

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



. Form 990

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

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OMB No. 1545-0047

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Dep Inte	entment of mål Rever	the Treasury sue Service	1	► The organize	ation may l	have to u	sa a copy o	f this return to :	salisfy state repo	rtina reavi	rements.	9p	en ta Pu	antoild	pection
	For the	2009 calendar	vear.			7/0			09, and endi		/30	12.52.	, 2010	**********	
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	Тет		ions.												
	Ame	nded return	_								G Gross	ecelots	s	198,	767.
	Appl	Ication pending F	Name s	and address of princ	ipal officer	;				H(a) is th	is a group retu	m for aff	illates?	Yes	X No
	_	Sa	me 1	As C Above	2						ell affiliates inc			Yes	No.
$\overline{\Gamma}$	Tax-e	exempt status			◀ (Inse	et no.)		947(a)(1) or	527	II No	o,' ettach a list.	. (see in	sbuctions)		٠
Ţ		site: > N/A		(0) ( =0 )	(iii-co	, , , , , ,		3-47 (G)(1) G1	32,	l			_		
Ť		of organization:	Corpara	tan Trust		nation	1		•		p exemption n				
	ut l			isan   I nist	AB3D0	nauon_	Other ►		L Year of Forma	tion:	in :	State of	legal domic	lle:	
									-					<del></del>	
	' 5	riefly describe i	one org	janization's mi	ssion or	most s	agnitican	t activities:	Expenses	<u>lncu</u>	<u>rred he</u>	lped	<u> prov</u>	<u> 1de :</u>	<u>a</u>
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8	2 0	heck this box	<u>, П</u>	if the organiza	lion disc	continui	ed its ope	erations or d	isposed of mo	ore than	25% of its		<b>3.</b>		_
4	3 1	lumber of vating	) mem	bers of the go	verning	DOOY (F	art VI, II	ne la)		• • • • • • •	• • • • • • • •	3			8
8		lumber of indep	enuen	t voting memo	ers of tr	ie gove	ming bo	ay (Part VI, I	ine ib)	• • • • • • • •	• • • • • • • • •	4			0
ž	6 T	otal number of	emplo	yees (Part V, I	ine zaj.			•••••		• • • • • • •	• • • • • • • • • • • • • • • • • • • •	5			0
Activities & Governance	7. 1	otal number of	ADIUM	oors (esumate	II neces	sary).				• • • • • • • •		6			0
•	/ 2 !	otal gross unrel	aleu d	usiness reven	ue trom	Part V	III, COLUM	n (C), line 1	<b>2</b>	· · · · · · · ·		7a			<u> </u>
	- B I	let unrelated bu	siness	taxable incom	ie irom i	rom 9	90-1, line	34	<u>,</u> ,	<del></del>		7b			0.
	l			_							Prior Year		Cur	rrent Ye	ar
•	8 C	contributions and	d gran	ts (Part VIII, III	no 1h)	· · · · · ·				<u> </u>	23,3				
Revenue	9 P	rogram service	reven	ue (Part VIII, li	ine 2g) .		• • • • • • • •				160,			188,	215.
Š	10 lr	ivestment incon	ne (Pa	irt VIII, column	(A), lin	os 3, 4,	, and 7d)				1,4	185.		1,	228.
<u>a</u>	11 0	other revenue (F	art VI	II, column (A),	lines 5,	6d, 8c	, 9c, 10c,	and lle)		. 🗀				9,	324.
_	12 T	otal revenue -	add In	nes 8 through	11 (mus	t equal	Part VIII	, column (A)	, line 12)		185,5	64.		198,	767.
		irants and simila													
	14 E	enelits paid to	or for	members (Pari	t IX, colu	umn (A	), line 4)								
