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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form 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)  
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**2009**

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning MAY 1, 2009, and ending APRIL 30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>AMVETS VETERANS OF WORLD WAR II</u> <u>AMVETS N.Y. State Service Foundation Inc</u> Number and street (or P.O. box, if mail is not delivered to street address) <u>C/O FRANK DE MARCO</u> <u>2 HARRISON STREET</u> City or town, state or country, and ZIP + 4 <u>BRENTWOOD, New York 11717</u>	<b>D</b> Employer identification number <u>11-1961055</u> <b>E</b> Telephone number <u>(631) 475-8385</u> <b>F</b> Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Website: ▶

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 19 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 242,096

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>223,750</u>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income <u>INTEREST INCOME</u>	4	<u>8346</u>
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ or contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe) ▶ <u>GRANT RETURN FROM GOLD STAR Mothers</u>	8	<u>10,000</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>242,096</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>199,854</u>
	11	Benefits paid to or for members <u>GIFTS TO SICK MEMBERS &amp; families of DECEASED MEMBERS</u>	11	<u>323</u>
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors <u>ACCOUNTING FEES</u>	13	<u>9225</u>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<u>1582</u>
	16	Other expenses (describe) ▶ <u>(PER ATTACHED SCHEDULE)</u>	16	<u>101,481</u>
	17	Total expenses. Add lines 10 through 16	17	<u>312,465</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(70,369)</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>645,354</u>
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>574,985</u>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>644,200</u>	22 <u>574,275</u>
23 Land and buildings		23
24 Other assets (describe) ▶ <u>PER ATTACHED SCHEDULE</u>	<u>1154</u>	24 <u>710</u>
25 Total assets	<u>645,354</u>	25 <u>574,985</u>
26 Total liabilities (describe) ▶		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>645,354</u>	27 <u>574,985</u>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2009)

SCANNED JUL 27 2010

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<b>Part III</b>	<b>Statement of Program Service Accomplishments (See the instructions for Part III.)</b>
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What is the organization's primary exempt purpose? TO PROVIDE ASSISTANCE TO VETERANS HOSP  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Q HOMES IN NEW YORK STATE.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

- |    |  |     |         |
|----|--|-----|---------|
| 28 | Organization Supplies Funds to Local Posts, Organizations & Hospitals to Run Programs for Veterans in Hospitals & Homes in New York State & Donations of Various Items to Overseas Military (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 127,441 |
| 29 | Personal Care Kits, Socks, Craft Kits & Puzzles are Distributed to New York State Veterans in Hospitals & Homes in New York State (includes Travel to deliver items) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                        | 29a | 38,675  |
| 30 | Scholarships & Youth Programs (Drug Abuse Programs) are Provided for Students in New York State (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a | 33,738  |
| 31 | Other program services (attach schedule) Small Gifts & Flowers to Sick Members & Families of Deceased Members (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a | 323     |
| 32 | Total program service expenses (add lines 28a through 31a)   | 32  | 200,177 |

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> <i>NONE</i>		
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .		
b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		X
41 List the states with which a copy of this return is filed. ▶ <u>NEW YORK</u>		
42a The organization's books are in care of ▶ <u>JEREMIAH P O'SHEA CPA</u> Telephone no. ▶ <u>(631) 475-8385</u> Located at ▶ <u>191 TENTH AVE, HOLTSVILLE, NY 11742</u> ZIP + 4 ▶ <u>11742</u>		
b 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
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . .		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <u>N/A</u> ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 . . . . . **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **46 47**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**
- b If "Yes," was the related organization a section 527 organization? . . . . . **49b**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

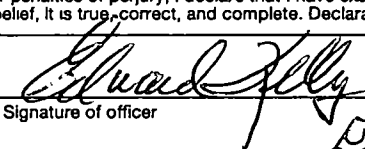
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . . . **N/A**

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . **N/A**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <b>6/2/10</b>	
	Type or print name and title <b>EDWARD KELLY, TREASURER</b>			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Jeremiah P. O'Shea CPA</b> <b>191 TENTH AVE., HOLTSVILLE, NY 11742</b>	<b>5/17/10</b>	<b>11-3297167</b>	<b>631-475-8385</b>
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

# SUPPORTING SCHEDULES

Tax payer AMVETS NEW YORK STATE SERVICE FOUNDATION, INC  
C/O FRANK DEMARCO  
 Address 2 HARRISON STREET, BRENTWOOD, NY 11717

