## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2018

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	2018 calendar year, or tax year beginning , 2018, and end	ing '		, 20					
В	Check If	applicable C Name of organization American Veterans of WWII Post	102	D Employe	er identification nu	mber				
	Address				31-1237517					
$\overline{\Box}$	Name ch	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	suite	E Telephon						
$\overline{\Box}$	Initial ret				740-363-83	16				
$\exists$		rn/terminated City or town, state or province, country, and ZIP or foreign postal code			7 40 000 00					
금				C Gross ro	counts \$ CA	1 010				
님	Amende			<b>G</b> Gross re		1,818				
ш	Applicati	ion pending F Name and address of principal officer			subordinates? Yes					
	_	Dave Hyatt, 103 Lexington Blvd. Delaware)								
<u></u>		mpt status	<del>-</del>		list. (see instruction	15)				
<u>1</u>	Website			exemption						
		organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	ation	M State	of legal domicile	<u>OH</u>				
Р	art I	Summary	····							
	1	Briefly describe the organization's mission or most significant activities:		<b></b>						
S		Uphold and defend US Constitution, safegua	rd princi	ples o	f freedom,					
Jan		to maintain inviolate the freedom of our c								
le.	2	Chaemburters Taktheteaamaten dinesettres itsopautunas obastasta								
ő	3				218					
ಷ	4	Number of independent voting members of the governing body (Part VI, line 1b			218					
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			11					
₹	6	Total number of volunteers (estimate if necessary)		6	5					
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a						
	b	Net unrelated business taxable income from Form 990-T, line 38		7b						
_	<del>                                     </del>	Tret unrelated business taxable income from 1 on 1 330-1, line 30	Prior Y		Current Ye	ar				
	8	Contributions and grants (Part VIII June 1h)								
Š	l .	Contributions and grants (Part VIII, line 1h) . RECEIVED		666		3,700				
Revenue	9	Program service revenue (Part VIII, line 2g) 13, 196 19, 4								
	10	Investment income (Part VIII, column (A), lines 37,4, and 7d)	ļ	109		54				
	11	Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 40c, and 1149.		767		<b>0,</b> 252				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,	738	17	<u>3, 450</u>				
	13	Grants and similar amounts paid (Part IX, column (A), (nes) [-3)]. UT								
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>							
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	73,	661	5	4,670				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)								
g	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	,	•	•					
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	103.	022	11	6, 472				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		683		1, 142				
	19	Revenue less expenses. Subtract line 18 from line 12		945)		2,308				
or es	1		Beginning of C		End of Ye					
ets (	20	Total assets (Part X, line 16)	302,	196	31	2,386				
Ass Ba	21	Total liabilities (Part X, line 26)		586		8,469				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	271,			3, 917				
	art II	Signature Block	27.39	OIU		<u> </u>				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to	the hest of n	ny knowledge and	helief it is				
		t, and complete Declaration of preparer (other than officer) is based on all information of which prepa			ny knowicage and	001101, 11 13				
		I Same I ditta	<u>-</u>	$\overline{V}$	5-23-19					
Sig	าก	Signature of officer		afe ·	3-43-17					
He	-									
110		Jim Harter, Finance Officer Type or print name and title								
			Date_	1	PTIN					
Pa	iid	10 a loa & of Calor	5-22-19	Check [	_  #					
Pr	epare	r	<del></del> +	self-emp	P016	<u>03520</u>				
Us	se Onl			m's EIN ►						
-		Firm's address P.O. Box 1118 Delaware, Ohio 43015	Ph	one no.		<del></del>				
_		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	· <u>· · · ·</u>	Tes					
Ec:	Danon	work Reduction Act Notice, see the senarate instructions	No. 11000V		Form C	90 (2018)				