_		alaries, other c									37,8	329.		35.	510.
š		rofessional tund													<u> </u>
Ę	ı						_	**********	· · · · · · · · · · · · · · · ·			Carrows:	*****		Carrondo entre
ă		otal fundralsing					_				ALC CANDED CONTRACTOR	**********			*********
	17   0	Other expenses	(Part I	X, column (A),	lines 11	la-11d,	11f-24Q		• • • • • • • • • • • • •	·	176,5				<u>820.</u>
	18 T	otal expenses.	Add Iir	nes 13-17 (mu:	st equal	Part IX	i, column	(A), line 25	)		214,4	106.		217,	330.
	19 R	levenue less ex	pense:	s. Subtract line	18 fron	n line 1	<u>2</u>		· · · · · · · · · · · · · · · · · · ·		-28,8	342.		-18,	563.
8	ĺ				<del>-</del>	•	c=====			Bec	inning of 1	(ear	Fn	d of Ye	
Not Assets or Fund Balances	20 T	otal assets (Par	t X. Ili	ne 16)				RECE	IAED _	1	144,8				935.
10		otal liabilities (F						19 400 00	1	S		59.			684.
15	i .			•	lima 21	11u	13			ġ\					
	MILE	et assets or fun Signature			11118 21	<u>ir ātui in</u>		·V-b·B···J·		<u> </u>	136,8	<u> </u>		TTA'	<u>251.</u>
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		Under penalties of true, correct, and co	pequity. omplete.	Declaration of pres	exaniined	i this rebii	rn, including Cel) ili, base	eccompanying	chedules and station been	berneints, ar arer has an	nd to the best of y knowledge.	if my kna	owledge an	d belief, lt	. ls
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	990 (2009) Amvets Ladies Auxiliary- Ohio Department	23-7	0544	10		Page 2
Par	Elle Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	Expenses incurred helped provide a place where spouses, daughter	s, mot	hers	of_		
	veterans can meet and discuss beneficial programs and veterans a	ffairs	T	ie		
	organization also provides fellowship and social functions.					
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior				
_	Form 990 or 990-EZ?			Yes	X	No
	If Yes,' describe these new services on Schedule O.				ب	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	pe?		Yes	X	No
•	If 'Yes,' describe these changes on Schedule O.	~~~	ш			
4		v evnence	e Santi	oo 501	(0)(3)	ı
•	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.	illocations	to othe	rs, the	total	
42	(Code: (Expenses \$ 123,354. including grants of \$ ) (	Revenue	\$			)
	Expenses incurred helped provide a place where spouses, daughter			of		
	veterans can meet and discuss beneficial programs and veterans a					
	organization also provides fellowship and social functions.		· :			
	ATAMITTETTOIL BITAT KTAATHES TATTANSHITK WIN SACTUT THIRTTANIS.					
41	(Code: (Expenses \$including grants of \$)	عرب مع	4			,
45	(Code: ************************************	Teveriue	₹			
	2005 HICKMAN (2011)					
40	c (Code:) (Expenses \$ including grants of \$) (	Revenue	\$			)
		<b></b> _		<b></b>		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~			
	************					
	Annual Control of the					
40	d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$				,	
A -	(Expenses \$ including grants of \$ ) (Revenue \$ parts of \$ ) (Revenue \$ 123, 354.					

