2949335714307 7

| ٠ | . 9 9 | וח ביי | Return of Organization-Exempt From Income | Tax \ | OMB No. 1545-0047 |
|------------------|--------------|--------------|--|---------------------|-------------------------------------|
| Fort | n G | 3. | | بسنة | 2016 |
| | ~ | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva | | Open to Public |
| | | ine Treasury | ▶ Do not enter social security numbers on this form as it may be made | () () () () | Inspection |
| Inter | mal Revenu | | ► Information about Form 990 and its Instructions is at www.irs.gov/for | m890/\\\ | ` |
| <u> </u> | | | ndar year, or tax year beginning , 2016, and ending | D Emi | \ /,,20 \ |
| В | _ | applicable: | | | \31-0645800 |
| 님 | Address | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | E Teler | hone number |
| 님 | Name ch | - | 419 London Rd. | | \740-369-7912 |
| H | | m/terminated | City or town, state or province, country, and ZIP or foreign postal code | B' 1 | 1. / |
| 吊 | Amende | | Delaware, Ohio 43015 | G Gros | s receipts \$ 324, 752 |
| $\bar{\Box}$ | | | | this a group return | for subordinates? Yes X No |
| | | | Mike Blythe, 9 Ravine Ridge, Delavare, Ohio | Are all subordin | ates included? Yes No |
| | Tax-exe | mpt status. | □ 501(c)(3) | if "No," attac | ch a list. (see instructions) |
| J | Website | | | Group exempt | ion number > |
| K | | | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: | | ate of legal domicile: OH |
| | arti | Summ | lary To help and care for veterans and their families | and pr | ovide |
| اره 20107 | 1 | - | escribe the organization's mission or most significant activities: | | |
| 7 2 | | COMMU | hity-assistance to those in need | | |
| * | | Charles | is box ▶ ☐ if the organization discontinued its operations of disposed of more | then 25% | of the end consta |
| ار می Governa | 2 | | of voting members of the governing body (Part VI, line 14) | 1 . | اة |
| | 4 | | of Independent voting members of the governing body (Part VI, line 1b) | · · · | 98 |
| 5 7 | } _ | | mber of individuals employed in calendar year 2016 (Part V, line 2a) | · · · · · | 90 |
| Activitie | 6 | | mber of volunteers (estimate if necessary) | · | 3 |
|) Tow | 7a | | related business revenue from Part VIII, column (C), line 12 | | a 10 |
| ; | b | | lated business taxable income from Form 990-T, line 34 | · } | ь |
| | | | / P | rior Year | Gurrent Year |
| J | . 8 | Contribu | itions and grants (Part VIII, line 1h) | 1,500 | 1,513 |
| į | 9 | | service revenue (Part VIII, line 2g) | 1,277 | |
| 370 | 10 | Investm | ent Income (Part VIII, column (A), lines 3, 4, and 7d) | 6 | 75 735 |
| భా, | 11 | | venue (Fait viii, Column (A), imes 3, 60, 60, 50, 600, and 116) | 31,535 | 95,722 |
| 2018 | 12 | Total rev | cure and more extra negliable desiring and any in a serie of the mine in a | 34,318 | 97,248 |
| ණ | 13 | Grants a | and similar amounts paid (Part 1) (Part 1) (Past 1=3) | | |
| 67 | 14 | | paid to or for members (Part/IX, column (A) line 4) | Ø | - |
| الالمال (التاليا | 15 | Salaries | ether compensation employee benefits (Part IX, columb A), lines 5-19) | ··········· | |
| 2 6 | 16a | | onal fundraising fees (Partix, column (A), line Me) | | |
| an i | j b | Otal tu | ndralsing expenses (Part IX column (0), line 25) | 77,400 | 100,300 |
| | 17 | Total av | | 77, 400 | 100,300 |
| Ź | 18 | | penses Add lines 13-17 (must equal Part Kroellumn (Å), line 25) . e less expenses. Subtract line 18 from line 12 | 6,918 | (3,052) |
| | - H | nevertu | | g of Current Y | |
| RING STATE | <u>§</u> 20 | Total as | | 32,615 | 80, 228 |
| 4 | 21 | | bilities (Part X, line 26) | 1,087 | 1.751 |
| Ž | £ 22 | | | 81,529 | 78, 477 |
| I | Part II | | ature Block | | |
| - | | | jury, I declare that I have examined this return, including accompanying schedules and statements, a | and to the bes | t of my knowledge and belief, it is |
| • | true, corre | ect, and com | plote. Declaration of preparer (other than officer) is based on all information of which preparer has an | y knowledge. | |
| _ | _ ^ | X | milwell 181, Its | X /6 | 2-18-13 |
| S | ign 🔪 | F Sig | mature of officer. | , Øate ' | |
| 1 | lere`\ | \ \ _ | Mike Blythe, Canteen Manager | | |
| _ | <u> </u> | 112 | pe or print name and title | | |
| F | aid | Print | Type preparer's name Preparer's signature Date | Chi | eck 1 of PTIN |
| | Prepar | er | 1 Suran or allo 12 14 | self | -employed P01603520 |
| | Jse Or | | name Deborah L. Colling Acct. | Firm's EIN | • |
| | | - i m i. | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Phone no. | |
| | | | iss this return with the preparer shown above? (see instructions) | <u> </u> | , Yes Mo |
| F | or Pape | rwork Red | duction Act Notice, see the separate instructions. Cat. No. 1128 | 32Y | Form 990 (2016) |

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| Form 99 | | Page 2 |
|----------------------|--|--|
| Part | Oliverty Color and Color a | |
| 1 | Briefly describe the experiention's mission' | ··· · · · · · · · · · · · · · · · · · |
| • | To help and care for veterans and their lamilles and | provide \\ |
| | community assistance to those in need. | |
| | | () |
| | Did the organization undertake any significant program services during the year which | were not listed on the |
| | prior Form 990 or 990-EZ? | Yes No |
| _ | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conservices? | |
| | It "Yes," describe these changes on Schedule O. | Yes No |
| 4 | Describe the organization's program service accomplishments for each of its three la | rgest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the arm the total expenses, and revenue, if any, for each program service reported. | iount of grants and allocations to others, |
| | the total expenses, and revenue, it any, for each program service reported. | <i>).)</i> |
| 4a | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |
| | | |
| | | *************************************** |
| | | |
| | | |
| | | |
| | | *************************************** |
| | | |
| | | |
| | | *************************************** |
| 4b | (Code:) (Expenses \$including grants of \$ |) (Revenue \$) |
| 70 | (Code | in the April 20 Control of the Contr |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| 4c | (Code:).(Expenses.\$ including grants of \$ | (Revenue \$) |
| | | |
| 1 | | |
| | | |
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| / | | |
| $-\int_{\mathbb{R}}$ | | |
| ×. | 3 2017-21-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1- | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ► | F. 900 mai |