For the Year Ended 4/30/10  
 Social Security No. 11-1961055

CONTRIBUTIONS, GIFTS, GRANTS ETC - DIRECT PUBLIC SUPPORT  
(PART 1 - LINE 1)

THRIFT STORES - (SEE EXPLANATION BELOW)  
GIFT FROM MEMBER

223,625  
125

TOTAL

223,750

DIRECT PUBLIC SUPPORT - THRIFT STORE - EXPLANATION

# **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

**2009**Attachment  
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

AMUETS N.Y. State Service Foundation Inc. TAX-EXEMPT ORGANIZATION

Identifying number

11-1961055

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions). . . . .	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7. . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12. . . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	717
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009. . . . .	17	1090
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> . . . . .		

**Section B--Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		717	5 yrs	H.Y.	S/L	72
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C--Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations--see instructions. . . . .	22	1879
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**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.)

<b>24a</b> Do you have evidence to support business/investment use claimed?		<b>Yes</b>	<b>No</b>	<b>24b</b> If "Yes," is the evidence written?		<b>Yes</b>	<b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use:							
		%					
		%					
		%					
<b>27</b> Property used 50% or less in a qualified business use:							
		%			S/L-		
		%			S/L-		
		%			S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. . . . .							<b>28</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1. . . . .							<b>29</b>

**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.

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>31</b> Total commuting miles driven during the year . . . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .						
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> 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).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	<b>Yes</b>	<b>No</b>
<b>38</b> 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 . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> 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	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions).					
<b>43</b> Amortization of costs that began before your 2009 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>



# SUPPORTING SCHEDULES

Tax payer AMVETS NEW YORK STATE SERVICE FOUNDATION, INC. For the Year Ended 4/30/10  
 Address C/O FRANK D. MARCO  
2 HARRISON STREET, BRENTWOOD, N.Y. 11717 Social Security No. 11-1961055

## GRANTS + ALLOCATIONS (PART I - LINE 10) Page 1 of 2

TRAVEL EXPENSES FOR HOSPITAL VISITS	1200
CONTRIBUTION OF PERSONAL CARE KITS & SOCKS - DISTRIBUTED TO N.Y. STATE VETERANS' HOSPITALS	9192
CONTRIBUTION OF CRAFT KITS & PIZZAS - DISTRIBUTED TO N.Y. STATE VETERANS' HOSPITALS	28,283
NEW YORK STATE SERVICE FOUNDATION SCHOLARSHIPS	33,405
AMVETS DEPT. OF N.Y. LADIES AUXILIARY GRANT FOR PROGRAMS	3000
NEW YORK STATE AMVETS INC - EDUCATION FUND	3250
GRANT FOR GOLD STAR MOTHERS' MONUMENT	7500
AMVETS POST 13 - VETERANS' PROGRAMS	3750
AMVETS ALCOHOLISM & DRUG PROGRAMS	333
SKETCH BOARDS FOR VETERAN PATIENTS - GRANT	100
AMVETS POST 8 - VETERANS' PROGRAMS	500
AMVETS POST 14 - VETERANS' PROGRAMS	1800
AMVETS POST 40 - VETERANS' PROGRAMS	7440
AMVETS POST 45 - VETERANS' PROGRAMS	2750
AMVETS POST 48 - VETERANS' PROGRAMS	1450
AMVETS POST 66 - VETERANS' PROGRAMS	300
AMVETS POST 103 - VETERANS' PROGRAMS	1500
AMVETS POST 111 - VETERANS' PROGRAMS	2000
AMVETS POST 1997 - VETERANS' PROGRAMS	2000
LONG ISLAND AMVETS BUILDING 63 FUND - VETERANS' PROGRAMS	3500
ST. ADELBERT'S RESPONSE TO LOVE - GRANT FOR AMVETS CAREER CENTER	5000
EIRE COUNCIL OF AMVETS - VETERANS' PROGRAMS	2695
BUFFALO VETERANS' COURT - BACK TO BASICS GRANT	1500
OPERATION COOKIE FLYER - GRANT FOR TROOPS	504
VAMC BUILDING 63 - GRANT FOR VETERANS' PROGRAMS	3458
AMVETS POST 917 - VETERANS' PROGRAMS	995
AMVETS DEPT. OF OHIO - CAREER CENTER SERVICES	180
VETERANS' ROCK - GRANT	500
AMVETS POST 1 - VETERANS' PROGRAMS	1600
AMVETS POST 12 - VETERANS' PROGRAMS	12,860