Form 990 (2009)

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	n 990 (2009) Amvets Ladies Auxiliary- Ohio Department 23-705444	0	F	Page 3
Pa	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	١,		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	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 L	3		х
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		X
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	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete  Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-andowments?	9_		X
11	'Yes,' complete Schedule D, Part V	10		Х
•	X as applicable	11	X	******
	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			
	<ul> <li>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.</li> </ul>			
	<ul> <li>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</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X</li> </ul>			
	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			2007
	year? If 'Yes.' completing Schedule D. Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(li)? If 'Yes,' complete Schedule E	13	-	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	bild 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	14Ь		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing 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
	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		X

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Form 990 (2009)

	d 990 (2009) Amvets Ladies Auxiliary- Ohio Department 23-705444	)	P	age 4
Рa	Checklist of Required Schedules (continued)			
			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		X
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
22	Did the organization answer 'Yes' to Part VII, Section A, Ilne 3, 4, or 5 about compensation of the organization's current			
43	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		x_
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
,	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I	25a		
1	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-E2? If 'Yes,' complete Schedule L. Part I.	25b		
25				
	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 comfittee 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 transation with one of the following parties (see Schedule L, Part IV Instructions for applicable filling thresholds, conditions, and exceptions):			
	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	285		Х
	Schedule L, Part IV			
1	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	ZBC		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30_		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part.t	31		X
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		X
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		x
34		34		Х
35	Part V, line 2	35		х
36	organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	38		x
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Form 990 (2009)

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Ta Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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.  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.  3b  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Yes	No X X
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b if 'Yes' has it filled a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0	00000000000000000000000000000000000000	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00000 0000 000000000000000000000000000	
48 At any time during the calcidar year, did the digamization have an interest in, or a signature or duter authority over, a		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**************************************	
b If 'Yes,' enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		4 37
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	*****	X
b If 'Yes,' did the arganization notify the donor of the value of the goods or services provided?		<del></del>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**************************************	****
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	****	X
1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
The state of the s	20-00-00-00-00-00-00-00-00-00-00-00-00-0	*****
a Did the organization make any laxable distributions under section 4966?	sm(C4)	***********************
b Did the organization make any distribution to a donor, donor advisor, or related person?		_
10 Section 501(c)(7) organizations. Enter:	-	
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
71 Section 501(c)(12) organizations. Enter:		
a Gross income from other members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	PERSONAL PROPERTY.
b If Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		**********

TEEA0105L 02/12/10

Form 990 (2009)

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APR-11-2011(MON) 09:05 23-7054440 Form 990 (2009) Amvets Ladies Auxiliary- Ohio Department Page 6 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. **Governing Body and Management** Section A. Yes No 1a Enter the number of voting members of the governing body...... 1a **b** Enter the number of voting members that are independent ........ 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person?..... 4 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?..... X 5 5 Did the organization become aware during the year of a material diversion of the organization's assets?. .......... X 6 Does the organization have members or stockholders?..... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 72 governing body?.... b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?..... 86 X b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director or 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..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Does the organization have local chapters, branches, or affiliates?..... bif '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 X 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?..... 11 TAX Y 11ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O \*\*\*\* X 120 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 ...... b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this is done. . . . . . . . . X 13 13 Does the organization have a written whistleblower policy?..... X 14 14 Does the organization have a written document retention and destruction policy? ...... 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? X 15a a The organization's CEO, Executive Director, or top management official ...... X b Other officers of key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable X 16a entity during the year?..... bil "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt state with respect to such arrangements? 16b status with respect to such arrangements?..... Section C. Disclosures List the states with which a copy of this Form 990 is required to be filled - None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

	$\sqcup$	Own Website	Another's website	Open rednes
--	----------	-------------	-------------------	-------------

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

44333 330-670-0600 ► James M. Schulte 600 S. Cleve-Mass Rd. Fairlawn, OH

Form 990 (2009)

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Form 990 (2009) Amvets Ladies Auxiliary- Ohio Department 23-7054440

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and independent Contractors** 

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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) it no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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 compensate any current officer, director, or trustee. (c) Œ) (F) (B) Position (check all that apply) Average Eatimated lead to the come Name and Title Reportable Reportable hours per week Officer institutional trusted oncloyee Indonet all trustoe Key employee Highest compensated the organization (W-2/1099-MISC) compensation lated organization (W-2/1099-MISC) **Greco** from the organization and related organizations Barbara Valley President 0 0 0 0. Linda Hahn 0 0 0 1st Vice Pres 0. Sonja Limer 0 0 0 2nd Vice Pres 0. Fran Ganda 3rd Vice Pres 0 0 0. 0. Lynn McCauley O. 0 0. Treasurer 0 Kay Gibbons Americanism 0 0. 0 0. Cathy Keller Chaplain/Schol 0 0. 0 ٥. Marlene Morris Hospital Off. 0. 0 0 ٥.

