	Other		<u> </u>	ļi	
12	Advertising and promotion	2,306		2,306	
13	Office expenses	1,270		1,270	
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				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	≂5.`883		5,883	
23	Insurance				
24	Other expenses. Itemize expenses not		·	7 = 4	
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	See Attached	90,786	 	90,786	
b					·
C		ļ			
d e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	209,539		209.539	
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				
		1	L	1	l

Part X	Balance Sheet			7 Ago 11
		(A) Beginning of year	_	(B) End of year
1	Cash – non-interest-bearing	31.814	1	34,604
2	Savings and temporary cash investments	74,605	2	66.383
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		\Box	
1	employees, and highest compensated employees. Complete Part II of	المستقد وأستنداه م	1 1	
	Schedule L	3 H	5	
6	Receivables from other disqualified persons (as defined under section		1	
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	ì	ا , ا	
	Part II of Schedule L		6	
رما 			7	······································
7	Notes and loans receivable, net		8	F 630
Assets 4 8 8	Inventories for sale or use	5,639	9	<u>5,639</u>
9	Prepaid expenses and deferred charges	15	19	
10a	Land, buildings, and equipment: cost or 10a 431,942	- <u>R</u>	1 1	
\	other basis. Complete Part VI of Schedule D		1 . 1	
b	Less: accumulated depreciation	<u> 403,946 </u>	10c	411,064
11	Investments—publicly traded securities		11	
12	Investments – other securities. See Part IV, line 11		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)	516,004	16	517,690
17	Accounts payable and accrued expenses	12,490	17	5.706
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
-			21	
21 22 22	Escrow or custodial account liability. Complete Part IV of Schedule D	la.	 - 	
톱 🚧	Payables to current and former officers, directors, trustees, key	- 100	1 1	, :
프 끈	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	an allemannes en a ferre	22	
			+	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		+=++	
25 26	Other liabilities. Complete Part X of Schedule D	 	25	
20	Total liabilities. Add lines 17 through 25	12,490	26	5,706
ς.	Organizations that follow SFAS 117, check here ▶ ☐ and		1 1	
2	complete lines 27 through 29, and lines 33 and 34.			Land of the same
<u>s</u> 27	Unrestricted net assets		27	
mi 28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
Net Assets or Fund Balances 22 23 33 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
6 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
% 32	Retained earnings, endowment, accumulated income, or other funds	503,514	32	511.984
عدا 33 ع	Total net assets or fund balances	503,514	33	511,984
Z 33 34	— . A			
34	Total liabilities and net assets/fund balances	516,004	34	517,690

Pai	t XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: 🔀 Cash 🗌 Accrual 📋 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.		~~~ _	-,.,			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?	2b		Х			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		х				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.		-				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	}					
	issued on a consolidated basis, separate basis, or both:			ł			
	Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	•		Х			
	the Single Audit Act and OMB Circular A-133?	3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ł	1				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	l	ĺ			

Form **990** (2009)

