Return of Organization-Exempt From Income Tax

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the 2	017 cale	endar year, or tax yea	r beginning	<u> </u>	, 201	7, and endi	ng ·		, 20
В	Check if ap	oplicable	C Name of organization	American	Veterans o	f WWI]	Post 1	.02	D Employe	er identification number
	Address ch	•	Doing business as] 3	31-1237517
	Name char	- 1	Number and street (or	PO. box if mail is n	ot delivered to street	address)	Room/si	uite	E Telephor	
\exists	Initial return	_	485 Park	Ave.					7	40-363-8316
ī	Final return/				nd ZIP or foreign pos	tal code				10 000 0010
\exists	Amended :			Ohio 430					G Gross re	eceipts \$ 457,608
8	Application							11/22 /2 45-22 2		subordinates? Yes No
	Application	ı bending	1					1		sincluded? Yes No
	T				shire Rd.					s included? L. Yes L. 146
-	Tax-exemp		501(c)(3)	y≱21 501(c) (1 9) ◀ (insert no.) L	4947(a)(1)	or 527(<u> </u>		•
J K	Website:		Corporation Trus			<u> </u>	<u> </u>		exemption	
							. Year of forma			of legal domicile. OH
	artu	Summ	^{lary} Uphold an	<mark>d defend U</mark> S	Constitut	ion, e	safeguar	r <mark>d princ</mark> :	iples c	of freedom,
•	1 E	Briefly de	escribe the organiza	apple ture north	i.fw <i>6</i> 215iabiti69	nt activity	esour-ec	ountry,	reserv	·e
Governance	e	lenoc i	racy,and-ded	icate ours	-l-vestomu	t ua le	assistar	3C e ,		
Ē]									
Š	1		nis box ▶ 🔲 if the o	-			r disposed	of more that	n 25¦% of	its net assets.
B	3	Number	of voting members	of the governing	g body (Part VI, I	line 1a) .			. 3	218
Activities &	4 N	Number	of independent voti	ing members of	the governing b	ody (Pafi	t VI, line j b	PEN/EL	A	218
Ë	5 T	Total nu	mber of individuals	employed in cal	endar year 2017	(Part V	line-2a)		<u>ыР</u>	
`≩.) 6 T	Total nui	mber of volunteers	estimate if nece	ssary)	};	<u></u>]		. Ø6	10
Ä	7a T	Total uni	related business rev	enue from Part	VIII, column (C),	line 12	₿ļ.JUL	2.4.2018	. \ta	J
	b N	Net unre	lated business taxa	ble income fron	Form 990-T, lir	ne 34	"		. 127b	
							001	7 Pripy Y	ear	Current Year
	8 0	Contribu	itions and grants (P	art VIII. line 1h)			<u>OG</u> l	3	55_	3, 666
Ž			service revenue (P	-			• • •	12,	155	13, 196
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							.22	109
æ			venue (Part VIII, col		87,	378	95,767			
			enue—add lines 8 th					102, 8	1	112,738
			and similar amounts							
			paid to or for mem							
	1						!	73, 2	270	73,661
Expenses	15 5		other compensation					/3, 4	220	73,661
ĕ	16a F		onal fundraising fee	•				Tucherus. A refer	N 66-47 (26-6)	Sec. 188 187 18 187 18 18 18 18 18 18 18 18 18 18 18 18 18
Š	b T		draising expenses		• • •			West House	1.65分别到	经验的基础是实现的证明
	111		penses (Part IX, co			•		109,0		103,022
	1		penses. Add lines 1				•	182, 2		176, 683
		Revenue	less expenses. Su	btract line 18 fro	m line 12	<u> </u>	<u> </u>	(79,4		(63, 945)
sets or	3							Beginning of C	urrent Year	End of Year
Sets	20 1	Fotal as:	sets (Part X, line 16)					348, 8	395	302, 196
Net Ass	21 7	Fotal lial	oilities (Part X, line 2	26)				15.0	36	30, 586
ž	22 1	Vet asse	ets or fund balances	s. Subtract line 2	1 from line 20			333.8		271.610
P	art II	Signa	ture Block							
U	nder penalti	es of peri	ury, I declare that I have	examined this return	, including accompa	nving sche	dules and stat	tements, and to	the best of	my knowledge and belief, it is
tru	ie, correct,	and comp	olete Declaration of prep	arer (other than offic	er) is based on all inf	ormation of	f which prepar	er has any knov	vledge.	,
		X							7	29-2018
Sig	gn	Sigi	nature of officer						ate 6	
	ere	,								
		Typ	e or print name and title	g, Command						
			ype preparer's name	Prer	arer's signature			Date		PTIN
	aid	1	/F - F. SF - 0 . 0 . 101110	\) ,] _ /	$\rightarrow \sim 1$	1.00 l		Check	L] if (
	eparer	I		P	VV	v L		5-21-18	self-em	P01603520
U	se Only			ah L. Coll:	ins Acct.				m's EIN ▶	
3 A		Firm's	address ► ss this return with th			io 4:	3015	Ph	one no.	
	-					nstructio	ns, .	<u> </u>	· · · ·	🗌 Yes 🗌 No
Fο	r Panerwo	ork Redi	uction Act Notice, se	e the senarate in	etructione		Cat	No 11292V		Form 990 (2017)