Form 990 (2009)

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Form 990 (2009) Amvets Ladies Auxiliary- Part VII Section A. Officers, Directors, Trus								d Highart Ca	23-70544	
		ney T				.65,	, an			
(A)	(B) Average	Post	hon f	(C chack		hat ar	nn hړ	(D)	(E)	(F)
Name and Title			_	_		_	_	Reportable compensation from	Reportable companies from	Estimated amount of other
	bot Monk		trashlu Sornal brustee	Officer	Key e	Highest compensated employee	Former	the organization (W-2/10 <del>99-MI</del> SC)	related organizations (W-2/10594MISC)	ned exercises
	ĺ	18 E	9	1	함	2 0	TE			paleis por
		_ §	5		employee	ă				organizations
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	-								•	
	J	L			<u> </u>	L.,	Ļ			<u> </u>
1b Total						_	<u> </u>	0.	0	
2 Total number of individuals (including but not limite	d to the	se li	stec	i abo	ove)	wh	o re	ceived more than	\$100,000 in repo	rtable compensation
from the organization > 0						_				
										Yes No
3 Did the organization list any former officer, director	or trus	tee,	key	emg	oloy	<b>80</b> , 0	or hi	ighest compensat	ed employee	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	ındıvidu	a)								. з х
4 For any individual listed on line 1a, is the sum of rithe organization and related organizations greater individual	portable	e coi	mpe	กรล	tion	and	oth	er compensation	from	
the organization and related organizations greater	man ⇒ı:	3U,UL		# T	<b>e</b> 5	com	piei	e Scriedule J lor .	sua:	4 X
										ATTENDED HOTELSON CO. CO. CO. CO.
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes.' complete So	compen:	satio <i>I for</i>	n fro	את מני את מי	впу •ссо	unre n	elale	id organization to	services	. 5 X
Section B. Independent Contractors	ileduie .	701	J00		-, -, -, -		· · · · ·			<u></u>
1 Complete this table for your five highest compensa	ted inde	pan	deni	cor	ntrac	tors	tha	at received more t	han \$100,000 of	<del> </del>
compensation from the organization.		<b>,,,,</b>								
(A)								(В	, !	(C)
Name and business addre	ss							Description	of Services	Compensation
								]		
						_		1		
2 Total number of independent contractors (including	but not	llml	ted	to #	hose	list	ed :	above) who receiv	ed more than	
\$100,000 in compensation from the organization >	_			"					300	
BAA		_			_				TEEA0108L 01/30/10	Form 990 (2009)
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		(2009) Amvets La		liary- Ohio	Department		23-7054440	Page 9
Par	ı vı	III 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	¢	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)	1b 1c					
ONTRIBUTION AND OTHER SI	g	All other contributions, gifts, gi similar amounts not included a Noncash contribus included in	Ins 1a-1f: \$					
E REVENUE		Restricted Inco		Business Code	188,215.	188,215.		
DGRAH SERVI	6	All other program service	ce revenue					
PR		nvestment income (includer similar amounts). Income from investmen	luding dividend	s, interest and t bond proceeds.	1,228.			1,228.
		Royaltiesa Gross Rents	(i) Real	(ii) Personal				
	•	E Rental income or (loss)  I Net rental income or (loss)  Gross amount from sales of assets other than inventory.	(1) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses						
EVENUE		d Net gain or (loss)	draising events					
OTHER REVENUE		See Part IV, line 18 b Less; direct expenses. c Net income or (loss) fro	om fundralsing	b				
		<ul> <li>a Gross income from gan See Part IV, line 19</li> <li>b Less: direct expenses.</li> <li>c Net income or (loss) from</li> </ul>		b	-			
		a Gross sales of inventor and allowances b Less: cost of goods sol c Net income or (loss) for	id	b				
		Miscellaneous Rever a Miscellaneous b	nua	Business Code	9,324			9,324.
	12	d All other revenue e Total Add lines 11a-1 Total revenue. See ins	1d		9,324 198,767		. 0	. 10,552.