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| orm 990 | J (2016) | _ | 1 | Page 3 |
|----------|--|---------------|----------|--------|
| Part I | V 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 | | | × |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | / <u>2</u> | <u> </u> | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf-of-origin opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 0 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a section 501(lelection in effect during the tax year? If "Yes," complete Schedule C, Part II | 7) _4_ | | N/ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due assessments, or similar amounts as defined in Hevenue Procedure 98-197-II "Yes," complete Schedule C Part III | s, ;, 5 | | N A |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donor have the right to provide advice on the distribution or investment of amounts in such funds or accounts? "Yes," complete Schedule D, Part I | | | × |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open spacethe environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures; or other similar assets? If "Yes complete Schedule D, Part III | | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, | a | | |
| 40 | 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 temporarily restricte endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | ļ | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes complete Schedule D, Part VI | ," 11a | , , | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or mo of its total assets reported in Part X, line 16? If Yes, " complete Schedule D, Part VII | 116 | | × |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or mo of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | re 11c | ; | × |
| d | Uld the organization report an amount for other assets in Fart X, line 15 that is 5% or more of its total asset reported in Part X, line 16? If Yes, complete Schedule D, Part IX | ts T | 1 | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | , |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | | х |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | х |
| a | Was the organization included in consolidated, independent audited financial statements for the tax year? "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is option is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | al 12b | , | N/ |
| 13 | Is the organization, a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | x_ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 142 | <u> </u> | |
| ю | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmakin fundraising, business, investment, and program service activities outside the United States, or aggregation foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | ite | | × |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | or | | х |
| 16 /\ | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | ier | | ж |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | on 🗔 | | × |
| ์า์่8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | on 🗀 | | × |
| 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 | | | + |

Form 990 (2016)

| Part IV | Checklist | of Req | uired S | chedules (| (continued) |
|---------|-----------|--------|---------|------------|-------------|
| | | | | | |

| | | | TES | No |
|-------------|--|--|--|--|
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20á | | x |
| | | 20b | \Box | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 2 [| _ |
| | domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II | 21 | | <u>x</u> |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | } | ļ | |
| | 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 | | 1 | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | } | |
| 47 8 | \$100,000 as of the last day of the year, that was Issued after December 31, 2002? If "Yes," answer lines 24b | | 1 | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| ь | 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 | | | NA |
| | to defease any tax-exempt bonds? | 24c | } | 37.4 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | , | NA |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | NA- |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | NA- |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | M. |
| | yéár, ánd thát thể transaction hãs hột bèển reported ôn any ôf thế biganization's phor Forms 990 or 990-EZ? | | | NA |
| | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part. II. | 20 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 26 | | |
| 21 | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | , |
| | entity or family member of any of these persons? 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 | | × |
| þ | A family member of a current or-former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | х |
| ¢ | An entity of which a current or former officer director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | _28c_ | | <u></u> |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | <u>x</u> |
| 30 | Did the organization receive contributions of art historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 130 | | <u>×</u> |
| ٠, | Part I | 31 | } | } |
| 32 | Did the organization sell, exchange dispose of, or transfer more than 25% of its net assets? If "Yes." | | | × - |
| | complete Scneaule N. Part II | 32 | ļ | ١., |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | X |
| | sections/301-7701-2 and 301-7701-37/if "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | × |
| | or IV, and Part V, line 1 | 34 | <u> </u> | × - |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1_ |
| Ð | | | ĺ | × |
| 1 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | ` | |
| 36/ | | | | × |
| | related organization? If "Yes," complete Schedule R, Part V, Ilne 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 "Yos " complete Schodule R | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 27 | } | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 37 | | |
| 20 | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | х | İ |
| | | | <u></u> | (2016) |
| | | | | 4 |

| Part | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|----------|---|------------|-------------|--|
| | . Check if Schedule O contains a response or note to any line in this Part V | A | | |
| | | 7 | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10 0 | 2 | | |
| 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? | 1c | | NΛ |
| 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 22 2 2 | | | - |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| p | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q. | 3b | | NA_ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account for other financial | | | ж |
| | account)? | 4a | | |
| Ď | If "Yes," enter the name of the foreign country: ▶ | | , | |
| | See instructions for filing requirements for FinCEN Form 114 Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| £ | | _ | | × |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | |
| b b | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b | | -NA- |
| 6a | Does the organization have annual gross receipts that are normally greater, than \$100,000, and did the | 5c | | -NA- |
| • | organization solicit any contributions that were notitax deductible as charitable contributions? | | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | _6a_ | | |
| | gifts were not tax deductible? | 6b | | NA |
| 7 | Organizations that may receive deductible contributions under section 170(c). | -00 | | <u> </u> |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | İ | | |
| | and services provided to the payor? | 7a | | NA |
| b | If "Yes," dld the organization notify the donor of the value of the goods or services provided? | 7b | | NA |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 1 | | |
| | required to file Form 8282? | _7.c_ | | NA |
| d | If "Yes," Indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | _Ze_ | | NA |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | NA |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | Zg_ | | NA |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | NA |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | NA |
| 9 | Sponsoring organizations maintaining donor advised funds. | 1 | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | NA |
| _ b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | _9b_ | | NA_ |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Grand sociate Included on Form 200 Day VIII line 40 for multiple on a first for 1991 | 1 | | İ |
| 11 | Gross/recelpts, Included on Form-990, Part VIII, line 12, for public use of club facilities . 10b NA Section 501(c)(12) organizations. Enter: | 1 | | |
| ''a | Gross become from mambars or shoreholders | 1 | | |
| b | Gross income from members or shareholders | 1 | | |
| - | against amounts due or récéived from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 1 | | |
| /6/ | "If "Yes," enter the amount of tax-exempt interest received or account during the year | 12a | | NA_ |
| 13/ | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| 3 | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 100 | | NA |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 | 1 | |
| | the organization is licensed to issue qualified health plans | 1 | 1 | 1 |
| C | Enter the amount of reserves on hand | 1 | 1 | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X _x |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | ** |
| | | | n 990 | (2016) |