Statement of Program Service Accomplishments   Check if Schedule Contains a response or note to any line in this Part III	Form 990					Page <b>2</b>
1 Birdly describe the organization's mission:     Uhold and deficate ourselves to mutual assistance.  2 Did the organization undertake any significant program services during the year which were not listed on the proor Form 990 or 990-EZ?  1 P'yes," describe these new services on Schedule O.  2 Did the organization cases conducting, or make significant changes in how it conducts, any program services?  1 I'Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)3 and 501(6)4 granizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	Part I				- · · · ·	, _
Uphold and defend US Constitution, safeguard principles of freedom, to saintain involate the freedom of our country, preserve emocracy, and dedicate ourselves to mutual assistance.  2 Did the organization undertake any significant program services during the year which were not listed on the professory of the program services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.  4 Describe the organization sprogram service accomplishments for each of list three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service required to the program services.  4a (Code:) (Expenses \$					t III	<u> L</u>
enocracy, and dedicate ourselves to mutual seasistance.    Did the organization undertake any significant program services during the year which were not listed on the pnor form 990 or 990-E2?   """   Yes \tilde{\text{No}} \text{ No}   Yes \tilde{\text{ No}} \text{ No}   Yes \text{ Eno}   Yes	1	Ú	phold and defend US Com	nstitution, safequard princ:	iples of freedom,	
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27	emocr	acy.	and dedicate ourselve	s to mutual assistance		
nor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services services?  □ Yes ♥ No  If "Yes," describe these changes on Schedule O:  □ Yes very describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )		5-	· ·			
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c()(3) and 501c()(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )		prior f	orm 990 or 990-EZ?			Yes ₭ No
If "Yes," describe these changes on Schedule O:  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ mcluding grants of \$ ) (Revenue \$ )  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	3	Did th	ne organization cease conductir	ng, or make significant changes in ho		Vas V Na
4e Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )						162 VINO
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4c (Code:) (Expenses \$including grants of \$) (Revenue \$)	4	Descr expen	ibe the organization's program se ses. Section 501(c)(3) and 501(c)	ervice accomplishments for each of its t (4) organizations are required to report	hree largest program services, as	
4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a					
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		Othor	nrogram services (Describe in Se	chedule ()	3 . 7	<del></del>
(Expenses \$ including grants of \$ ) (Revenue \$ )	40	<del></del>	program service expenses	grants of \$ ) (Revenue \$	·	<del></del> _

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Part l	V Checklist of Required Schedules		· ·	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Yes	No
2	complete Schedule A	2		_X
3	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		X
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? If "Yes," complete Schedule C, Part II	4		NA
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		_NA
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		_ х_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	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		_х_
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	, tw.		-
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	×	
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		ж
σ.	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		ж
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_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f 12a	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		ж
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		x
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		NA ×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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	14b 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		X
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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
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	19	×	<b>X</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Part	Checklist of Required Schedules (continued)	· (C		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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	23		x
24a A i 1	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		×
<b>⊹</b> }{ <b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	IA
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	- I	IA
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ţ	IA
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	ŧ	IA
, b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	Į	IA
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	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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):	<b>万</b> 级		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
d,	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
, c	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	<b></b>	x
32 ·	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33 # И	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34 :	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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	×
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	x	
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			
	Chest in Concodic C contains a response of flote to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0	30 4 4	L. Aria	المثر أبيها
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Ø		機能	386
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			122
	reportable gaming (gambling) winnings to prize winners?	1c	x	

	,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	300	7	
	Statements, filed for the calendar year ending with or within the year covered by this return   2a   11	1		1
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)		N.T.	1.90
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		X
b	If "Yes," enter the name of the foreign country: ▶	214	(原)	<b>温料</b>
:	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	经数		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
у b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		NA
ų C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA
'6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		NA
7	Organizations that may receive deductible contributions under section 170(c).	3 55V	030	1344
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		4	
	and services provided to the payor?	7a		NA"
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
УC	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
×	required to file Form 82827	7c	-	NA
d	If "Yes," indicate the number of Forms 8282 filed during the year			港區
∙, е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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	1	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	<b>设落</b> 模	SEC	1
	sponsoring organization have excess business holdings at any time during the year?	8		NA
9	Sponsoring organizations maintaining donor advised funds.	175	3	经营
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		NA
χb	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		NA
10	Section 501(c)(7) organizations. Enter	11/2	2.5	用語
а	Initiation fees and capital contributions included on Part VIII, line 12			
۸Įb	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b NA			F. 53
11	Section 501(c)(12) organizations. Enter:		3	200
ı, а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	一段	网络	13.0
	against amounts due or received from them.)	[新]	<b>建</b>	A) 10/2
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		NA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b NA			數是
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	To the	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		NA
×	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>建設</b>	四端	N. Car
b	Enter the amount of reserves the organization is required to maintain by the states in which		22	
	the organization is licensed to issue qualified health plans		133	180
I IC	Enter the amount of reserves on hand	20.00	16.100	1346
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	N A
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<u> </u>	NA
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15	300.17.4	X
40	If "Yes," see instructions and file Form 4720, Schedule N:	SEAT.	1	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	hes 5024	X
	If "Yes," complete Form 4720, Schedule O.	1955	P. A. Spiel	CAN'S