Page 10

Amvets Ladies Auxiliary- Ohio Department Form 990 (2009)

23-7054440

Part X Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundralsing **(B) (A)** Program service Management and Do not include amounts reported on lines Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. <u>exp</u>enses general expenses axpenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 ..... Grants and other assistance to individuals in the U.S. See Part IV, line 22 ..... 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.......... 4 Benefits paid to or for members..... Compensation of current officers, directors, 0 ٥. 0 0 trustees, and key employees. . . . Compensation not included above, to 0 0 0. 0 35,510. 35,510 Other salaries and wages . . . . . . . . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions)..... 10 Payroll taxes...... a Management .......... 3.700 3,700 c Accounting..... d Lobbying..... e Prof fundraising sves. See Part IV, In 17..... f Invostment management fees..... g Other..... 12 Advertising and promotion...... Office expenses..... Information technology..... 14 Royalties.... 15 16 17 Traval...... Payments of travel or entertainment expenses for any federal, state, or local public officials ..... Conferences, conventions, and meetings... 19 20 Interest ..... Payments to affiliates..... 696 696 Depreciation, depletion, and amortization . . . . 23 Insurance ...... Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expanses shown on line 25 83.533. 83,533. a Dues-National 22,853 22,853 ь Allowance Hospitals VA 20,273. 20,273. c Officer's Expense 6,750. 6,750 d Scholarships 6,645 6,645. e Rent 9,522 27,848. 37,370. f All other expenses..... 123,354 93,976. ٥. 217,330 25 Total functional expenses. Add lines 1 through 24f. . . . 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 Form 990 (2009)

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		(2009) Amvets Ladies Auxiliary- Oh	io De	partment	23-	7054	440 Page
∘Ra	te X	Balance Sheet	<del></del>				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			139,386.	1	147,145
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, irust II of Sc	ees, key employees, hedule L		5	
	6	Receivables from other disqualified persons (as defin-	ed unde	r section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	plete Pa	art II of Schedule L.		6	
5 5 E	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis.	10a	59,488.			
		Complete Part VI of Schedule D				******	
	ь	Less: accumulated depreciation	10Ь	54,698.	5,486.	10c	4,790
	11	Investments - publicly-traded securities				11	l
	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)		144,872.	16	151,935
	17	Accounts payable and accrued expenses				17_	
	18	Grants payable		18			
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities			20		
Á	21	Escrow or custodial account liability. Complete Part			21		
Ĺ	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe					
Ţ		of Schedule L				22	
5 5	23	Secured mortgages and notes payable to unrelated to	hird par	aelt		23	
	24	Unsecured notes and loans payable to unrelated third	d partie:	5		24	
	25	Other liabilities. Complete Part X of Schedule D			8,059.	25	33,68
	26	Total liabilities, Add lines 17 through 25	<u> </u>		8,059.	26	33,68
И		Organizations that follow SFAS 117, check here	X an	d complete lines		<b>1333</b>	
Ť		27 through 29 and lines 33 and 34.	_				
ģ	27	Unrestricted net assets			136,813.	27	118,25
Ę	28	Temporarily restricted net assets				28	
\$	29	Permanently restricted net assets				29	]
R		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete			
-		lines 30 through 34.					
1	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, and equi				31	
BA	32	Retained earnings, endowment, accumulated income				32	
KAUES	33	Total net assets or fund balances			136,813.	33	118,25
5	34	Total liabilities and net assets/fund balances	<u></u> .	<u></u>	144,872.	34	151, 93
BA							Form 990 (20

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Form 990 (2009) Amvets Ladies Auxiliary- Ohio Department	23-7054440		Pε	ge 12
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements complled or reviewed by an independent accountant?		2a		<u> </u>
b Were the organization's financial statements audited by an independent accountant?		2ъ		X
c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	ain			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both:				
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 Audit Act and OMB Circular A-133?	h in the Single	3а		x
bilf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3ь		

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Form 990 (2009)

TEEAD112L 02/05/10

### SCHEDULE D (Form 990)

## Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047 2009

Open to Rublic

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the ottanization Amvets Ladies Auxiliary- Ohio Department 23-7054440 Parts: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate contributions to (during year) . . . . Aggregate grants from (during year)...... Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??.... Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements...... 2b b Total acreage restricted by conservation easements..... 2c c Number of conservation easements on a certified historic structure included in (a)...... d Number of conservation easements included in (c) acquired after 8/17/06..... 24 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement It holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the foolnote to the organization's financial statements that describes the organization's accounting for conservation easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b if the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1...... (II) Assets included in Form 990, Part X... If the organization received or held works of art, historical treasures, or other similar assots for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: -\$ a Revenues included in Form 990, Part VIII, line 1......