| Part.\ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O. Schedule O. contains a response or note to any line in this Part VI. | | | |
|-----------|---|------------|--------------|----------|
| Section | on A. Governing Body and Management | ~ | <u></u> - | _= |
| | | N) | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b 2 | Enter the number of voting members included in line 1a, above, who are independent 1b 90 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 | - | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | ж |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u>x</u> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | _5_ | | х |
| 6 | Did the organization have members or stockholders? | 6 | × | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | -7a | ¥ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | /W | ¥ | |
| a | The governing body? | 8a | | × |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | | |
| 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 | 9 | | х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | | === |
| | | | Yes | -No- |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | x | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12b | | <u> </u> |
| C | describe in Schedule O how this was done | 12c | <u> </u> | NA |
| 13 | Did the organization have a written whistleblower policy? | 13 | | × |
| 14 15 | Did the organization have a written document retention and destruction policy? | 14 | | × |
| а | The organization's CEO, Executive Director, or top management official | 15a | × | |
| b | | 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 entity during the year? | 16a | | x. |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | NA. |
| | ion.C. Disclosure | | | |
| 17≼ 18 | List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | n 501 | (c)(3): | s only) |
| 19 | Own website Another's website Q Upon request Other (explain in Schedule O) Describe in Schedule O whether (and it so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year. | terest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re- | cord | s: 🟲 | |
| | Mike Blythe, 9 Ravine Ridge, Delaware, Ohio | Foi | m 9 9 | 0 (2016) |

| Pa | ce | 7 |
|----|----|---|
| | | |

Form 990 (2016)

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| Form | 900 | 201 | 21 |
|------|-----|-----|----|
| | | | |

| Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees | |
|---|--------|
| | s. 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.
- 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, if any. 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 neither the organization nor | any relate | d orga | ıniza | atio | n cc | mper | sa | ted any curren | t officer, director | , or trustee. |
|--|---|----------|----------|--------------------------|--|-------------------|------------|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, u | ot ch | eck i s pei l a di | tion nore | the book employee | a ge Forme | Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other comportation from the organization and related organizations |
| (1) Mike Blythe Canteen Manager | 30 | | ¥ | > * | , , | | | 0 | Ø | Ø |
| (2) Larry Freeman | 10 | 1 | 7 | × | | | | Ø | 0 | 0 |
| (3) Robert Rhodes | 10 | - | | × | | | | Ø | 0 | 0 |
| 2nd Vice (4) Dick Wycoff | | | | _ | | | | | 0 | 0 |
| (5) Alvin Bright | 10 | | \vdash | X. | | | ┝╌ | 0 | | |
| (6) Inc. Lamphers | 10 | | - | × | | | ├ | 0 | 0 | 0 |
| (7) Trustee | 10 | <u> </u> | - | × | - | | | 0_ | 0 | <u> </u> |
| (8) | | - | | | | | | | | |
| (9) | | 1 | | | | | Γ | | - | |
| (10) | | 1 | | - | | | - | | <u> </u> | |
| (11) | | - | | | | | Γ | | | |
| (12) |] | - | | T | | | | | | |
| (13) | | - | + | + | | 1 | T | | | |
| (14) | | + | 1 | + | T | + | \dagger | | | |

| Part | VIII Section A. Officers, Directors, Trus | tees, Key E | mploy (| /ees | | | lighe | st C | ompensated E | mployees (co | ntinued |) | | |
|-------------|--|-------------------------------|------------------------------------|----------------------|------------------|--------------|-----------------------------------|-----------------|---|---------------------|--------------|----------|-------------------|---------|
| | (A) | (P) | } | | • | C) ition | | | | 1 | | `, | <i>'</i> | |
| | (A) Name and title | (B) Average | | | iec k | тол | e than o | | (D) Reportable | (E) \ Reportable | > | | F) nated | |
| | | hours per | office | ır and | | | is bott or/trust | | compensation | compensation f | rom | amo | urit of | |
| | | week (list any hours for | inclividual trustee or director | Ξ | Q | ~~~ | - 男 王 | 7 | from | related | 4/- | | her insatlo | |
| | | related | | Institutional truste | Officer | key employee | Highest compensated err ployee | Former | organization | W-2/1098-MK | (G) | fran | n the | |
| | | organizations below dotted | 호를 | BLO | | 흏 | 80 | 1 | (W-Syldaa-Wisc) | | | | ızatıon elated | |
| | | line) | 3 | 2 | | 8 | l ag | } | | | | | zations | |
| | | |] = | 8 | | | Safe | } | | 17 (|) | | | |
| | | | ├ | | | ├— | 1 2 | | | | / | | | |
| (15) | | ļ | ļ | | ļ | į | / | , | - 1 | | | | | |
| (16) | | | ├ | - | | ├- | 1 | - - | 1 | | | | | |
| 119 | | | 1 | | | | | 1 | 1// | () | 1 | | | |
| (17) | | | | - | - | - | | - | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | } } | | | | |
| 3 | | | 1 | | | | _ | | | / <i>f</i> | 1 | | | |
| (18) | | | | <u> </u> | 1/34 | 7 | | 1 | | V' | +- | | | |
| J | | | 1 | | 1 | ٠. | { | 16 | ∜ \ | | - 1 | | | |
| (19) | | | | | 1 3 | | | 17 | 77 | | | | | |
| | | | 1 | | | | - | 1 |] <u> </u> | | | | | |
| (20) | | | 13 | | | , | - | | 13 | | | | | |
| | | | <u> </u> | <u> </u> | | | | <u> </u> | 1.7 | | | | | |
| (21) | | | V. | ĺ | سم | <u>-</u> | | | | ĺ | - [| | | |
| | | | 12 | 4 | <u> </u> | | $\perp \lambda$ | <u> </u> | ļ | ļ | | | | |
| (22) | | } | .] ` 🖏 | -1 | | 1 | 1 | | } | } | - 1 | | | |
| (00) | | | - | Y- | | ├- | 1 | ╬ | | ļ | | | | |
| (23) | | <u> </u> | <u>-</u> | | <u> </u> | , | 11 | J | J | l | | | | |
| 120 | | | | - | - | 150 | - | ┼ | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | " | \\ | 卜 | 1 | ۴ | 1 | +- | | | | | | |
| 3227 | | | ` ` | | 1 | l | 1 | | | | 1 | | | |
| 1b | Sub-total | | • • • | 1.7 | • | • | , . | > | 0 | Ø | | Ø | | |
| C | Total from continuation sheets to Part | VII, Section | on A 🥙 | V. | | | | • | | | | | | |
| d | Total (add lines 1b and 1c) | <u></u> | | | | | <u> </u> | Þ | 0 | 0 | | Ø | | |
| 2 | Total number of individuals (individing bu | | d to th | 1056 | e list | ted | abov | e) w | ho received m | ore than \$10 | 3,000 o | f | | |
| | reportable compensation from the organ | ization 🌬 | | | | -0- | | | | | | | · | , |
| | | | , | | | | | | | | | | Yes | No |
| ã | Did the organization list any former of | fficer, direc | etor, o | or tı | rust | ee, | key | ēmt | ölőkéé' őt µið; | uēžį čēmbēu | şated | | | |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | • | 3_ | | ├ |
| 4 | For any individual listed on line 1a, is the | e sum of re | porta | ble | CON | npe | nsatio | on a | and other comp | pensation fro | m the | | | 1 |
| | organization and related organizations | greater tr | ian p | 150 | UUU | J f | 11 16 | 25 , | complete Sci | leanie 3 loi | Sucn | 4 | 1 | |
| - | Did any person listed on line 1a receive | or accrus o | · · | nea | tion | Stro | man | V 11r | related organi | ration or indi | ddual | | | ┼ |
| 5 | for services rendered to the organization | | | | | | | | | zation of mor | viodai | 5 | | |
| Saati | on B. Independent Contractors | , , , , , , , | | | | | 0.00 | | coon person | | · | <u> </u> | <u> </u> | <u></u> |
| 1 | Complete this table for your five highest | COMPARCA | ted in | den | enc | lont | cont | ract | tors that receiv | ed more than | \$100.0 | 200 01 | | |
| • | compensation from the organization. Re | | | | | | | | | | | | | ax |
| | /year. | , | | | J | T A | | | , | | | | | |
| | W W | | | | == | • | | ▜▀ | (B) | T | | (C) | | |
| Æ | Name and business ad | dress | | | | | | 1 | Description of | services | C | mpens | sation | |
| | | | | | | | |] | | | | | | |
| | | | | | | | | I^- | | | | | | |
| | 1.1 | | | | | | | | | | | | | |
| | (1) | | | | | | | Ĺ | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contract | | | | | | | to t | | ove) who | | | | |
| | received more than \$100,000 of compen | sation from | the o | rgai | niza | tion | | | -o | | | | | |
| | | | | | | | | | | | | For | m 99 (| 0 (2016 |