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses >

including grants of \$

(Expenses \$

Form 990	1(2017)		F	age 3
Part I				-900
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Ź
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		N
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		N.
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		ж
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	1	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	I EWESTERN	17,29,100
b	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	11b		×
C	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	11c		x
d	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	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	3	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		N
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	 	╁┈

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		••
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	-	<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	- 1	Х_
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			x
0.4	employees? If "Yes," complete Schedule J	23		
· 24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		NA.
C	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		-NA-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		NA
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			87.4
	If "Yes," complete Schedule L, Part I	25b		NA
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	00		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26_		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	を記れる	K.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		色配	SALE.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		×
	Schedule L, Part IV	28b		×
С	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		х
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			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		×
•	Part I	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		
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	00		ж
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-33		
-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		*
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		Ì	x
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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	30	<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		×	
	19? Note. All Form 990 filers are required to complete Schedule O.	38) (2017)
		ror	m ラブ(# (201 <i>1</i>)

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 ;	
_		इंड्रेस्ट्र	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1.5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	مين المراجعة	NA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	250	175.5	\$300 PE
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	NE.	遊遊	是歸
. 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		,,,,,
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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, or other financial			
_	account)?	4a	79:32	-53°+ 5-53.4
b	If "Yes," enter the name of the foreign country:			345.A.
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		建筑	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	3
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 -	NA
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	├	NA
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Į	١.
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua.		NA
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Sam.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	學家		NA
	and services provided to the payor?	7a	ļ	NA_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·7b	 	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	3	NA
d	If "Yes," indicate the number of Forms 8282 filed during the year		les est	NA
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	NA.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	 	NA
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├	NA.
. h -8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cab. 194
	sponsoring organizations maintaining donor advised rands. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	26.45	47634	NA
9	Sponsoring organizations maintaining donor advised funds.	8	15 6 h	11/200
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1 300	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:	第 图		1178
а	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			12.23
11	Section 501(c)(12) organizations. Enter:			
· a	Gross income from members or shareholders		表示	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		150	
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	THE T	NA
1,2a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b NA	120	1043	14.840
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	190		臺灣
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		NA
	Note. See the instructions for additional information the organization must report on Schedule O.	TANT.	1437	HEAD!
b	Enter the amount of reserves the organization is required to maintain by the states in which			相證
	the organization is licensed to issue qualified health plans		建筑	
C	Enter the amount of reserves on hand	為為	一次	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1_	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No;" provide an explanation in Schedule O	14b	J	NA