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

Schedule D (Form 990) 2009

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b Assets Included in Form 990, Part X.....

Sch <u>edule D</u> (Form 990) 2009 Amvets Lad	<u>lies Auxiliary- Ohi</u>	o Department	23-7054		Page 2
Part III. Organizations Maintaining (	Collections of Art, Histo	rical Treasures, o	r Other Similar As:	sets (cor	itinued)
3 Using the organization's acquisition accessitems (check all that apply):					
a Public exhibition	d 🔲 Loan o	r exchange programs			
b Scholarly research	e 🗌 Other				
c Preservation for future generations					
4 Provide a description of the organization' Part XIV.				e in	
5 During the year, did the organization solution assets to be sold to raise funds rather the	cit or receive donations of art, an to be maintained as part of	historical treasures, or the organization's coll	other similar ection?	Yes	No
Part IVE Escrow and Custodial Arran 9, or reported an amount on	gements Complete if or Form 990, Part X, line 2	ganization answere 21.	ed 'Yes' to Form 99	30, Part I	V, line
7 a Is the organization an agent, trustee, cus included on Form 990, Part X?	todian, or other intermediary	for contributions or other	er assets not	Yes	No
b If 'Yes,' explain the arrangement in Part					
	·			Amount _	
c Beginning balance			1c		
d Additions during the year			1d		
e Distributions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10	<u> </u>	
f Ending balance			11		
2a Did the organization include an amount of	n Form 990, Part X, line 21?.		,	Yes	∐ No
b If 'Yes,' explain the arrangement in Part	XIV.				
Part Endowment Funds Complete	if organization answere	ed 'Yes' to Form 9	90, Part IV, line 10		
(a) (	Aurrent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance		***************************************			
<b>b</b> Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
1 Administrative expenses					
g End of year balance		777			7 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 *
2 Provide the estimated percentage of the	vear end balance held as:			<u></u>	
a Board designated or quasi-endowment					
b Permanent endowment	-				
c Term endowment	<del></del>				
3a Are there endowment funds not in the po		that are held and admit	alstored for the		
organization by:	ossession of the organization	utat are field and defini	113(0) 00 10. 11.0	Y(	es No
(i) unrelated organizations		,,,,,,,,,,,		3a(i)	
(ii) related organizations				3a(II)	
b if 'Yes' to 3a(ii), are the related organiza	itions listed as required on Sc	hedule R?		3b	
4 Describe in Part XIV the intended uses of	of the organization's endowme	nt funds.			
Part VE Investments-Land, Buildin	gs, and Equipment. Sec	e Form 990, Part X	( <u>, line 10.</u>		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Boo	k Value
1a Land					
<b>b</b> Buttdings					
c Leasehold improvements					. ===
d Equipment		59 <u>,488</u> .	54,698.		4,790.
• Other					
Total. Add lines 1a through 1e (Column (d) m	ust equal Form 990, Part X, c	otumn (B), line 10(c).).	<u></u> ►		4,790.
RAA			Sched	tule D (For	m 990) 2009