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u>···`</u>	·	<u> </u>
Section	on A. Governing Body and Management		<del></del>	<del></del>
4-	Substitute mumber of wating manufacts of the severaling body at the and of the tay year.	الا عكشا	Yes	No
1а Ж	Enter the number of voting members of the governing body at the end of the tax year 1a 218	一點預		
". И	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		孫學	12 Tal
. •	committee, explain in Schedule O.			E E
ΧЬ	Enter the number of voting members included in line 1a, above, who are independent . 1b 218			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	189	經濟	
	any other officer, director, trustee, or key employee?	2	3000	X
* 3 Ai'	Did the organization delegate control over management duties customarily performed by or under the direct	,		
4,1	supervision of officers, directors, or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
ж 6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ΑVi	one or more members of the governing body?	7a	x	
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	x	
g i	Did the organization contemporaneously document the meetings held or written actions undertaken during			
n V	the year by the following: ,			234
а	The governing body?	8a		x
Αb	Each committee with authority to act on behalf of the governing body?	8b		<u>x</u>
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		
Ali Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode	<u>  X</u>
AH	on b. Folicies (This occitor b requests information about policies not required by the internal never	ilue Ci	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	x	<del></del>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00	^	
AH	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	}
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
A∃b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	整整		
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?	12b	ļ	x
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
40	describe in Schedule O how this was done	12c	ļ	NA
13 14	Did the organization have a written whistleblower policy? `	13		X
	Did the organization have a written document retention and destruction policy?	14	1347,544	X E Se de l
<sub>.</sub> 15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	7	
A.a	The organization's CEO, Executive Director, or top management official	15a	x	↓
b	Other officers'or key employees of the organization	15b	X	1200
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	53		機制
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		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<b>海</b> 網
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1	100	
0 1	organization's exempt status with respect to such arrangements?	16b	<u> </u>	NA
	on C. Disclosure			
17≀ 10	List the states with which a copy of this Form 990 is required to be filed   Ohio  Section 6104 requires an expaniation to make its Forms 1003 (1004 or 1004 A if annihilation and 1009 and 1009).			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-1 (Sec	tion	5U1(C)
Ж	Own website  Another's website  Upon request  Other (explain in Schedule O)			
x19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest	nolic	v and
	financial statements available to the public during the tax year.	1101691	Pull	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	<b>►</b>	
	Dave West 103 Levington Blud Delaware Ohio			

Form 990 (2018	Form	990	(201)	8۱
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Form 990 (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

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.