(CONTINUED)

# SUPPORTING SCHEDULES

Tax payer AMVETS NEW YORK STATE SERVICE FOUNDATION, INC. For the Year Ended 4/30/10  
 Address C10 FRANK DE MARCO  
2 HARRISON STREET, BRENTWOOD, N.Y. 11717 Social Security No. 11-1961055

## GRANTS + ALLOCATIONS (PART I - LINE 10) (Page 2 of 2)

AMVETS POST 88 - Veterans' Programs	6820
AMVETS POST 103 - Veterans' Programs	1700
AMVETS POST 265 - Veterans' Programs	960
AMVETS POST 726 - Veterans' Programs	1436
AMVETS POST 8113 - Veterans' Programs	1150
AMVETS POST 1013 - Veterans' Programs	1000
AMVETS POST 384 - Deployment Kits for Overseas Troops	609
BUFFALO VAMC - Deployment Kits for Overseas Troops	380
AMVETS POST 18 - Deployment Kits for Overseas Troops	565
AMVETS POST 48 - Deployment Kits for Overseas Troops	1233
FORT DRUM - Deployment Kits for Overseas Troops	4400
AMVETS National Service Foundation - one half	
COST OF STONY BROOK Veterans Home CARILLON	7904
ALTAMONT HOME - Veterans' Home Grant	6100
Grant - Purchase of Flags	450
FORT DRUM Grant - Purchase of Sheets & Puffie Bags	1133
AMVETS POST 38 - Veterans' Programs	750
AMVETS POST 49 - Veterans' Programs	400
AMVETS POST 88 - GRANT FOR NORTHPORT VAMC	3755
AMVETS POST 219 - GRANT FOR Veterans' Program	1800
AMVETS POST 722 - Veterans' Programs	1200
AMVETS POST 726 - Veterans' Programs	500
AMVETS POST 897 - Veterans' Programs	2000
AMVETS POST 2004 - Veterans' Programs	5000
AMVETS DEPT. OF NEW YORK - Sons of AMVETS Grant	3000
Nassau County UVO - GRANT FOR Stand Down	1000
Altamont Home - GRANT FOR Underwear &	
Other Items for Veterans	1134
Altamont Home - GRANT FOR Televisions	930
Total	199,854

## SUPPORTING SCHEDULES

Tax payer AMVETS NEW YORK STATE SERVICE FOUNDATION, INC  
C/O FRANK DE MARCO  
 Address 2 HARRISON STREET, BRENTWOOD, NY 11717

For the Year Ended 4/30/10  
Social Security No. 11-1961055

<u>OTHER EXPENSES - (PART I - LINE 16)</u>	
S.E.C MEETING EXPENSES	5383
NY STATE SERVICE FOUNDATION CONVENTION EXPENSES	3103
PRESIDENT'S EXPENSES	1529
STATE CONVENTION MATERIALS	2250
DEPRECIATION (PER FORM 4562)	1879
EXECUTIVE DIRECTOR'S SALARY (REIMBURSED TO NATIONAL SERVICE FOUNDATION)	29,192
OTHER OFFICE RELATED EXPENSES (REIMBURSEMENTS TO NATIONAL SERVICE FOUNDATION TO MAINTAIN THEIR OFFICES IN NEW YORK STATE)	12,645
NEW YORK STATE CHARITIES REGISTRATION FEE	25
NEW YORK CITY NATIONAL SERVICE OFFICER EX- PENSE (Reimbursed to National Service Foundation)	41,658
EXPENSES - ROCHESTER THRIFT STORE OPENING	3817
<b>TOTAL OTHER EXPENSES</b>	<b>101,481</b>

## SUPPORTING SCHEDULES

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<u>EQUIPMENT (PART II - LINE 24)</u>			
	<u>COST</u>	<u>LESS: ACCUM DEPRECIATION</u>	<u>NET COST (LINE 24)</u>
OFFICE FURNITURE	7692	7692	-0-
OFFICE EQUIPMENT	3472	3408	64
COMPUTER EQUIPMENT	3035	2389	646
TOTALS	<u>14,199</u>	<u>13,489</u>	<u>710</u>