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. Se Check if Schedule O contains a response or note to any line in this Part VI	e insti	ructi	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 218	-34.4	1005 1005	(°, ₹*, -1
, 1	If there are material differences in voting rights among members of the governing body, or	な遊し		4
	if the governing body delegated broad authority to an executive committee or similar	型::	1	
	committee, explain in Schedule O.			(4) (A)
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 218		1325	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
<i>;</i> 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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u> </u>
6	Did the organization have members or stockholders?	6	<u> </u>	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_ 1		
	one or more members of the governing body?	7a	<u> </u>	
, b	stockholders, or persons other than the governing body?	76		
AH 2 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	<u> </u>	1895 Y
٠.	the year by the following:			
а	The governing body?	8a	1.02.14	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Each committee with authority to act on behalf of the governing body?	8b		x
. 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		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co)
A .			Yes X	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
A, b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	405	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	- x	\vdash
, , , u	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Back St.
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Za.z	2775.2
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
, c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1114
	describe in Schedule O how this was done	12c		NA
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		283	
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	
a	The organization's CEO, Executive Director, or top management official	15a 15b	×	┼
p	Other officers or key employees of the organization		1	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12.5 A		
	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	£ '0'	ا استور ا استورج	· 18 19 19
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		- 1 S	
'1	organization's exempt status with respect to such arrangements?	16b		NA
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Ohio			
18	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.	1 501(c)(3)	s only)
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integrated statements available to the public during the tax year.	erest	polic	y, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
	State the haine, address, and telephone number of the person who possesses the organization's books and re	CUIUS	. •	

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orm	990	(231	73

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	ck this box if neither the organization no				(0				1	Γ 7	<u> </u>
	(A) Name and Title	(B) Average hours per week (list any	box, office	ot ch unles r and	Posi eck i s pei l a di	tion more rson recto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	Andy Young Commander	10			x				Ø	0	Ø
(2)	Jim Harter Finance Officer	10			×				0	0	0
(3)	Doug Ritter Trustee	30			x				0	Ø	0
(4)	Richard Skatzes Trustee	10			x				0	0	0
(5)	Lori Clark Manager	40				X			23, 260	0	0
(6)							,				_
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(11)											
12)											
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Part \	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	<u> </u>		lighes	t C	ompensated E	mployees (co	<u>ontinu</u>	red) *
	(A) Name and title	(B) Average hours per	box,	unles	s pe	ition more	than o	an	(D) Reportable compensation	(E) Reportable		(F) Estimated amount of
		week (list any hours for related organizations below dotted (line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI		other compensation from the organization and related organizations
(15)												
(16)											\neg	
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(18)			-		-						+	
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(20)						-		-		}	7	
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(24)			_	\vdash		-		\vdash		<u> </u>	-	
(25)			-	+-	-	-		+-				•
1b c	Sub-total	t VII, Sectio	on A				• •	> >	23, 260	 	0	0
d 2	Total (add lines 1b and 1c)	ıt not limite					abov	e) v	J		00,00	0 of 1
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						em	ployee, or hig	hest compe		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of regreater the	eporta nan \$	able 150	cor 0,00	пре 07	nsati If "Ye	on a es, " -	and other com complete Sc	pensation fro hedule J fo	òm th r suc · ·	h 4
5	Did-any person-listed-on-line-1a-receive- for services rendered to the organization									ization or ind		
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Reyear.	compensa port comp	ted ir ensat	ion '	oend for t	dent the :	calen	rac dar	tors that receiv year ending w	ved more tha ith or within	n \$10 the or	00,000 of rganization's tax
	(A) Name and business ac	Idress				W			(B) Description of	services		(C) Compensation
				_				1			<u> </u>	
								$oxed{F}$				
2	Total number of independent contract received more than \$100,000 of comper							to 1	those listed al	bove) who		