☑ Che	ck this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
	(A) Name and Title	(B) Average hours per week (list any	box,	unies	Pos eck s pe	rson	than o is both or/trust	an :ee)	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
_(1)	Dave Hyatt Commander	20			×				Ø	0	0
(2)	Jim Harter Finance/Officer 🤈	30			×				0	0	0
(3)	Thom Niedhammer Trustee	20			x				Ø	0	0
(4)	Bob Gaines Trustee	20			x				0	0	0
(5)	Mike Paullin Trustee	20			x				0	0	0
(6)											
(7)											
(8)											
(9)											
(10)			4 [1					`			
(11)				-							
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	compensated E	mployees (	contir	nued)	<u>.</u> ,
		'	1		•	C) ution							
	(A) (B) Position (D) (E)						(E)		(	(F)			
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportab			mated
	•	hours per week (list any		r and		lirect	or/trus	,- <u>-</u>	compensation	compensation related			ount of ther
,		hours for	우嘉	Sul	오	6	B'높	Former	the	organizatio			ensation
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	] 🧸	organization	(W-2/1099-N			m the
		organizations	S E	ğ	\	를	ye c	=	(W-2/1099-MISC)	· .			nization
		below dotted line)	ੇ ਵ	<u>=</u>		oye	을						related
		1110,	ste	뭆		ñ	l g					organ	izations
			10	l ée			sate		,				
				_	L	<u> </u>	ä	<u> </u>					
(15)													
(16)	,												
3	**		1										
(17)	(17)												
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(23)													
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(24)			-	╁	<u> </u>		+	-	<del> </del>	<u> </u>			
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10-1			<del> </del> -	-	┡		<u> </u>	<u> </u>			J∈Vi		
(25)	<u>0</u> 9	ļ	, ×			ł	, '	2		_	_	WC i	
										_		H wt1	
1b	Sub-total 0 9								0 ~	apritt0	9501	UT-0	
C	<b>Total from continuation sheets to Part</b>	VII, Section	n A					ightharpoons	,	hammer	0611	mon:	
d	Total (add lines 1b and 1c) . v		×				6	À	0	Ø	55.18	מודט	
2	Total number of individuals (including but			_					<del></del>	ore than \$1	00.00	10 of 95	
2								ar ay w	mo received in		99 †£		
	reportable compensation from the organ	zation				<u>v-</u>		/					
							_					NIKE :	Yes No
3	Did the organization list any former of	ficer, direc	tor, 'd	or tr	rust	ee,	key 'c	èmp	oloyee, or high	est compe	nsate	ed 1 🔯 🥸	<b>建設</b> (12)
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual					3	x
4	For any individual listed on line 1a, is the	sum of ra	norta	hla	COD	nna	neatic	າກ່າ	and other com	oncation fr	om +1	101910	KEEP MEET
•	organization and related organizations	greater th	an ¢	150	201	าว	H "Vo	ם ווכ	and other comp	odulo I fe	OIII II		
	individual	greater tri	all D	150,	,000	) (	1 16	٥,	complete Scr	leaule J TC	or suc		
-		• • • •		•		•		•				4	N X
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	i tro	m any	y ur	related organiz	zation or inc	ubivit	ial 💥	
	for services rendered to the organization	? If "Yes," (	comp	ete	Sci	ned	ule J	tor s	such person	<u></u>		5	Х
Section	on B. Independent Contractors									_			
1	Complete this table for your five highest	compensat	ed in	deb	end	lent	conti	ract	ors that receive	ed more tha	ın \$1	00 000 of	
	compensation from the organization. Rep	ort compe	nsatio	on f	or ti	he c	alenc	tar v	vear ending wil	h or within	the o	rganizatio	nn's tax
	year.					A			,			. 9424	, c
	· (A)			-		<u></u>			/D\			(0)	
	Name and business add	Iress							(B) Description of s	ervices		(C)	ation
	Name and business address Description of services Compensation												
											L		
					_								
										<del></del>			
	-				_			T			<b></b>		
2	Total number of independent contractor	re /includi	na h	ıt -	10+	limi	tod t	<u></u>	none linted at		in the	Alcambi isa i L	no believe and the
2										ove) wno	1	No. of	
	received more than \$100,000 of compens	ation from	tne oi	gar	ıızat	tion			-0-		Philis	E VERSION N	3.3555000000000000000000000000000000000

Form **990** (2018)

Part	VIII	Statement of Reve		-				
10 25 10.50	Elica V de Mila	Check if Schedule O	contains a resp	onse or note to				<u> </u>
					(A) Total revenue	. <b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, Grants Amounts	1a b	•	1b	3700				
	d o	Fundraising events . Related organizations Government grants (con	1d					
Contributions, Gifts, and Other Similar Ar	f	All other contributions, gi and similar amounts not incl Noncash contributions includ	luded above 1f					
no.	g h	Total. Add lines 1a-1			3,700			
		TOTAL TITLE THE		Business Code	THE RESERVE AND	A CONTRACTOR OF THE PARTY OF TH		
Program Service Revenue	2a b	Machines, Game	, <b>8</b> 		19, 444	20 de 是中共100世纪55 37 中国企业	Section 2 Company of Section 25 Company	BARONSON TO THE HELL HAVE A
Service	С							
	d							`
Izam	e •	All other program sen	**************************************					
rog	g	Total. Add lines 2a-2		· · · · •	19, 444			
	3	Investment income and other similar amo	(including divid	ends, interest,	54	54	HENNEL COM THE SPECIAL PROPERTY	Exercise material Processing State State Land Colonial
	4	Income from investment	t of tax-exempt be	ond proceeds ▶	,		<u> </u>	
	5	Royalties	(i) Real	▶				
	6a	Gross rents						
	, b	Less: rental expenses	<u>.</u>					
	С	Rental income or (loss)		L	PARTICIPANT	10. 中国公司		
	d	Net rental income or (			(a) and the state of the state of the state of	article of the standard several and these	A LICENSTRUPING NO. WINES	KI AND PARTY OF TAXABLE AND SECOND OF TAXABLE
	7a	Gross amount from sales of a ssets other than inventory	(i) Securities	(ii) Other				
,	ນັ	Less, cost or other basis and sales expenses.						
	Ç	Gain or (loss)				<b>建设计设计</b> 设		法。在政治的法律法院
ø.	d	Net gain or (loss) .		<u>▶</u> .				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	,					
je.		See Part IV, line 18 .	· · · · a					
₹	b	Less: direct expenses		,		<b>经产品的</b>	<b>以为,</b> 的工作。	
	c 9a	Net income or (loss) f Gross income from ga See Part IV, line 19						
	ь	Less: direct expenses	u	454, 424 383, 228				
	C	Net income or (loss) f			71, 196	71, 196	表示的表示。	Carlina Towns Paris State 12.
		Gross sales of in	ventory, less	164, 196				
	b	Less cost of goods s	-					
	С	Net income or (loss) f			79,056	79,056	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7, E 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Miscellaneous R		Business Code		SE WEST SE		
	11a					A - qui sont (i)	The second secon	
	b	ነ ' <b>ይ</b> . · · · · · · · · · · · · · · · · · ·		र ३	h 173, 2	1 .	,	
_	C							<u> </u>
	d	All other revenue .		L		A ST CAMES , AND AS ROLLMAN	THE STREET THE CONTROL SECTION IS NOT	1 Basula attractioners or item & in
	12 e	Total. Add lines 11a- Total revenue. See in			169,750	169, 750	PERSONAL PROPERTY.	WEST STREET, STORY

### Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. /	All other organization	is must complete co	lumn (Λ).					
Check if Schedule O contains a response or note to any line in this Part IX										
	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	799	<b>t</b> .	PARTITION OF STATE OF						
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	3, 706								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	19,444		es, Games	Marhi					
7 8	Other salaries and wages									
9		19 444								
10 <sup>-</sup>	Payroll taxes	( 3	,	,						
''a	Management	F-5	• .							
b	Legal									
С	Accounting									
d	Lobbying			,						
е	Professional fundraising services. See Part IV, line 17			创作中 <sup>企</sup> 建建加强						
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									
15	Royalties			<u> </u>	,					
16	Occupancy									
17 18	Travel:									
19	Conferences, conventions, and meetings .									
20	Interest									
21 22	Payments to affiliates				, ,					
23	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.)									
а	see attached	116, 472	19, 595	96,877	Same And Arthur St. S. Fridde, Stein and Land Carles					
b		KID I	<del></del>							
С	70 354	250 DZ			·- · · · · · · · · · · · · · · · · · ·					
d										
e ·	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	116, 472	19, 595	96, 877						
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)	,								

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
		173,	(A) Beginning of year		(B) End of year
		Çash-non-interest-bearing	41, 152	1	29,030
	2, j 3	Savings and temporary cash investments		2	<u> </u>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7.480	4	31,837
	5	Loans and other receivables from current and former officers, directors,		響響	
	(1)	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 716	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			
ets	_	organizations (see instructions). Complete Part II of Schedule L		_6	
Assets	7	Notes and loans receivable, net		7	
*	8	Inventories for sale or use	4, 985	8	4, 985
	9 10a	Prepaid expenses and deferred charges	STATE OF THE PROPERTY OF THE PARTY OF THE PA	S S S S S S S S S S S S S S S S S S S	<b>的型形成形式更对单位的影响的现在分词</b>
	N	other basis. Complete Part VI of Schedule D 10a 337, 016			
	b	Less accumulated depreciation	248, 579	10c	246, 534
	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	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11		15	
	17	Total assets. Add lines 1 through 15 (must equal line 34)	302, 196	16 17	312, 386
	1	Grants payable	30,586	18	38, 469
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities		20	<del>  . ,  -                                   </del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	<del></del>
Ø,	122	Loans and other payables to current and former officers, directors,		F8750	AND CONTRACTOR OF THE PROPERTY AND
Liabilities	1	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E.	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	30.586	26	38, 469
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u>la</u> n	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ō	20	· -	<b>《元》的《表面》</b>		REME NAME OF STATES
šet	30 31	Capital stock or trust principal, or current funds		30	, , , , , , , , , , , , , , , , , , , ,
ASS	32	Retained earnings, endowment, accumulated income, or other funds.	071 510	32	270 017
et	33	Total net assets or fund balances	271,610	33	273, 917
Z	34	Total liabilities and net assets/fund balances	271,610 302,196	34	273, 917
_	<u>, • ·</u>		+ <u> </u>	<del>, 57</del>	Form <b>990</b> (2018)