TEEA3302L 02/02/10

chedule D (Form 990) 2009 Amvets Ladies Aux Part VIII Investments—Other Securities See F	TITIATY - UNIO DE	ne 12. N/A	23-7054440	Page
(a) Description of security or category	(b) Book value	(c) M	lethod of valuation	
(a) Description of security or category (including name of security)	<u> </u>	Cost or er	nd-of-year market value	
nancial derivatives				
losely-held equity interests		<del> </del>		
ther				
			<del></del>	
		<del></del>		
	-			
		<u></u>		
otal. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	5 000 0 1 1	120	*****************************	
art VIII Investments—Program Related (See		line 13) N/A		
(a) Description of investment type	(b) Book value	(c) N	lethod of valuation nd-of-year market value	
		OOST OF C	nd-or-your market teles	
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				_
				_
				****
Total. (Column (b) must enval Form 990, Part X, Col. (B) line 13.)  Part Part (See Form 990, Part X		A	A CONTROL OF THE PARTY OF THE P	
	Description	···	<b>(b)</b> Book	cvalue
(a) L	Jesa Iption		(0) (300)	
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		·····		
		<u></u>		
	Jan. 15			
Total. (Column (b) must equal Form 990, Part X, col.(B)	. line 13)			
Part X Other Liabilities (See Form 990, Pa		***************************************		
(a) Description of Liability	(b) Amount	584.		
Federal Income Taxes	33	OA TOTAL		
Restricted Net Equity	33,6	184.		
	i			
		Page Annual Control of the Control o		
		200000000000000000000000000000000000000	ALCONOMIC CONTRACTOR OF THE PROPERTY OF THE PR	***********
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	33,6			

Page 17/22

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Schedule D (Form 990) 2009

Sch	edule D (Form 990) 2009 Amvets Ladies Auxiliary- Ohio Depar	rtment	23-7054440	Page 4
	Reconciliation of Change in Net Assets from Form 990 to I		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Not unrealized gains (losses) on investments	**********		
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and.9		
Pa	প্রিমান্র Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue pe	r Return N/A	
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		VECTOR OF THE PROPERTY OF THE	
	Net unrealized gains on investments	Za	040-0805/51 040-0806/60 040-0806/60	
1	Donated services and use of facilities	2b	\$000.00 \$000.00	
(	: Recoveries of prior year grants		000000000 0000000000000000000000000000	
	Other (Describe in Part XIV)	2d		
•	e Add lines 2a through 2d.		26	
3	Subtract line Ze from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		6.00000 6.000000 6.0000000 6.00000000	
4	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
ı	Other (Describe in Part XIV)	4b		
•	: Add tines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.).			
	teXIII Reconciliation of Expenses per Audited Financial Statements			
	Total expenses and losses per audited financial statements	• • • • • • • • • • • • • • • • • • • •		
	Amounts Included on line 1 but not on Form 990, Part IX, line 25:		CONTROL CONTRO	
1	Donated services and use of facilities	2a		
ı	Prior year adjustments	2b		
•	: Other losses	2c	2000	
			100000000	
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		222	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b.			
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.).		3	
	tXIX Supplemental Information		-	
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a mallon.	int III, lines 1a and 4; Part and 4b. Also complete this	part to provide any a	ran v, dditional
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	···			
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Page 18/22

Schedule D (Form 990) 2009	<u>Amvets</u>	Ladies	Auxiliary-	Ohio :	Department	23-7054440	Page 5
Part XIVE Supplement	ai Informat	<u>ion (con</u>	tinued)				
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							20) 22-
BAA			TEEASS	3DSL 07/10/1	09	Schedule D (Form 9	3U) 200!

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Amvets Ladies Auxiliary- Ohio Department	23-7054440
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DAA	Schedule O (Form 900) 2009

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SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990. Department of the Treasury Internal Revenue Service

Schulte & Company

tame of the organization	Employer identification somber
Amvets Ladies Auxiliary- Ohio Department	23-7054440
Form 990, Part VI_Line 11 - Form 990 Review Process	
No review was or will be conducted.	
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BAA For Privacy Act and paperwork Reduction Act Motice, see the instructions for Form 990.

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Schedule 0 (Form 990) 2009

2009	Schedule D, Part XIV - Supplemental Information  Amvets Ladies Auxiliary- Ohio Department	Page 6
Schedule D,	Part XI, Line 8 ges In Net Assets Or Fund Balances	
		1
	Total \$\frac{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	<u> </u>