# SCANNED JAN 2 4 2017

Form 990.

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

Α			en <u>dar ye</u> ar, or tax year beginning	and en			
В	Check if a	applicable	C Name of organization AMVETS Post 2256		D Employe	r identificati	on number
	Address o	change	Doing Business As				
	Name cha	enge	Number and street (or P O box if mail is not delivered to street address) Room.	√suite	51-025165		
닏	rvanne che	anye	818 Tarlton Road		E Telephon	e number	<u> </u>
$\square$	Initial retu	im	City or town State ZIP co		(740) 474-	9922	
	Terminate	he	Circleville OH 4311			JULE	<del></del>
			Foreign country name Foreign province/state/county Foreig	gn postal o			
Х	Amended	return			G Gross red	ceipts \$	260,722
	Applicatio	n pending	F Name and address of principal officer	i	H(a) is this a group return	for subordinate	es? Yes X No
			Donald Limer 818 Tarlton Road, Circleville, OH 43113		H(b) Are all subordinal	es included?	Yes No
1	Tax-exem	nt status	501(c)(3) X 501(c) ( 19 ) ◀ (insert no ) 4947(a)(1) or	527	If "No " attach a i	st (see instru	uctions)
		<u> </u>					·
			w amvetscircleville org	$\top$	H(c) Group exemption	number 💌	0838
_	_	ganization	X Corporation Trust Association Other ▶	L Year	of formation 1981	M State	of legal domicile OH
l G	art I		mmary				
۵.	1		escribe the organization's mission or most significant activities		ort of veterans, yo	uth and	
ü	ļ	commur	nity, sponsor of academic scholarships for students, and support loc	cal and	nationwide		
9		charities	; 				
Governance	2	Check tl	his box • I if the organization discontinued its operations or dis	sposed o	of more than 25%	of its net a	assets
	3		of voting members of the governing body (Part VI, line 1a)	•		3	947
<b>්</b>	4		of independent voting members of the governing body (Part VI, line	e 1b)		4	947
Activities &	5		mber of individuals employed in calendar year 2013 (Part V, line 2a			5	9
Ξ	6		mber of volunteers (estimate if necessary)	-,		6	
Ä	7a		related business revenue from Part VIII, column (C) line 12			7a	0
	ь		elated business taxable income from Form 990-T, line 34			7b	0
					Pnor Year		Current Year
o	8	Contribu	itions and grants (Part VIII, line 1h)	Ī		1 514	3,080
Revenue	9		service revenue (Part VIII, line 2g)	ľ		0	0
š	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)			212	136
ž	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ŀ	27	9 212	199,743
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	t		0.938	202,959
	13		and similar amounts paid (Part IX column (A), lines 1–3)			0.	0
	14		paid to or for members (Part IX, column (A), line 4)		1	3 300	3 900
ý	15	Salanes.	other compensation, employee benefits (Part IX, columnta ) best V in	$D_{-}$		7,603	84,021
Se	16a	Professi	onal fundraising fees (Part IX, column (A) line 11e)	·	<u>กโ</u>	0	0 7,021
Expenses	b	Total fur	adraiging outpopped (Part IV, ashuma (P), two DE)	257469	31		
Ж	17	Other ex	consisting expenses (Part IX, Column (D), line 23, 24e) AN -0 9-28, conses (Part IX, column (A) lines 11a-11d	<b>357</b> 469	24	8.532	175,181
	18	Total ex	penses Add lines 13–17 (must equal Part IX, 201 umn (A), line-25)	<sup>[</sup>	37	9,435	263,102
	19		e less expenses Subtract line 18 from line 12	HT.	<del>- 1</del>	8 497	-60 143
ō					Beginning of Curren		End of Year
Assets (	20	Total as	sets (Part X line 16)	ľ		0 095	489 768
	)   ~ '		bilities (Part X, line 26)	Γ		2 864	2 463
N S	22	Net asse	ets or fund balances Subtract line 21 from line 20	Ī	60	7 231	487 305
	art II		nature Block			_	
Unc	ler penalto	es of perjun	I declare that I have examined this return including accompanying schedules and sta	atements	and to the best of my k	nowledge	
and	belief it is	strue corre	ct and complete, Declaration of preparer (other than officer) is based on all information	of which	preparer has any know		
Si	gn		- Uck the			1 <u>/3/</u> 1	7
He	_	[ [	Signature of officer		Date		
			Dick Cole	Comr	nander		
		<u>                                      </u>	Type or print name and title				Loziu
ъ.	1	Phin	VType preparer's signature		Date	Check	PTIN
Pa		Kım	J Fallon   Ku / Talle		11211	self-employed	i
	eparer		s name ► CRCG Tax Compliance, LLC		Firm's EIN		<u> </u>
US	e Only	' <u> </u>				740-420-	
	41- 17		s address ► 208 N Scioto St Suite 300, Circleville OH 43113		Phone no	140-420-	
Wa	y tne IR	2 discus	s this return with the preparer shown above? (see instructions)				X Yes No
Fo	Paperv	vork Red	uction Act Notice, see the separate instructions				Form <b>990</b> (2013)