| Part | | statement of Hevenue Check if Schedule O contains a respo | nse or note to | any line in this | Part VIII | | |
|---|----------------|--|----------------|-------------------------|--|---|---|
| | | Oncon il Gonedale O containa a respo | oo or note to | Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | | Federated campaigns 1a | | | | | |
| E 5 | | Membership dues 1b | 1,515 | | | | |
| 2 2 | | Fundraising events 1c | | | | | |
| 돌혈 | | Related organizations 1d | | | | 4 | - |
| ᇎᄩ | | Government grants (contributions) 1e | | | | | |
| 看 | T | All other contributions, gifts, grants, and similar amounts not included above | ł | <i>p</i> (| | | |
| 를 등 | | سلمت المستقدم المستم المستقدم المستود المستود المستقدم المستقدم المستقدم المستقدم ال | | Į į | | | |
| 5 5 | g | Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f | | | |). N | |
| 2 | <u>h</u> | Total. Add lines Ta-II | Business Code | 1,515 | 177 | <u> </u> | |
| Program Service Revenue | 2a | | | | € ./ | (**) ! | |
| 桑 | þ | | | 7 | | 7 | |
| <u>8</u> | ć | | | 77 N | | | |
| 2 | ď | | | (8) X | Z. Z | | |
| E | ě | | | V (//) | W \ | | |
| | ţ | All other program service revenue, | | * William | 171 | | |
| F | g | Total. Add lines 2a-2f | | * * * | <u></u> å j | | |
| 1 | 3 | Investment income (including divider | nds, interést, | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | |
| 1 | | and other similar amounts) | | ~ <u>*</u> ** <u>11</u> | 11 | | |
| 1 | 4 | lucome trom investment of tax-exempt bor | ie broceeds | | ļ | | |
| ļ | 5 | Royalties | (ii) Personal | | | | |
| - } | 60 | Gross rents | (4) + 6126168 | | - | | |
| | 6a b | Less: rental expenses | | | _ | | ŧ |
| 1 | C | Rental income or (loss) | | 3/ | | | |
| | d | Net rental income or (loss) | | <i>k</i> . | 1 | | { |
| Į | 7a | Gross amount from sales of 0 Securities | (ii) Other | 47 | | | |
| | | assets other than inventory | | * | Ì | | |
| | b | Less: cost or other basis | N /W | |) |) | |
| | | and sales expenses . | | | | | [- |
| | C | Gain or (loss) | 1 1 | | | | 1 |
| | d | Net gain or (loss) | \ 🐧 . 🕨 | | | | <u> </u> |
| r Revenue | 82 | Gross income from fundralsing events (not including \$ of contributions reported on line 1c). | | | | - | |
| Othe | ۔ ا | See Part IV, line 18 a | | { | , | l | |
| Ö | C | Less: direct expenses). b | avents 🕨 | 1 | 1 | | 1 |
| | | Gross Income from gaming activities. | avenus . P | | | | |
| | | See Part IV, line 19 | 217, 552 | | } | } | |
| | ь | Less: direct expenses b | 182,951 | 1 | | | |
| | C | Net income or (loss) from gaming active | vities ▶ | 34.601 | 34,601 | { | |
| | 10a | Gross sales of inventory, less | | | | | |
| /^ | | returns and allowances a | 105.674 | | | ì | |
| - / > | ∕ ೄ p ∙ | Less: cost of goods sold b | | 1 | 1 | | |
| $-\xi/$ | <u>``c</u> | Net income or (loss) from sales of inve | | 61, 121 | 61.121 | 1 | |
| V | <u> </u> | Miżcellaueońa Beneune | Būsiness Čode | 4 | | | |
| | 11a | | | | · | | |
| | b | | | | | | |
| | C | All other revenue | | | -} | | |
| | 0 | All other revenue | • | | | | |
| | 12 | Total revenue. See Instructions. | | 07.045 | | | + |
| | | The state of the s | | 97,248 | 97, 248 | | Form 990 2016 |