SCHEDULE D (Form '990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

		organization			Employer laer	unication number
		Post 102				37517
Par	t I	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other to Form 990, Part IV, line 6	r Similar Fun 5.	ds or Acco	unts. Complete if
			(a) Donor advised funds		(b) Funds ar	d other accounts
1	Total	number at end of year				
2		gate contributions to (during year)				
3		gate grants from (during year) .				
4		egate value at end of year				
5	Did th	ne organization inform all donors and				
_		are the organization's property, sub	•	J		
6	used	ne organization inform all grantees, d only for charitable purposes and not	for the benefit of the donor or	donor advisor,	or for any oth	ner
		ese conferring impermissible private		1 (0) (1) 4 .		Yes No
Pai	t II	Conservation Easements. Com			-orm 990, Pa	art IV, line 7.
1		ose(s) of conservation easements hel	<u> </u>			
	_	eservation of land for public use (e.g	., recreation or pleasure)	Preservation of	an historically	y important land area
	☐ Pr	otection of natural habitat		Preservation of	of a certified h	nistoric structure
		reservation of open space				
2		plete lines 2a through 2d if the organize nent on the last day of the tax year.	zation held a qualified conservat	ion contribution	in the form o	f a conservation
					Held	at the End of the Tax Year
а	Total	number of conservation easements			2a	
b		acreage restricted by conservation e			1 1	
c		per of conservation easements on a			1 - 1	
d		per of conservation easements include		, ,	2d	
_			• • •			- emonitation during
3	the ta	per of conservation easements modif ax year ►		-		e organization during
4		per of states where property subject				
5		the organization have a written polici ions, and enforcement of the conser		ring, inspection	_	. Yes No
6	Staff	and volunteer hours devoted to mon	itoring, inspecting, and enforcing	g conservation	easements d	luring the year
7	Amou ▶\$	unt of expenses incurred in monitorin	g, inspecting, and enforcing co	nservation ease	ements during	the year
8		each conservation easement reporte)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the	requirements o	of section	. Yes No
9	balan	rt XIV, describe how the organization ce sheet, and include, if applicable, rganization's accounting for conserve	the text of the footnote to the o	ts in its revenue rganization's fir	e and expens nancial staten	e statement, and nents that describes
Pa	rt III	Organizations Maintaining Col			her Similar	Assets.
		Complete if the organization ans	wered "Yes" to Form 990, Par	t IV, line 8.		
1a	art, hi	organization elected, as permitted u istorical treasures, or other similar ass de, in Part XIV, the text of the footno	ets held for public exhibition, ed	ucation, or rese	arch in furthe	
b	histor	organization elected, as permitted urical treasures, or other similar assets de the following amounts relating to	s held for public exhibition, edu-			
	(i) R (ii) A	evenues included in Form 990, Part ssets included in Form 990, Part X	VIII, line 1		> 3	\$ \$
2	If the	organization received or held works ving amounts required to be reported	s of art, historical treasures, or	other similar as		ncial gain, provide the
a b	Reve	nues included in Form 990, Part VIII, ts included in Form 990, Part X	line 1			
		•				

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection flems (check all that apply): a	Sched	iule D (Form 990) 2009					Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection letins (check all that apply): a			ng Collections	of Art, Historic	al Treasures, or C	ther Similar Ass	
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV	3	Using the organization's acquisition,	accession, and o				
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV	а	Public exhibition		a 🔲	Loan or exchange p	rograms	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	b	Scholarly research		e 🗀			
Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C	Preservation for future generate	ions				
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? .	4		ation's collections	and explain ho	ow they further the o	rganization's exen	npt purpose in
IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rather	than to be mainta	ined as part of t	he organization's coll	ection?	
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1e 19 If Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and losses. d Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	Par					red "Yes" to Forr ——————	n 990, Part
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ► % b Permanent endowment ► % c Term endowment Funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations		included on Form 990, Part X?				r other assets not	
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If 'Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	þ	If "Yes," explain the arrangement in	Part XIV and con	nplete the follow	ving table:		
d Additions during the year		Destructive below			1		Journ
Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance . b Contributions . c Net investment earnings, gains, and losses . d Grants or scholarships . e Other expenditures for facilities and programs . f Administrative expenses gend of year balance . 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶							
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance .					· · · · · 		
Did the organization include an amount on Form 990, Part X, line 21? Yes No No No No No No No N	_				11		
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . b Contributions . c Net investment earnings, gains, and losses . d Grants or scholarships . e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance . 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment > % b Permanent endowment > % c Term endowment > % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii)							Ves No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in	Part XIV.	, Fait A, IIII 2 I	· · · · ·		163 110
1a Beginning of year balance	_			anization ans	wered "Yes" to Fo	rm 990, Part IV,	line 10.
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶	1a	Beginning of year balance			- IC -	-	
c Net investment earnings, gains, and losses	b						
d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	c	Net investment earnings, gains,			2		
e Other expenditures for facilities and programs	d	Grants or scholarships			- 1/11		
f Administrative expenses g End of year balance		Other expenditures for facilities			† 1 14		1
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	f						
a Board designated or quasi-endowment ▶	g	End of year balance				·	
b Permanent endowment ▶	2	Provide the estimated percentage o	f the year end ba	lance held as:			
c Term endowment ▶	а	Board designated or quasi-endowm	nent ▶	%			
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	þ	Permanent endowment ▶	%				
organization by: (i) unrelated organizations	C	Term endowment ► %	6				
(ii) related organizations	3a		e possession of the	ne organization t	hat are held and adr	ninistered for the	
(ii) Totaled digatizations		(i) unrelated organizations					
							

