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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered Yes to Form 990 Part IV line 33, 34, 35b, or 36.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

American Veterans Post # 13 Inc

Employer identification number

59 3334943

Part I Identification of Disregarded Entities (Complete if the organization answered Yes to Form 990 Part IV line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax Exempt Organizations (Complete if the organization answered Yes to Form 990 Part IV line 34 because it had one or more related tax exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)	Ladies Auxiliary Post 13 41 2043000 D Land FL 32720	assisting veterans	FL	501(c)(19)		National Ladies		
(2)	Sons of AmVets Pos 13 03-0494136 DeLand FL 32720	AmVet support group	FL	501(c)(19)		National Sons		
(3)								
(4)								
(5)								
(6)								
(7)								

Part III **Identification of Related Organizations Taxable as a Partnership** (Comple e if he organizat or ans vered Yes to Form 990 Part IV line 34 because it had one or more rela ed organizations treated as a partnership during the tax year)

(a)	(b)	( )	(d)	( )	(f)	(g)	(h)		(i)	(j)		(k)
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered Yes to Form 990 Part IV line 34 because i had one or more re'ated organizations treated as a corpora ion or trust during the ax year)

( )	(b)	( )	(d)	(e)	(f)	(g)	(h)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV of this schedule

		Line	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to other organization(s)	1b		✓
c	Gift, grant, or capital contribution from other organization(s)	1c		✓
d	Loans or loan guarantees to or for other organization(s)	1d		✓
e	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		✓
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		✓
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	✓	
n	Sharing of paid employees	1n		✓
o	Reimbursement paid to other organization for expenses	1o		✓
p	Reimbursement paid by other organization for expenses	1p		✓
q	Other transfer of cash or property to other organization(s)	1q		✓
r	Other transfer of cash or property from other organization(s)	1r		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered Yes to Form 990 Part IV line 37)

Provid he o lowin' information for each entity taxed as a p rtnership through which the organization conducted more than fi e perc n of t activities (me sured by total assets or gross evenue that was no a rela ed organization See instructions regarding exclusion for certain investment partnerships

(a) N m d ress and N mit	(b) m / t)	( ) Legal d cile (t t foreign u try	(d) ll partners section rC ?3 rcanizator Yes	No	( ) har of end-of year ass t	(f) Disproportional allocation Yes	No	(g) Cou V—UBI am bo 2C ched le K (F rm 1065)	(h) G al or m g c partner? Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Sch R was not submitted with the orginal return because preparer's software did not support printing of this schedule and preparer failed to notice the missing form when compiling the return