Part	XI Reconciliation of Net Assets		,		
	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	173,	450	
2	Total expenses (must equal Part IX, column (A), line 25)	2	171,	142	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	308	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,	610	
5	Net unrealized gains (losses) on investments	5			
6-ر	Donated services and use of facilities	6	····		
7	Investment expenses	7			
8	Prior period adjustments	8		(1)	
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		ı		
	33, column (B))	_10	273 <b>,</b>	917	
Part	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	· · · ·	· ·	
4	Accounting method wood to propose the Cover 2000 Cook Account College		\(\bar{\chi}\):	Yes	No
121	Accounting method used to prepare the Form 990 🙀 Cash 🔲 Accrual 🔲 Other Other Other Other Other," ex			4027 1 1 2 2 1	
	Schedule O.	piain	10 trul	; ,	15, 4
<b>2</b> a	Wore the organization's financial statements compiled or reviewed by an independent accountant?		ئىسىدا 2a	ـ ــــــــــــــــــــــــــــــــــــ	2
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the statement of the year were compared to the year were year.			X III	
	reviewed on a separate basis, consolidated basis, or both	Jileu (	)	2	7° Y
	Separate basis Consolidated basis Both consolidated and separate basis		y 4.		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	release street	X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	<b>——</b>	15. 3	<del></del>
	separate basis, consolidated basis, or both	,u OII	36.	1	* *
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		\$ 1 P		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versia'	ht		Niseri annud
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant'	? 2c	x	
	If the organization changed either its oversight process or selection process during the tax year, ex			" c".	100
	Schedule O.	•	ر بادو کو کار ماده شاهنده	14	Taribal Elisabeth
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. 3a		NA
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		1e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	3b		NA
			Forr	n <b>990</b>	(2018)

### 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

Name o	f the organization		Employer identification number
	American Veterans of WWII Po		31-1237517
Par			
	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		<u> </u>
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, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that gra- fit of the donor or donor advisor, or f	nt funds can be used or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreation of natural habitat		f a historically important land area f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	ald a qualified conservation contribution	on in the form of a conservation
Ł	easement on the last day of the tax year.	eid a quaimed conservation continuation	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified l		
d	Number of conservation easements included in	· , ,	on a
3	Number of conservation easements modified, tran tax year ►		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	garding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspo	ecting, handling of violations, and onforoin	g conservation casements during the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and onforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easements.	of the footnote to the organization's fir	
Part	Organizations Maintaining Collection Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts related	r assets held for public exhibition, ed ting to these items:	ducation, or research in furtherance of
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ r assets for financial gain, provide the
а	following amounts required to be reported under S Revenue included on Form 990, Part VIII, line 1	<del>-</del>	
h	Assets included in Form 990, Part X		<b>▶</b> ♠