exempt business exclud function revenue unde	
Decembership dues 10 3,766 10 10 10 10 10 10 10	(D) Revenue uded from tax der sections 512-514
Total. Add lines 1a-11 Commercial control c	
2a Machines, Games b c d d f All other program service revenue. g Total. Add lines 2a-2f linvestment income (including dividends, interest, and other similar amounts) lincome from investment of tax-exempt bond proceeds Royalties Royalties Gross rents b Less: rental expenses c Rental income or (loss) d Net gain or (loss) d Net gain or (loss) c See Part IV, line 18 a b Less: direct expenses b c c Reit income or (loss) from gaming activities See Part IV, line 18 a b Less: direct expenses b c c Reit income or (loss) from gaming activities See Part IV, line 18 a b Less: direct expenses b c c Reit income or (loss) from gaming activities See Part IV, line 19 a Less: direct expenses b b c Net income or (loss) from gaming activities See Part IV, line 19 a Less: direct expenses c b c Reit income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses c b c Reit income or (loss) from gaming activities See Part IV, line 19 a Less: direct expenses c b c Reit income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses c b c Reit income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses c b c Reit income or (loss) from gaming activities 102 C Net income or (loss) from gaming activities 103 B Less: direct expenses c b c Reit income or (loss) from sales of inventory b c reits and allowances Revenue Revenue B Businese Code	
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119	的主要经验
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C All other sources	
d All other revenue	eran eran eran era
e Total. Add lines 11a-11d	研究的是是
	Form 990 (2017)

	0 (2017) Statement of Functional Expenses				Page 10
	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	Il other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respons	se or note to any lir	ne in this Part IX .		
Do no 8b, 9b	t 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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	- 1			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	·		<u> </u>	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	÷, , † t	~	7 1 <u>7.</u> "	
7 8	Other salaries and wages				
9 10	Other employee benefits	- 1			
11	Fees for services (non-employees):	£.			
а	Management				
þ	Legal				
¢	Accounting				
d	Lobbying	-	A SECRETARIO DE PARTICIPANTE	of the second of the second of the second	
е	Professional fundraising services. See Part IV, line 17		新一批人提出了第一次	为经验的概念	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			<u> </u>	
15	Royalties				
16	Occupancy		 	ļ	<u> </u>
17 18	Travel				
19	Conferences, conventions, and meetings .				, , , , , , , , , , , , , , , , , , , ,
20	Interest . :			· · · · · · · · · · · · · · · · · · ·	ļ
21	Payments to affiliates	ļ		ļ	ļ
22 23_	Depreciation, depletion, and amortization .	<u> </u>	 		<u> </u>
23 24	Other expenses Itemize expenses not covered	新州市州市	Control Late	(Marie 1970) "我说到这种"	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	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.)	ENPER DE LE COMP	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
а	see attached	103,022	10, 951	92, 071	
b			·i		
C			ļ		<u> </u>
d	All other owners			 	
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	100 000	10.051	00.054	+
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 following SOP 98-2 (ASC 958-720)	103,022	10,951	92,071	

Form **990** (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X , . . (A) (B) Beginning of year End of year 41, 152 1 . 2 2 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 4,535 4. 985 8 8 Prepaid expenses and deferred charges ... 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 332, 253 10a 10b 83,674 255,733 h Less: accumulated depreciation 10c 248.579 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV. line 11... 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 348.895 302.196 Accounts payable and accrued expenses 17 17 30,586 15.036 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other pavables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 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 parties, and other liabilities not included on lines 17-24). Complete Part X 25 15. 036 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34, 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 333, 859 271,610 32 Retained earnings, endowment, accumulated income, or other funds . 32 Net. 333,859 271,610 33 33 Total liabilities and net assets/fund balances . . . 348,895 302, 196 34