Part IX: Statement of Functional Expenses —
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons | se or note to any lir | ne in this Part IX | 1.1. | |
|----------------------|---|-----------------------|--|-------------------------------------|--------------------------------|
| 8b, 9b, | include amounts reported on lines 6b, 7b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | J |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | Transcent of the Control of the Cont | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | H | |
| 7 8 | Other salaries and wages | 1/4 | | | |
| 9 10 11 | Other employee benefits | | | | |
| a b c | Management | | | | |
| d e 1 | Lobbying | | 9 | | |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 13 14 15 | Advertising and promotion Office expenses Information technology Royaltles | | | | |
| 16 17 18 | Travel Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 21 | Conferences, conventions, and meetings . Interest | | | | |
| 22 23 | Payments to affiliates Depreciation, depletion, and amortization Insurance. | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | - | · |
| a b | | 100,300 | 9, 063 | 91, 237 | |
| `d e 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 100, 300 | 9, 063 | 91, 237 | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | J, 000 | | Same 1090 pane |

| Pa | rt X | Balance Sheet | 1 16 | <u></u> | |
|-----------------------------|----------|---|--|------------------|--------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | t X 🔄 | - T | · |
| | | | (A) Beginning of year 8, 262 | Ĺ | (B) End of year |
| \neg | 1 | Cash—non-interest-bearing | 1,296 | (1 | 6,656 1,296 |
| - 1 | 2 | Savings and temporary cash investments | 1,230 | 12/ | 1,236 |
| 1 | 3 | Pledges and grants receivable, net | 1/ \\\ | 3./ | |
| | 4 | Accounts receivable, net | 1. 1. | 4 . | |
| | 5 | Loans and other receivables from current and former officers, directors, | 10 mg/10/2 | | |
| - 1 | | trustees, key employees, and highest compensated employees. | | | |
| - 1 | | Complete Part II of Schedule L | | 57 | |
| 1 | 6 | Loans and other receivables from other disqualified persons (as defined under section | The Contract of the Contract o | | |
| 1 | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| 1 | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | 1.02-3 |) | |
| \$ | | organizations (see instructions). Complete Part II of Schedule L | /NY WY | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ₹ | 8 | Inventories for sale or use | 1,000 | 8 | 1,000 |
| | 9 | Prepaid expenses and deferred charges | <u> </u> | 9 | |
| | 10a | Land, buildings, and equipment: cost or | . | | |
| į | | other basis. Complete Part VI of Schedule D 10a 98, 070 | | | m. 0me |
| | b | Less: accumulated depreciation 10b 26,794 | 72,058 | 10c | 71,275 |
| | 11 | Investments—publicly traded securities | <u>/ </u> | 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 | | + | 00.000 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 82,616 | 16 | 80,228 |
| | 18 | Grants noughlo | 1,087 | 18 | 1,751 |
| | 19 | Grants payable | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| ø | 22 | Loans and other payables to current and former officers, directors, | | - · | |
| Llabilities | | trustees, key employees, highest compensated employees, and | | | |
| Ē | i | disqualified persons. Complete Part II of Schedule L | į | 22 | |
| === | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | T | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | 1 | 1 | |
| | } | of Schedule D | 4.007 | 25 | 4 351 |
| | 26 | Total liabilities: Add lines 17 through 25 | 1,087 | 26 | 1,751 |
| ω | } | Organizations that follow SFAS 117 (ASC 958), check here ► □ and | 1 | } | } |
| 8 | ļ | complete lines 27 through 29, and lines 33 and 34. | | 1 | |
| <u>a</u> | 27 | Unrestricted net assets | <u> </u> | 27 | <u> </u> |
| 8 | 28 | Temporarily restricted net assets | | 28_ | |
| 2 | 29 | Permanently restricted net assets | | 29 | <u> </u> |
| Ē | 1 | Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and | · | | |
| Net Assets or FundiBalances | | complète lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 81,529 | 31 | 78, 477 |
| 91/ | 32 33 | Total net assets or fund balances | 81,529 | 33 | 78,477 |
| Ž | 34_ | Total liabilities and net assets/fund balances | 82,616 | 34 | |
| === | 1.04 | Torreligoliures and flet assersanti naigifices | <u> </u> | -154 | Form 990 (2016) |

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

NA

3b

Form 990 (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form.990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