b If "Yes" to 3a(ii), are the related organiza Describe in Part XIV the intended uses of	•			36
Part VI Investments—Land, Buildir	ngs, and Equipment	. See Form 990,	Part X, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			50 T	
b Buildings	412,277		12,330	399,947
c Leasehold improvements			ļ	
d Equipment	19,665		8,548	11,117
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	column (B), line 10(c).)	411.064

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

20**09**

Open To Public Inspection

Employer identification number Name of the organization 31 : 1237517 Amvets Post 102 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants 0 Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes
No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to (or retained by) organization (III) Did fundraiser have (i) Name of individual (ii) Activity (Iv) Gross receipts (v) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in or entity (fundraiser) from activity col. (1) Yes No Total \triangleright 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Fa	rt K	more than \$15,000 on Fe	impiete it the organizat orm 990-EZ, line 6a. Li	tion answered "Yes" to ist events with gross re	o Horm 990, Part IV, IIr eceipts greater than \$	าе 18, or re 5,000.	ported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total (add col. (a)	through	
_			(event type)	(event type)	(total number)	col. (e	c)) 	
Revenue								
366	1	Gross receipts			 			
1	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
Ses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment ,						
	9	Other direct expenses				,		
	10 11	Direct expense summary. Ad Net income summary. Comb	d lines 4 through 9 in co one line 3, column (d), a	olumn (d) nd line 10				
	rt I		the organization answ	vered "Yes" to Form	990, Part IV, line 19,	or reporte	ed mor	re
		than \$15,000 on Form	990-EZ, line 6a.			·		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total of col. (a) three	gaming (a ough col.	idd . (c))
	1	Gross revenue		159,451		159,	451	
nses	2	Cash prizes , ,		125,030		125,	030	
Direct Expenses	3	Noncash prizes				ļ		
Direct	4	Rent/facility costs				 		
	5	Other direct expenses .		6,123	[7] Ves %	6,	123	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes100% ☐ No	[] Yes% [] No	-		
	7	Direct expense summary. Ac	d lines 2 through 5 in c	olumn (d)		131,	153)
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u> ▶</u>	28,		
					01-1-	_	Yes	No
9		iter the state(s) in which the o the organization licensed to o				9a	x	1
b		"No," explain:	perate garring activitie	s in each of these state		• •		
		•						
40.						ar? 10a		x
		ere any of the organization's "Yes," explain:	yamıng iicenses revoke	a, suspenaea or termir	iakko duning the tax ye	ar (1	
_		• •			,			
		an the experientian are and			,		.	X
11 12		pes the organization operate of the organization a grantor, be			a partnership or other		+	<u> </u>
		rmed to administer charitable					2]	Х

SUNBL	IDIB G (FORM 990 OF 990-EZ) 2009		Р	age 💐
	•		Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility	ŀ		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,
	Name ► Larry Prince, Commander			,
	Address ▶ 1081 Chatham Lane W Delaware, OH 43015			. '
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$,		, i
C	If "Yes," enter name and address of the third party:			
	Name ▶		-	1
	Address ▶		-	, ,
16	Gaming manager information:			
	Name ▶ Christa Bowen			
	Gaming manager compensation ▶ \$=Ω=	·	-	
	Description of services provided ▶Supervising of Gaming Operation	-		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
47	Mandatan, diatributions			'
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
d	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > 6 949			2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Amvets Post 102