	<u> </u>				
Part					•-
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·	· · ·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2, 73	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5, 68	
3	Revenue less expenses. Subtract line 2 from line 1	3		3, 94	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	3, 85	9
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8.	Prior period adjustments	8		<u>1,69</u>	<u>6</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	27	1,61	<u>Ø</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	- · · · · · 		<u></u>
1 5	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	- 1 ' 2 ' 2 ' 2 ' 2 ' 2 ' 2 ' 2 ' 2 ' 2 '	Yes	No
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:			Ž	
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on a	. 2b a		
Ċ	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, exschedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. За		N/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		I.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits.	3b		N A
			For	ո 990	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Maille O	American Veterans of WWII Po	st 102	31-1237517
Par	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Par	Conservation Easements.	"Voo" on Form 000 Dort IV line 7	
- -	Complete if the organization answered		•
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation)		of a historically important land area
	Protection of natural habitat	The state of the s	of a certified historic structure
	Preservation of open space	Treservation c	of a certified matoric structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	ion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	nts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ter	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	*****	
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation en		
6	Staff and volunteer hours devoted to monitoring, inspec-	cting, handling of violations, and enforcing	conservation easements during the year
	American de la companya de la compan	man beneather a fact tollower as a benefit and	
7	Amount of expenses incurred in monitoring, inspecti \$\bigset\$\$	ng, nandling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	e 2/d) above satisfy the requirements of	of section 170/h\(\lambda\)(\(\P\\)i)
Ū		· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Par	Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
• •	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide the following amounts rela	rung to these items:	
į., i	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	1	► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported under	orao 116 (ASC 958) relating to these	items:
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		• 5
D	Assets included in Form 990, Part X		> \$

Part	Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Otl	ner Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of the	e follow	ing that are a	significant	use of its
а	☐ Public exhibition		d [Loan	or exchang	e progr	ams		
b	Scholarly research		е [☐ Other					
C	☐ Preservation for future generations		= 7.1	-			3477		
4	Provide a description of the organizat XIII.	ion's collections a	ınd expla	in how th	ney further	the org	anizatlon's exe	mpt purpo	se in Part
5	During the year, did the organization	solicit or receive	donations	s of art,	historical tr	easures	s, or other simi	lar	
	assets to be sold to raise funds rather		ined as p	art of the	e organizati	on's co	llection?	<u></u> Ye	s 🗌 No
Part			·	- 000 5		•			_
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Forr	n 990, F	art IV, line	9, or 1	reported an a	mount on	Form
	Is the organization an agent, trustee,	custodian or othe	er interm	ediany fo	or contribut	ione or	other assets r	not .	
ıu	included on Form 990, Part X?								s 🗆 No
b							.5		
_								Amount	
С	Beginning balance			*		· 1c	, -		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amoun					ustodial	account liabili	y? 📙 Y e	es 🗌 No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planatio	n has been	provide	ed on Part XIII	<u></u>	
Par	t V Endowment Funds.								
	Complete if the organization								
		(a) Current year	(b) Pric	r year	(c) Two year	s back	(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
_	losses				ļ				
d	Grants or scholarships				ļ				
е	Other expenditures for facilities and programs					i			
	_								
f	Administrative expenses	ļ			-				
g 2	End of year balance Provide the estimated percentage of the state of	the current year on	d balana	a (lina 1a	L column (o				
a	Board designated or quasi-endowme		%	e (iiiie ig	j, coluitiii (a	ij) Heid i	a5.		
b	Permanent endowment		70						
c	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and		nn%						
3a	Are there endowment funds not in th			zation th	at are held	and ad	ministered for	the	-
	organization by:	-		-				-	Yes No
	(i) unrelated organizations							. 3a(i)	111
	400 L L L L L L							. 3a(ii)	
P-	If "Yes" on line 3a(ii), are the related o					.		. 3b	
4	Describe in Part XIII the intended use		on's endo	wment f	unds.				
Pari	VI Land, Buildings, and Equip						_		
	Complete if the organization	n answered "Yes"	" on For), Part X,	line 10.
	Description of property	(a) Cost or ot (investm			or other basis other)	ď	Accumulated epreciation	(d) Boo	ok value
1a	Land					والمراجع المحاورة	27、金融基本。		
b	Buildings	. 29	32, 269				46,734		245, 535
С	Leasehold improvements								
d	Equipment	3	39, 984			ļ	36,940		3,044
e	Other	<u> </u>		Ļ		<u> </u>			
ı otal.	. Add lines 1a through 1e. (Column (d) r	must eaual Form 9	90. Part)	K. columi	n (B), line 10	UC.).	>		248,579