| | American Veterans of WWII Post | 104 | | . 31 <i>-</i> 06,45 | B 0 0 |
|--------|---|--|--|---------------------|---|
| Pari | | | | or Account | ś. |
| | Complete if the organization answered ' | Yes" on Form 990, Pa | rt IV, liné 6. | 200 | |
| | | (a) Donor advised f | | *** | and other accounts |
| 1 | Total number at end of year | • | - T- T- T- T- T- T- T- T- T- T- T- T- T- | A I | 7 |
| 2 | Aggregate value of contributions to (during year) | | | 人。人 | / |
| 3 | Aggregate value of grants from (during year) . | | | 17-11-11 | |
| 4 | Aggregate value at end of year | 17 | 7.4 | | |
| 5 | Did the organization inform all donors and donor | advisors in writing that | the assets held | n donor adv | rised |
| | funds are the organization's property, subject to the | e organization's exclüsiv | e legal/control? 🗟 | · · · · | - 🔲 Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, a | ind donor advisors in wri | ting that grant fu | nds can be i | used |
| | only for charitable purposes and not for the bene | it of the donoi or donor | advisoi, or for á | jý other purj | DOSE |
| | conferring impermissible private benefit? | · · · ///· · × | <u> </u> | | · 🗌 Yes 🗌 No |
| Par | Conservation Easements. | | | | |
| | Complete if the organization answered | "Yes" on Form 990, Pa | ırt IV,`line 7. | | |
| 1 | Purpose(s) of conservation easements held by the | | | | |
| | Preservation of land for public use (e.g., recrea | | | | |
| | ☐ Protection of natural habitat | <i>₹.</i> / □ P | reservation of a c | ertified histo | ric structure |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservati | on contribution ir | | |
| | easement on the last day of the tax year. | | | Héld | at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a | |
| Ь | Total acreage restricted by conservation easemen | ts | | | |
| C | Number of conservation easements on a certified | historic structure include | din (a) | 2c | |
| d | Number of conservation easements included in | (c) acquired after 8/1// | us, and not on | | |
| _ | historic structure listed in the National Register Number of conservation easements modified, tran | | uchod ortomore | 2d | received duppe the |
| 3 | tax year | Sterred, released, exting | distrect, or termina | ned by the o | iganization during the |
| | Number of states where property subject to conse | nustion assembnt is loca | tod 🕨 | | |
| 4 5 | Does the organization have a written policy re | garding the periodic m | onitoring inspec | tion handle | ng of |
| 3 | violations, and enforcement of the conservation e | asements it holds? | · · · · · | | · TYes T No |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | | | | |
| | | | | | • |
| 7 | Amount of expenses incurred in monitoring, inspect | ng, handling of violations, | and enforcing con | servation eas | ements ouring the year |
| • | ▶\$ | J. | J | | • • |
| 8 | Does each conservation easement reported on line | e 2(d) above satisfy the re | quirements of se | ction 170(h)(4 | I)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | | | · 🔲 Yes 🗌 No |
| 9 | In Part XIII, describe how the organization reports | conservation easements | In its revenue an | d expense s | tatement, and |
| | balance sheet, and include, it applicable, the text | of the footnote to the or | janization's finan | cial statemen | its that describes the |
| | organization's accounting for conservation easen | ients. | | | |
| Pai | Organizations Maintaining Collection | ns of Art, Historical 1 | reasures, or O | iner Similai | r Assets. |
| | Complete if the organization answered | "Yes" on Form 990, F | an IV, line 8. | | |
| 1a | If the organization elected, as permitted under S works of art, historical treasures, or other similar | ras 116 (asc 938), not | to report in its re | venue staten | nent and balance sneet |
| , | public service, provide, in Part XIII, the text of the | footnote to its financial s | tatements that d | escribes thes | se items. |
| | If the organization elected, as permitted under | | | | |
| 70 | works of art, historical treasures, or other simil | oras i ie (asu sse), ii er seeste held for nublic | exhibition educ | ation or res | earch in furtherance of |
| - [] | public service, provide the following amounts rela | | exhibition, edge | uuon, oi 100 | CONTRACTOR |
| V | (i) Revenue included on Form 990, Part VIII, line | | | | \$ |
| | (ii) Assets included in Form 990, Part X | | | | \$ |
| 2 | If the organization received or held works of a | t historical treasures o | r ether similar a | ssets far fin: | ancial gain, provide the |
| ž | following amounts required to be reported under | SFAS 116 (ASC 958) rela | ating to these iten | | ಜನಗಳನ್ಗಳ ಪ್ರಾಚಿಸಿಗೆ '್ |
| a | December to decide disease Francis OOO Dest MIL francis | | | | \$ |
| | Assets included in Form 990, Part X | | | | \$ |
| | Paperwork Reduction Act Notice, see the Instructions | | | | Schedule D (Form 990) 2016 |

| • |
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| Page 2 tinued) ise of its |
| |
| e in Part |
| = |

| Schedule | D (Form 990) 2016 | | | | | | | | | Page 2 |
|----------|---|--|--|--|------------|--|---------------|---|---------------|--------------|
| Part | | | | | | | | | | |
| 3 | | | | | | | | use of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | | d [|] Loan o | or exchange | e progr | ams \\ | | > |
| b | Scholarly research | | - | e[|]-Other | - | | · - / / / | | Ž. |
| | ☐ Preservation for future generations | | | | | - / | | | <u> </u> | |
| | Provide a description of the organizat | | collections a | nd explai | n how th | iev further 1 | he org | anization's exe | mot purpo | ose in Part |
| • | XIII. | | | | | 1 | (| 11/2 | | |
| 5 | During the year, did the organization | solicit | t or receive o | Ionations | of art. h | nistorical tr | easurés | or other simi | lar | |
| - | assets to be sold to raise funds rather | than | to be maintai | ned as p | art of the | organizatio | n's co | lection? | | es 🗆 No |
| Part | | | | | | | | 1 \ / | | 22 1140 |
| Lan | Complete if the organization | nigei | vered "Vec" | on Form | agn é | art IV. line | 9 or | ronorted on a | - mount or | Eorm |
| | | di 15 v | Acten 162 | On For | 1 990,77 | art IV, III le | | eboiren au a | mount or | t FORIII |
| | 990, Part X, line 21. Is the organization an agent, trustee, | | adion or other | r intorna | adian ista | r contributi | 220.00 | åthar assats a | | |
| 1a | | | | ar interiti | Bolary 10 | r contribut | ons or | otner assets r | | |
| | included on Form 990, Part X? | | | | • • • | · · · · · · | |) • • • • • • • • • • • • • • • • • • • | . ∐ Y | es 🗌 No |
| b | If "Yes," explain the arrangement in P | art XII | i and comple | te the fol | lowing ta | iple: | | (- j | | |
| | | | | - 67 | | · Marie Constitution of th | 14 | 4 | Amount | |
| C | Beginning balance | | | 1.1 . | , | 16.5 | <u> </u> | 1 | | |
| d | Additions during the year | | | . \.\. | ; | 1. 1. 1. | 10 | | | |
| e | Distributions during the year | | | . J. 4. | ، کار ب | ./. \\ | 1e | | | |
| f | Ending balance | | | , <u>`</u> ; | | () ! | 11 | | | |
| ža | Did the organization include an amount | nt on i | Form 990, Pa | iπ X, iine | 21, for e | scrow.or/cu | stodia | account liabili | ty? 🔲 ¥ | es 🗌 No |
| | If "Yes," explain the arrangement in P | | | | | | | | | |
| Pan | | | | 180 | 27.77 | ~ | | | | |
| | Complete if the organization | ans | wered "Yes" | on For | n 990\ F | Part IV. line | e 10. | | | |
| | | | Current year | (b) Pnc | | (c) Two year | | (d) Three years ba | ck (e) Fou | r years back |
| 1a | Beginning of year balance | - ` · | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1.1 | | | | | |
| | Contributions | $\vdash_{\mathcal{F}^{\triangleleft}}$ | | | 1.1 | | | | | |
| | | 1 A | } | - | | | | | | |
| G | Net investment earnings, gains, and | | | | | | | | | |
| | losses | 127 | | | | | | | | |
| d | Grants or scholarships | | | <u> </u> | | | | | | |
| e | Other expenditures for facilities and | L | 4 | $\mathbb{Z}M/$ | | | | | l l | |
| | programs | | | 7.7 | | | | | | |
| f | Administrative expenses | | | <i>; </i> | | | | | | |
| д | End of year balance | [| | ~ | | | | | | |
| 2 | Provide the estimated percentage of | the cu | rrent year en | d balanc | e (line 1g | , column (a |)) held | as: | | |
| а | Board designated or quasi-endowme | nt 🕨 | NA. | % | | • | | | | |
| b | Permanent endowment₹▶ | % | 7.7 | • | | | | | | |
| C | Temporarily restricted endowment ▶ | £ | % | | | | | | | |
| | The percentages on lines 2a, 2b, and | | ould equal 10 | 00%. | | | | | | |
| 3a | Are there endowment funds not in the | à nos | session of th | e organi | ation the | at are held | and ad | ministered for | the | |
| - | organization by: | | | . o o ga, | | at ato field | a.,. ac | | | Yes No |
| | (i) unrelated organizations | | • | | | | | | 2-17 | |
| | | <i>[]:</i> | • • • • | • • • | • • • | | • • | | . 3a(i) | |
| | (ii) related organizations | <i>"</i> . | | • • • | • • • | | | | . 3a(ii) | 4 |
| b | If "Yes" on line 3a(ii), are the related of | organi | zations listed | as requi | ed on Si | cnedule R7 | • • | | . <u>3b</u> | |
| 4 | Describe in Part XIII the intended use | | | n's endo | wment n | unas. | | | | |
| Par | | | | | | | | | | |
| | Complete if the organization | ans | wered "Yes" | on For | m 990, I | Part IV, line | <u>e 11a.</u> | See Form 99 | 0, Part X, | line 10. |
| Þ | Description of property | | (a) Cost or ot | | | or other basis | | Accumulated | (d) Bo | ok value |
| | | | (investm | ent) | (0 | other) | d | epreciation | | |
| 1a) | ^Laind | | | | | | | | | |
| ĈЪ | Buildings | | 73 | . 193 | | | | 4, 144 | 69 | 9,049 |
| č | Leasehold improvements | _ | ,,,, | | | | | | | |
| ď | Equipment | - | 24 | . 877 | | | | 22,650 | | 2, 227 |
| e | Other | | | .0// | | | | 27.,000 | <u> </u> | |
| | Add lines 1a through 1e, (Column (d) | nue+ | Paulal Form O | On Part 1 | / colum | n (R) line 11 | L | | | 1,276 |
| 2220 | ر (۱۱) این ایران ایران این این این این این این این این این ا | لاديس | יאיטפרו אינוון אי | w. Edil | | <u> </u> | ارىدى | | | 44/0 |