Employer Identification number 1237517

Par	t I Questions Regarding Compensation				
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a. Complete Part III to provi				
	☐ First-class or charter travel ☐	Housing allowance or residence for personal use	- 1		
	☐ Travel for companions	Payments for business use of personal residence		1	
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			4
b	If any of the boxes on line 1a are checked, did the orgor reimbursement or provision of all of the expenses dexplain		1b		-,
2	Did the organization require substantiation prior to rein	mbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Dir	rector, regarding the items checked in line 1a? .	2		
			-		;
3	Indicate which, if any, of the following the organization	uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that				
		Written employment contract			
	Independent compensation consultant	Compensation survey or study		-	
	Form 990 of other organizations	Approval by the board or compensation committee		-	
4	During the year, did any person listed in Form 990, Pa	art VII. Section A. line 1a. with respect to the filing			
	organization or a related organization:	3			
а	Receive a severance payment or change-of-control pa	ayment?	<u>4a</u>		
b	Participate in, or receive payment from, a supplementa	al nonqualified retirement plan?	4b		
C	Participate in, or receive payment from, an equity-base	ed compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provi	ride the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations m	nust complete lines 5–9.			-
5	For persons listed in Form 990, Part VII, Section A, lin	·			
	compensation contingent on the revenues of:	ta, aid aid organization pay or abbitable air,	,		٦.
а	The organization?		5a		
b	Any related organization?		5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, lin	ne 1a, did the organization pay or accrue any			i
	compensation contingent on the net earnings of:				
а	The organization?		6a 6b	 - -	
b	Any related organization?		OD		
_	If "Yes" to line 6a or 6b, describe in Part III.	4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1			
7	For persons listed in Form 990, Part VII, Section A, Impayments not described in lines 5 and 67 If "Yes," de-		7		
8	Were any amounts reported in Form 990, Part VII, pai				
	subject to the initial contract exception described in R			1	
	in Part III		8	<u> </u>	
9	If "Yes" to line 8, did the organization also follow the				
	Regulations section 53.4958-6(c)?		9	I	l

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	Carlobdoord (a)	(B) Brookstone of W 2 and/or 1000 MISC compensation	acitococcusto C				
	(b) Dicardowil	אייב מונעיטו וכשש-ואוני	o compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	beneffts	(a)-(u)(a)	reported in prior Form 990-EZ Form 990-EZ
Christa Bowen (1)	35,621	-0-	-0-	-0-	-0-	35,621	
(E)							
(E)							
(n)							
(i) (i)							
(b) (c)							
(b)							
(b)							
(D)							
						Sche	Schedule J (Form 990) 2009

Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

Attachment Sequence No. 67

Harrie	a) shown on retain		Cosmes	S OF ACUVITY ID WI	101111101011111111111111111111111111111	aics		1	tying number
	Am	<u>vets Post</u>	_102 S∈	e Form 9	90			3	1-1237517
Par			ertain Property Ur						
	Note: If you	u have any lis	ted property, comp	olete Part V	before you	comple	te Part I.		
1	Maximum amount. S	ee the instruction	ons for a higher limit f	or certain bus	inesses .			1	\$250,000
2	Total cost of section	179 property	placed in service (se	e instructions)			2	
3	Threshold cost of se		- · · · · · · · · · · · · · · · · · · ·		•	tions) .		3	\$800,000
4			ne 3 from line 2. If zer		•			4	
5	Dollar limitation for								
-	separately, see instr						_	5	{
6		Description of prop			ness use only)		(c) Elected cost	1	
				(.,			(0) 0.00.00		,
						 	· · · · · · · · · · · · · · · · · · ·		1
	11.1.1		f 12 00	<u> </u>		 			<u>.</u>
_	Listed property. Ent					Ļ		7	
8	Total elected cost of	•	•		•			8	
9			aller of line 5 or line					9	
10			from line 13 of your					10	
11	Business income limitat	tion. Enter the sm	aller of business income	(not less than a	tero) or line 5 (see instru	ctions)	11	
12	Section 179 expens	e deduction. A	dd lines 9 and 10, bu	it do not ente	r more than	line 11	<u>, , , , , , , , , , , , , , , , , , , </u>	12	
13	Carryover of disallov	wed deduction	to 2010. Add lines 9	and 10, less	line 12 🕨	13			
Note	: Do not use Part II	or Part III belov	v for listed property.	Instead, use I	Part V.				
Pai	t II Special Der	preciation Allo	owance and Other	Depreciatio	n (Do not	nclude	listed property.)	(See	instructions.)
14	Special depreciatio							T	1
•	during the tax year (•				14	
15		•	•					15	
			Do not include lis					16	L
1 (4)	MIACRO D	epreciation (DO HOL INCIDIOE IIS	Section A	. (See ins	uction	3.]		
	MACRO de duration a	for constant			b-f 00	00		T 4 79	3,709
17								17	
18	If you are electing tasset accounts, che		•	_	-			1	• •
									<u> </u>
	Section B	(b) Month and year	ed in Service During (c) Basis for depreciation		ear Using ti	ne Gene	rai Depreciatioi	1 Syst	em
(a) (Classification of property	placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Convent	on	(f) Method	(g) D	Depreciation deduction
19a	3-year property	5055	Unity Good Made Good Co. 107	 		\neg		1	
		<u> </u>	10,718	5 yrs			MACRS	 	2, 144
	7-year property	i		 				+	
	10-year property	}		} -	 				
	15-year property			 				╁╌	
	20-year property			 				+-	
_				25	 		6/1	+	
_	25-year property	 		25 yrs.			5/L	+	
ħ	Residential rental	}		27.5 yrs.	MM_		5/L	 -	
	property			27.5 yrs.	MM		5/L	 -	
i	Nonresidential real	2009	2, 282	39 yrs.	MM_		6/L		30
	property			<u> </u>	MM		5/L		
	Section C-	-Assets Place	d in Service During	2009 Tax Ye	ar Using the	e Altern		on Sy	stem
20	Class life]	<u></u>	<u> </u>			5/L		
	12-year	<u> </u>		12 yrs.			6/L		
	: 40-year			40 yrs.	MM		6/L		
		(See instruct	ions.)	· · · · · · · · · · · · · · · · · · ·					
21	Listed property. Ent							21	
22			ines 14 through 17, lir	nes 19 and 20	ın column (c	ı), and lır	ne 21. Enter here		
باللباء			return. Partnerships ai					22	5, 883
23			ed in service during			,		+==	
23			section 263A costs		-				
	F 31 4 211 C1 11 C 12 21 21 2	an Dawoit to		<u> </u>	· · · · · ·	23_			

Form **4562** (2009)