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, (ii) Pears Pear X Pear	Part VII	Investments—Other Securities.				
(1) Financial derivatives (2) Closely-held equity interests (3) Other (V) (8) (6) (7) (8) (9) (9) (9) (1) (9) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19			vered "Yes" on For			
29 Closely-held equity interests		(including name of security)		(b) Book value		
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	· ·	neld equity interests				
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					<u> </u>	
Ci						
(5) (6) (7) (8) (9) Total, Column (b) must equal Form 990, Part X, col. (B) line 12) > Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation Code or end-of-year market value (c) Method of valuation Code or end-of-year market value (d) Description of investment (e) Description (c) Description		; 				
(5) (6) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				 		
(f) (G) (H) Total, Column (b) must equal Form 990, Part X, col. (B) line 12) Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, li (a) Description of investment (b) Book value (c) Mathod of valuation (c) Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				· <u> </u>	 	
(6) (1) (1) (2) (3) (4) (5) (6) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					 	
Total. Column						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►					 	
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value)		h) must equal Form 990 Part X col (B) line 12.)				TAKEND BESHING
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, li (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value) (d) (e) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, [b) Book value (c) Book value (d) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					Libert Strate Traffe Inches The	1/19 T. A. Di. Made C. Leedone, and the first
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				rm 990. Part IV. li	ne 11c. See Form	990. Part X. line 13.
(1)						
23		., .		.,		
23	(1)		· · · · · · · · · · · · · · · · · · ·			
3 (4) (5) (6) (7) (8) (9) (10) (2) (10) (2) (2) (2) (2) (3) (4) (4) (5) (6) (7) (8) (8) (9) (10) (
(5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, I (a) Description (b) Book vi (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV of the I is a complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV of the I is a complete if						
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(8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, I (a) Description (b) Book v. (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll Taxes (2) Payroll Taxes (3) Charities (4) Club (5) (6) (7) (8)	(6)					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(8)		···			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, I (a) Description (b) Book vi (b) Book vi (c)					Military Company of the Company of the	The court of the second of the
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Pine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll Taxes (2) Payroll Taxes (3) Charities (4) Club (5) (6) (7) (8)			·			
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[9] Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		1				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll Taxes 2, 119 (3) Charities 402 (4) Club 28, 065 (5) (6) (7) (8)						- 5 11
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll Taxes (2) Payroll Taxes (4) Club (28,065) (5) (6) (7) (8)		ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		. •	
line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 2, 119 (2) Payroll Taxes 2, 119 (3) Charities 402 (4) Club 28, 065 (5) (6) (7) (8)	Part X	Other Liabilities.				
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll Taxes (3) Charities (4) Club (5) (6) (7) (8)		Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, I	ine 11e or 11f. Se	e Form 990, Part X,
(1) Federal income taxes (2) Payroll Taxes (3) Charities (4) Club (5) (6) (7) (8)	.	line 25.				
(2) Payroll Taxes 2,119 (3) Charities 402 (4) Club 28,065 (5) (6) (7) (8)	1.	(a) Description of liability	(b) Book value	西州市		
(3) Charities 402 (4) Club 28,065 (5) (6) (7) (8)						
(4) Club (28, 065) (5) (6) (7) (8)				TO THE STATE OF THE PROPERTY OF		
(5) (6) (7) (8)				EC9*-AGCXXX204 369		
(6) (7) (8)		lub	28,065			
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(8)						
					第二十五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	
(9) [17] [17] [17] [17] [17] [17] [17] [17]					THE THE PARTY OF	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 30, 586			30, 586	南美,京东市	語的語言的音音	是一个一个一个
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Pa	2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footi	note to the organizat	on's financial statem	ents that reports the

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.