71, 276

Schedule D (Form 990) 2016

| Part VII | Investments—Other Securities. | | | | N |
|----------------|---|--|--|---|---------------------------------------|
| | Complete if the organization answ | vered "Yes" on For | | | |
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Meth Cost or end- | od of valuation. |
| (1) Financial | | / | | hit. | 17 ~1 |
| | held equity interests | <i>.</i> | | (\$\frac{1}{2}\frac{1}{ | |
| (3) Other | | | <i>k</i> | / Y | 1 |
| (A) | | | <u>l</u> š | <u> </u> | <u> </u> |
| (B) | | | | | A |
| (C) | | | | | BY 1 |
| (D) | | | | 1 1 | 1 |
| (E) | | | | No. | <u> </u> |
| (F) | | | 12 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| (G) | | *************** | | メルジン | |
| (H) | | | Ps/ | 1.1 | |
| Part VIII | (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related Complete if the organization answ | | m 990. Part IV. lin | e 11c. See Form | 990. Part X. line 13. |
| ***** | (a) Description of investment | 2 | (b) Book value | | nod of valuation: |
| | ••••••••••••••••••••••••••••••••••••••• | * , | | | of-year market value |
| (I) | | · . | NOTES Y | | |
| (2) | | 73.7 | | | |
| (3) | | | 11.7 | | |
| (4) | | <u> </u> | | | |
| (5) | | | ************************************** | | · · · · · · · · · · · · · · · · · · · |
| (6) | | | | † | |
| (7) | | * | 737 | | |
| (8) | | <u> </u> | A) | <u> </u> | |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| Part IX | Other Assets. | | ! } | t | |
| | Complete if the organization ans | wered "Yes" on Fo | m 990 Part IV lin | e 11d See Form | 990 Part V line 15 |
| | / |) Description | 111000,7 631,14, 111 | ic rig. deer diffi | (b) Book value |
| (1) | | | | | In) Door vane |
| (2) | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | ·-· |
| (3) | | 7.7 | | | |
| (4) | | | | | |
| (5) | | | | | |
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| <u>(6)</u> | | | | | ····· |
| (7) | | | | | |
| (8) | | · · · · · · · · · · · · · · · · · · · | | | |
| (9) | umn (b) must equal Form 990, Part X, c | ol (B) line 15) | | | |
| Part X | Other Liabilities. | oi. (b) iiie 15.) | <u> </u> | <u> </u> | |
| raitx | Complete if the organization ans line 25. | wered "Yes" on Fo | rm 990, Part IV, lir | ne 11e or 11f. See | Form 990, Part X, |
| 7. | (a) Description of liability, | (b) Book value | | | |
| (1) Federal | ıncomè taxes | | | | |
| (2) | | <u> </u> | | | |
| 100 | Charities | (91 | , | | |
| | And I Clea | 1,842 | ' | | |
| (5) (| | 1,042 | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| | | 1, 751 | | -,-, | |
| Araphinestics | or uncertain tax positions. In Part XIII, prov | THE THE TEXT OF THE 1001 | note to the organization | n s financial stateme | nts that reports the |
| Uryar IIZatiOl | n's liability for uncertain tax positions unde | i fiin 40 (ASC 740). Ch | eck here if the text of | tne tootnote has bee | n provided in Part XIII 🔲 |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