Patral Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and properly used for enterlamment, recreation, or amusement.)		4562 (2009)															Page 2
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section (c) if applicable. Section A - Depreciation and Other Information. (Caution: See the Instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/meathers use claimed? Yee No 24b it "Yes," is the evidence writtin? Yee No Yee Yee Yee Yee Yee Yee Yee Yee Ye	Pai									les, cel	llular	telepho	nes,	certa	in cor	nputer	s, and
24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Despreciation and Other Information (Cautinics See the instructions for limits for passenger automobiles.) 24a Day but have endence to support the business/meshment user daimed? 24b Day but have endence to support the business/meshment user daimed? 24c To you have endence to support the business/meshment user daimed? 25 Special despreciation allowance for qualified listed property placed in service during the target year and used more than 50% in a qualified business user. 25 Special despreciation allowance for qualified business user. 26 Property used more than 50% in a qualified business user. 27 Property used more than 50% in a qualified business user. 28 Property used 50% or less in a qualified business user. 29 Add amounts in column (i), line 26. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Add amounts in column (ii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (ii) in 26. Enter here and on line 7, page 1 29 Add amounts in column (ii) in 26. Enter here and on line 7, page 1 30 Total business/meshment mites driven during the year (do not include qualified business) and line 7, page 1 30 Total business/meshment mites driven during the year (do not include community) and line 30 through 22 31 Total community mites driven during the year. Add lines 30 through 22 32 Was the vehicle available for personal use of vehicles used by a promotion of the personal user? 31 Total mites driven during the year. Add lines 30 through 22 32 Was the vehicle available for personal user? 32 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees 42 Annoritzation of costs that begins during law evenicies. 43 Do you maintain a written policy statement th										4	al a al.					lo t o	-h. 04-
Section A - Depreciation and Other Information (Caution: See the Instructions for Imitis for passanger automobiles.) 24a Do you have evidence to support the business diversement use claimed?													se exp	ense,	comp	iete or	11 y 24a,
243 Diyu have evidence to support the business/investment use claimed?													nasse	nger :	autom	obiles \	
Type of property test washing and the services of the services from the services fro	24a																☐ No
Type of property lat Date placed in services Date Da				(c)				(e))	-							
tax year and used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: 94		e of property (list	Date placed in	investment use	Cost o			usiness/ir	ivestmer	Rec	period Convention			Depreciation		Elected	d section
96 96 97 97 Property used 50% or less in a qualified business use: 96 97 97 Property used 50% or less in a qualified business use: 97 98 98 98 98 98 98 98 98 98 98 98 98 98	25										g the		25				
96 95 95 95 95 95 95 95 95 95 95 95 95 95	26	Property used	more than 50	% in a qual	ified bu	ısiness ı	use:										
94 S/L - S			<u> </u>					 								4	
27 Property used 50% or less in a qualified business use: 94															·	_	
94		D	500/ palasa i									L					-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1	27	Property used	50% or less II			ess use:	· —					6/1	 7			1	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							_									┥ .	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Section B — Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year. Add. Silves of the personal (noncommuting) 32 Total miles driven during the year. Add. Silves of through 32. 33 Total miles driven during the year. Add. Silves of through 32. 34 Was the vehicle available for personal use during diff-dury hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 37 Section C—Questions for Employers Who Provide Vehicles for Use by Thier Employees 38 Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). 39 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information received? 41 Do you met the requirements concerning qualified automobile demonstration use? (See instructions). 42 Amortization (a) Description of costs that begins during your 2009 tax year. 43 Amortization of costs that begins during your 2009 tax year.							\dashv										-
Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B – Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven (e) (b) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					7. Enter	here a	and on I	ine 21.	page 1			28			٦,		
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% cowner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles) 32 Total other personal (noncommuting) miles driven during the year. Addlines 30 through 32 33 Total miles driven during the year. Addlines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% cowner or related person? 36 Is another vehicle available for personal use? 37 Esction C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% cowners or related persons (see instructions). 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. 42 Amortization of costs that begins during your 2009 tax year.)								
to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles) 32 Total other personal (noncommuting) miles driven during the year 22 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles used by employees who are not more than 5% owners or related persons (see instructions). 37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) 42 Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year. 44 Amortization of costs that began before your 2009 tax year.																	
30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles of vehicle 1 Vehicle 2 Vehicle 3 Vehicle 5 Vehicle 5 Vehicle 6 Vehicl																	rehicles
during the year (do not include commuting miles) 1 Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 37 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). 42 Amortization (a) Description of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that begins during your 2009 tax year. 44 Amortization of costs that begins before your 2009 tax year.					Section	1 C to se			n exce	ption to d	compl	eting this	Section	n tor ti	nose ve	enicies.	
Total commuting miles driven during the year Total other personal (noncommuting) miles driven during the year. Add -lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you provide more than five vehicles to your employees, obtain information information use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (e) Description of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that begins during your 2009 tax year. 44 Amortization of costs that begins during your 2009 tax year.	during the year (do not include												5				
Total other personal (noncommuting) miles driven	24	_							 		-		 				
miles driven during the year. Add lines 30 through 32		_			<u> </u>				 		}		 				
Total miles driven during the year. Add files 30 through 32. Was the vehicle available for personal use during off-duty hours? Swas the vehicle used primarily by a more than 5% owner or related person? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). To Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that begins before your 2009 tax year (see instructions):																	
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