OMR No. 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for the latest instructions.

Department of the Treasury Internal Revenue Service Employer identification number American Veterans of WWII Post 102 31-1237517 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ☐ Mail solicitations ☐ Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity ustody or control of contributions? from activity organization col. (1) Yes No 1 055.3 ٠,٠ 4.13.P PTS ĴĔ 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from pregistration or licensing.

	m, ut ·	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts				
2 3	Less: Contributions Gross income (line 1 minus				
 	line 2)				
4	Cash prizes				
5	Noncash prizes				
6 7 8	Rent/facility costs		. 14	3	
7	Food and beverages				
8	Entertainment	··			
9	Other direct expenses .				
10	Direct expense summary. Ac Net income summary. Subtra	ld lines 4 through 9 in c act line 10 from line 3, c	olumn (d) olumn (d)		
art III		e organization answei			reported more
		(a) Bingo	(b) Pull tabs/instant blngo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1		ļ	-		1 _
	Gross revenue		278, 560		278, 56
2	Gross revenue		278, 560 229, 514		
	Cash prizes				
2	Cash prizes		229, 514 10, 556	!	278, 566 229, 514
3 4	Cash prizes Noncash prizes Rent/facility costs	☐ Yes%	229, 514	!	229, 51 10, 55
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	□ No	229, 514 10, 556 ☐ Yes 100% ☐ No	Yes%	229, 51 10, 55
2 - 3 - 4 - 5 - 6	Cash prizes	No No dd lines 2 through 5 in c	10, 556 Yes 100% No	Yes%	229, 51 10, 55 240, 07
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	No No dd lines 2 through 5 in c	10, 556 Yes 100% No	Yes%	229, 51 10, 55
2 3 4 5 6 7 8	Cash prizes	No dd lines 2 through 5 in c y. Subtract line 7 from I rganization conducts ga	10, 556 10, 556 No No olumn (d)	Yes % □ No □ No □ No	229, 51 10, 55 240, 07 38, 49
2 3 4 5 6 7 8 9 E a Is b If	Cash prizes	No dd lines 2 through 5 in c y. Subtract line 7 from I rganization conducts ga onduct gaming activitie	10, 556 10, 556 No No olumn (d)	Yes % □ No □ No □ No □ No	229, 51 10, 55 240, 07 38, 49 Yes N

Schedu	ile G (Form 990 or 990-EZ) 2017			Page 🕉
<u>1</u> 1	Does the organization conduct gaming activities with nonmembers?	□ Y	es [No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	□ Y	∕es [²	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		16	10 %
b	An outside facility			A %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► Jim Harter, Finance Officer			
	Address ► 60 Chamberlain St. Delaware, Ohio			
15a	revenue?		res [s	l No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	** · · · · · · · · · · · · · · · · · ·			
	Name ►	· • • • • • • • • • • • • • • • • • • •		
	Address ►			
16	Gaming manager information:	~		
	Name ► Jim Harter, Finance Officer			
	Gaming manager compensation ► \$			
	Description of services provided ► Manages ticket sales and reporting			
	Director/officer			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes [] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 38,490			
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			t
	See instructions.			
	ļ			
			- . 	

SCHEDÙLE J (Fòrm 990)

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization rican Veterans of WWII Post 102 Employer identification number 7517

Part	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			NA
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		NA
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	-		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
c	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
		-		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	•				C) Retirement and	(P) Montachlo		(F) Compensation
					(c) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other	compensation	benefits		in column (b) reported as deferred on prior
				compensation				Form 990
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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 Open to Public Inspection

Name of the organization American Veterans of WWII Post 102	Employer identification number 31 - 1237517
Part VI	
Line 6. The organization has 218 membe	rs.
Line 7a The members elect all officers	
Line 7b The members vote on all major	
Line 11 The organization reviews the 9	do peiore
being filed. Line 19 The 990 and financial statemen	ta ano ausilable
to all members. They are avai	
public upon request.	dante do one
There were no major changes during the	year 2017.

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