American Veterans of WWII Post 104

Employer identification number 31-0645800

| Part | Fundraising Activities. Form 990-EZ filers are no | Complete it the | e organiza | tion answ | ered "Yes" on | Form 990, Part IV, | line 17 | |
|-------|--|---|---------------|---------------------------------------|-----------------------------------|--|---|--|
| 1 | Indicate whether the organization | n raised funds th | nrough any | of the follo | wing activities. C | heck all that apply. | | |
| а | ☐ Mail solicitations e ☐ Solicitation of non-government grants | | | | | | | |
| ь | Internet and email solicitations 1 Solicitation of government-grants | | | | | | | |
| C | Phone solicitations g Special fundraising events | | | | | | | |
| đ | in-person solicitations | | | ama a landii dal | and of the second second | laam disastam ta ut | | |
| 2a | Did the organization have a writt or key employees listed in Form | ten or orat agree 990 Part VII) or | entity in co | any maivid anection v | vith professional | fundraising services? | ees, | |
| h | If "Yes," list the 10 highest paid | | | | | | | |
| ~ | compensated at least \$5,000 by | | | | | | | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody or | traiser have control of utions? | (iv) Gross receipts from activity | (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | Yes | No | | 354 (7) | | |
| 1 | - | | A | | | | | |
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| 7 | <u> </u> | | (4) | | | | | |
| 8 | \(\frac{\psi}{2}\) | | | | | | | |
| 9 | 178 | | | | | | | |
| 10 | | | | | | | | |
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| For P | aperwork Reduction Act Notice, see the | Instructions for Fa | rm 890 or 990 | | Cat. No. 50083H | Schedule G | (Form 990 or 980-EZ) 2016 | |

| Pa | rt II | Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha | ig event contributions | on answered "Yes" on and gross income on t | Form 990, Part IV, line Form 990-EZ, lines 14 | 18, or reported more nd 6b. List events with |
|-----------------|-------------|--|---|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | | | | <u> </u> |
| ۳ | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 miņus line 2) | | 1 | | <u> </u> |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | | ************************************** |
| Direct Expenses | 7 | Food and beverages | | | | |
| Dire | 8 | Entertainment | <i>,</i> | > | | |
| | 9 | Other direct expenses . | | | | |
| | 10 11 | Direct expense summary. Ac Net income summary. Subtri | act line 10 from line 3, c | olumn (d) | > | |
| Pa | rt-III: | Gaming. Complete if the than \$15,000 on Form 9 | e organization answe 90-F7, line 6a. | red "Yes" on Form 99 | 0, Part IV, line 19, or | reported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total garring (add col. (a) through col. (c)) |
| E E | 1 | Gross revenue | | 217, 552 | | 217, 552 |
| Ses | 2 | Cash prizes | | 177,792 | | 177,792 |
| Direct Expenses | 3 | Noncash prizes | | ` | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | | 5, 159 | F-1 | 5, 159 |
| | 6 | Volunteer labor . | □ Yès% | Sx Yes | Yes % | |
| | 7 | Direct expense summary. Ac | d-lines 2 through 5 in c | column (d) | | 182, 951 |
| | 8 | Net gaming Income summar | y. Subtract line 7 from l | line 1, column (d) | <u> ▶</u> | 34, 601 |
| E | a/ils | | | s in each of these state | | bol Yes ∐ No |
| 10 | a W b If | /ere any of the organization's of "Yes," explain: | gaming licenses revoke | | ated during the tax year | 7 . 🗆 Yes 🙀 No |
| | | | *************************************** | | Schedu | le G (Form 990 or 990-EZ) 2016 |

| Schedul | dule G (Form 990 or 990-EZ) 2016 | | Page 3 |
|--------------|--|------------------|---|
| 11 | Does the organization conduct gaming activities with nonmembers? | 1., | ☐ Yes 🏋 No |
| 12 | | or other entity | |
| 12 | formed to administer charitable garning? | 11 | Yes 🗷 No |
| | formed to administer charitable garding: | 11. | TÍ LEZ TO MO |
| 13 | Indicate the percentage of gaming activity conducted in: | | · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| а | | \ <u>13a/</u> | 100 % |
| _ <u>;</u> _ | h An outside tacility | | NA-%- |
| 14 | the second first and the second first accompanies and and an an analysis of the second | nts books and | |
| 14 | | 1 | |
| | records: | | |
| | | | |
| | Name▶ Mike Blythe, Canteen Manager |] [| · |
| - | | | |
| | Address 9 Ravine Ridge Dr. Delaware, Ohio 43015 | | - |
| | J ROYANG BLOGG MAI ACCOUNTS | | ************** |
| | oa Does the organization have a contract with a third party from whom the organization re | coives namino | • |
| 15a | | ceives garriirig | · — |
| | revenue? | • • • • • | ☐ Yes ☐ No |
| b | b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 1 | and the | |
| _ | amount of gaming revenue retained by the third party \$ | | |
| _ | c If "Yes," enter name and address of the third-party: | | |
| 5 | e in Yes, enter name, and address of the timo party. | | |
| | | | |
| | Name > | | |
| | | | |
| | Address ► | | |
| | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | |
| 16 | Gaming manager information: | | |
| | Name Mike Blythe, Canteen Manager | | |
| | Name Name | | |
| | l id | | |
| | Gaming manager compensation ► \$ -0- | | |
| _ | | | |
| | Description of services provided > / Manages ticket sales and reporting | ng | |
| | Description of services provided v | | |
| | | | |
| | ☑ Director/officer ☐ Employee ☐ Independent contractor | | |
| | | | |
| 17 | 7 Mandatory distributions: | | |
| | a Is the organization required under state law to make charitable distributions from the gami | ng proceeds t | 0 |
| • | retain the state gaming license? | | 🔀 Yes 🗌 No |
| | b Enter the amount of distributions required under state law to be distributed to other exempt of | rashizations c | |
| ţ | b Enter the amount or distributions required under state raw to be distributed to drief example | nganzanona c | ,, |
| | spent in the organization's own exempt activities during the tax year ▶ \$ 34, | | |
| Par | art IV Supplemental Information. Provide the explanations required by Part I, line 2b | , columns (iii) | and (v); and |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any | additional info | ormation. |
| | See instructions | | |
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| | /3/ | Schedule G (F | om 990 or 990-EZ) 201 |
| | 1 7 | | |

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**16**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| American Veterans of WWII Post 104 | Employer identification number 317 0645800 |
|--|--|
| | (1) Loos V |
| Part VI | |
| Line 6. The organization has 90 members Line 7a The members elect all officers. | |
| Line 7a The members elect all dilicers. Line 7b The members vote on all major d | |
| Line 11 The organization reviews the 99 | |
| being filed. | |
| Line 19 The 990 and financial statement to all members. They are avail | |
| to all members. They are avail public upon request. | able to the |
| There were no major changes during the | year 2017 · |
| A O | <u>*************************************</u> |
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