Part	Ш	<b>Organizations Maintaining</b>	Colle	ctions of A	Art, Hist	torical T	reasures,	or Ot	her Similar A	issets (d	contir	nued)
3		the organization's acquisition, tion items (check all that apply):		sion, and otl	her recor	ds, chec	k any of the	e follov	ving that are a	significa	nt us	e of its
а	☐ Pu	blic exhibition			d	☐ Loan	or exchang	e prog	rams			
b	☐ Sc	holarly research			е	Other			· · · · · · · · · · · · · · · · · · ·			
С	☐ Pro	eservation for future generations	S			*	' ,, A 1 ·	' t	, , , , , , , , , , , , , , , , , , , ,	۳		
4		le a description of the organizat		collections a	and expla	ain how th	ney further	the org	janization's ex	empt pur	pose	in Part
5	assets	the year, did the organization to be sold to raise funds rather	r than t	o be mainta							Yes	□ No
Part	IV	<b>Escrow and Custodial Arra</b>	angen	nents.								
		Complete if the organization 990, Part X, line 21.		_		-	·	•	•		on Fo	rm
1a	ınclud	organization an agent, trustee ed on Form 990, Part X?									Yes	□ No
b	If "Yes	s," explain the arrangement in P	art XIII	and comple	ete the fo	llowing ta	able:		<del></del>	Amount		
_	Door	aina halanaa						-	<del></del>	Amount		<del> </del>
C	_	ning balance						10				
d		ons during the year						10	<del></del>			
e		outions during the year						1e				
f		g balance						1f				
2a		e organization include an amou										∐ No
		s," explain the arrangement in P	art XIII	. Check here	e if the ex	kplanation	n has been	provide	ed on Part XIII	<u> </u>	<u>.                                    </u>	<u> </u>
Pari		Endowment Funds.			) <b>_</b>	··· 000 F	5 4 N / 15	40				
		Complete if the organization	· · · · · · · · · · · · · · · · · · ·	Current year		m 990, F or year	(c) Two year		(A) The same has	-1		
	D :-		(a) C	year	(D) Ph	or year	(c) I wo year	s Dack	(d) Three years ba	ICK (B) FO	our year	rs back
1a	_	ning of year balance			<u> </u>	<del></del>						
b		butions	ļ				<u> </u>					
С		vestment earnings, gains, and								-		
d		s or scholarships										
е		expenditures for facilities and ams		)								
f	Admir	nistrative expenses										
g	End o	f year balance									-	
2	Provid	le the estimated percentage of	the cur	rent year en	d balanc	e (line 1a	. column (a	)) held	as:			
а	Board	designated or quasi-endowme	nt ▶	•	%	` `	, , , , , , , , , , , , , , , , , , , ,	,,				
b	Perma	anent endowment >	%		'							
C		orarily restricted endowment		%								
		ercentages on lines 2a, 2b, and		<del>-</del>	00%							
3a	Are th	ere endowment funds not in th	e poss	session of th	ne organi	zation tha	at are held	and ad	ministered for	the		
		zation by:									Ye	s No
	-	related organizations								. 3a	$\overline{}$	3 140
		ated organizations								. 3a(		+
b		s" on line 3a(ii), are the related o								. 3t		
4		ibe in Part XIII the intended use						• •			<u>'</u>	
Part		Land, Buildings, and Equip			on o chac		undo.					
1 41		Complete if the organization			" on For	m 990 F	Part IV line	11a	See Form 99	) Part \	/ line	.10
		Description of property	1 41101	(a) Cost or ot			or other basis		Accumulated		look va	
				(investm		, ,	ther)		epreciation	(0) 2	OUR Va	iue
1a	Land							. 1	7 2 3 2 2 2			
b	Buildi	ngs	. [	29:	2, 269				50, 962		241,	307
С		hold improvements	. [		•				·			
d		ment	. 1	4	4,747	<del>                                     </del>			39, 520		5. :	227
e	Other		. 1		-9 ( */							
Total.	Add hr	nes 1a through 1e. (Column (d) r	must e	gual Form 9	90. Part	X column	(R) line 10	)c )		7	246 9	534

					n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		thod of valuation I-of <sub>-</sub> year market value
1) Financial	derivatives			<del> </del>	<del></del>
	eld equity interests				
					,
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶				<b>建加到的工程的特别的主义的</b>
Part VIII	Investments-Program Related				,
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, li	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation
			·	Cost or end	d-of-year market value
(1)				ļ	
(2)	1'	· · · · · · · · · · · · · · · · · · ·		<u>'</u>	
(3)		<u> </u>		,	<u> </u>
(4)			,	<u> </u>	
(5)	<del></del>		,	<u> </u>	
(6)		<del> </del>			
(7)					
(8)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>		
(9)				No. Long Language at an analysis of the Control (Marie	and the same of th
	b) must equal Form 990, Part X, col. (B) line 13.)		<u>.</u>		的。如此是是他们的特殊。
Part IX	Other Assets.	1 4/2 4 11 11	000 5 1 11 11	44.0 =	000 B 13/11 45
	Complete if the organization answ		m 990, Part IV, II	ne 11d. See Forn	<del></del>
	(a)	Description			(b) Book value
/41 .					(0) 20011 10:20
					(0, 200
(2)					(4)
(2) (3)		-			(4), 23%
(2) (3) (4)	•				
(2) (3) (4) (5)					
(2) (3) (4) (5) (6)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8)					
(2) (3) (4) (5) (6) (7) (8) (9)	ma (h) must saval Form 000. Part V sa	J. (D) Ino 15)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Liabilities.				
(2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	Other Liabilities. Complete if the organization answ		rm 990, Part IV, li	▶ ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Liabilities. Complete if the organization ansv line 25.	vered "Yes" on Fo	rm 990, Part IV, li	ne 11e or 11f. Se	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Liabilities. Complete if the organization ansv line 25.  (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Colu	Other Liabilities. Complete if the organization answ line 25.  (a) Description of liability noome taxes	vered "Yes" on Fol			
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Colu Part X (1) Federal in (2)	Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes Payroll Taxes	vered "Yes" on Fol (b) Book value	•		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Federal in (2) (3)	Other Liabilities. Complete if the organization answline 25. (a) Description of Hability Income taxes Payroll Taxes Charities	vered "Yes" on Fol (b) Dook value 1, 584 1, 796			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes Payroll Taxes	vered "Yes" on Fol (b) Book value			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answline 25. (a) Description of Hability Income taxes Payroll Taxes Charities	vered "Yes" on Fol (b) Dook value 1, 584 1, 796			
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columna	Other Liabilities. Complete if the organization answline 25. (a) Description of Hability Income taxes Payroll Taxes Charities	vered "Yes" on Fol (b) Dook value 1, 584 1, 796			
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Colu  Part X  (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answline 25. (a) Description of Hability Income taxes Payroll Taxes Charities	vered "Yes" on Fol (b) Dook value 1, 584 1, 796			
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answline 25. (a) Description of Hability Income taxes Payroll Taxes Charities	vered "Yes" on Fol (b) Dook value 1, 584 1, 796			ee Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answline 25. (a) Description of Hability Income taxes Payroll Taxes Charities	vered "Yes" on Fol (b) Dook value 1, 584 1, 796			ee Form 990, Part X,

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been 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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

American Veterans of WWII Post 102

Employer identification number 31-1237517

				<del></del>			<del></del>
Part	Form 990-EZ filers are r	not required to	complete	this part.			line 17.
1	Indicate whether the organization	on raised funds th	rough any	of the follo	owing activities. C	heck all that apply.	
a	☐ Mail solicitations		е [	] Solicitati	on of non-govern	ment grants	
b	☐ Internet and email solicitation	ons	f [	Solicitati	on of government	grants	
С	Phone solicitations				fundraising events	-	
d	☐ In-person solicitations			_ ~p~~			
_	•	ttan av aval aavaa	mant with	anu makula	lual finaludina offi	aara diraatara tulat	
2a	Did the organization have a wri						
	or key employees listed in Form					-	
b	if "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pu	ursuant to agreem	ients under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody a	draiser have or control of outrons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (t)	(vi) Amount paid to (or retained by) organization
			Yes	No	<del>                                     </del>		
1					1		
2							
3							
4							
5							
6	, † 7 <i>2</i> 7	, 474	5r				
<b>7</b>	, ,,,,,	301,	-				
8							
9						,	
10	.u	_ ^ ~ ,	- *				
<u>otal</u>				<b>&gt;</b>			
3	List all states in which the organization or licensing.	_					
	· , t						
	<u>c.t.t</u>						
<b></b> -							
<b>-</b>							
				·			
<b>-</b>							
	*						

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions	ion answered "Yes" or and gross income on	Form 990, Part IV, lir Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
		and the state of	(a) Event #1	(b) Event #2 : 1 1 1; (event type)	(c) Other events	(add col. (a) through col (c)
Revenue	1	Gross receipts				
	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra				· · · · · · · · · · · · · · · · · · ·
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe			or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1_	Gross revenue		454, 424		454, 424
ses	2	Cash prizes		371, 206		371, 206
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .		12,022		12, 022
	6	Volunteer labor	☐ Yes% ☐ No	X Yes 100% %     □ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	column (d)		383, 228
	8	Net gaming income summar	y. Subtract line 7 from	line 1, column (d)		71, 196
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activitie	s in each of these states	8?	x\YesNo
10		re any of the organization's g "Yes," explain:	gaming licenses revoked		ated during the tax year	

cneau	e G (Form 990 or 990-Ez) 2018
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
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	Does the organization have a contract with a third party from whom the organization receives gaming
h	revenue?
þ	amount of gaming revenue retained by the third party  \$ and the and the
С	If "Yes," enter name and address of the third party:
·	The Foot Plante and address of the time party.
	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 □ Employee □ Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
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 ▶ \$ 71, 196
Part	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 information. See instructions.
	,
	·
	·

### 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
2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization American Veterans of WWII Post 102	Employer identification number 31-1237517
IIIICE EGGI TO GET GIO GE TITLE I GOO EVE	01 120/01/
Part VI	
Line 6. The organization has 218 members.	·
Line 7a The members elect all officers.	
Line 7b The members vote on all major dec	isions.
Line 11 The organization reviews the 990	before
being filed.	
Line'19 The 990 and financial statements to all members. They are availab	are avallable
public upon lequest.	
There were no major changes during the ye	ar 2018.
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