1	Support of veterans, youth and community, sponsor of aca and support local and nationwide charities	demic scholarships for students	- <b></b> -		
2	Did the organization undertake any significant program ser the prior Form 990 or 990-EZ? If "Yes" describe these new services on Schedule O	vices during the year which were not li	isted on	Yes	X No
3	Did the organization cease conducting, or make significant services?  If "Yes," describe these changes on Schedule O	changes in how it conducts, any prog	ram	Yes	X No
4	Describe the organization's program service accomplishme expenses. Section 501(c)(3) and 501(c)(4) organizations a the total expenses, and revenue, if any, for each program service.	re required to report the amount of gra			
4a	(Code ) (Expenses \$ 107,716 in Support of veterans youth and community sponsor of aca support local and nationwide charities. Sponsor a career of variety of courses from technical subjects to job-seeking as to support youth activities, such as baseball, soccer footbat perform at military funerals, march in parades, visit local so and support scholarships for our students.	demic scholarships for students, and center open to the public, offers wide ssistance. Support of youth programs all, rodeos etc. Honor guard to chools, place flags at cemetaries,			
4b	Provide service to its members by volunteering time and ta stranded and homeless veterans. Bus service to and from	downtown for the Pumpkin Show			
4c	Community services and support of veterans programs	ncluding grants of \$	) (Revenue \$	44,5	73 )
4d	Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$	0 ) (Revenue \$	0	)	
	Carrier of the carrie	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	_ <del></del>		

107,716

Total program service expenses

# Part IV Checklist of Required Schedules

s like organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule B, Schedule C, Schedule O Conthibutors (see instructions)?  2   X   X   X   Did the organization required to complete Schedule B, Schedule O Conthibutors (see instructions)?  3   X   X   X   X   X   X   X   X   X		•		Yes	No
2 is the organization required to complete Schedule of Contributors (see instructions)?  2 is the organization engage in direct or indeed prothetal campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I is a candidates for public office? If "Yes," complete Schedule C, Part I is the organization assection \$01(c)(4) organization regige in tolory organization organization assection \$01(c)(4) organization and that receives membership dues assessments or aimilar amounts as defined in Revenue Procedure 84-97 If "Yes," complete Schedule C, Part II is 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 is a propriete Schedule D, Part I is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I is a custodian for amounts on the standard areas, or historic structures? If "Yes" complete Schedule D, Part I is a custodian for amounts on the standard areas, or historic structures? If "Yes" complete Schedule D, Part I is a custodian for amounts on the standard areas, or historic structures? If "Yes" complete Schedule D, Part I is a custodian for amounts on the standard areas, or historic structures? If "Yes" complete Schedule D, Part IV is the organization report an amount in Part X, line 10 feet organization report and amount for line following questions is "Yes" time complete Schedule D, Part X is applicable. Part X is a supplicable organization report an amount for investments—other securities in Part X, line 10 feet organizations schedule D, Part X is a supplicable. Part X is a supplicable or a superior and amount for investments—other securities in Part X, line 10 feet organizations schedule D, Part X is a supplicable. Part X is a supplicable organization included in Part X, line 15 fee	1		1		х
3 Description of 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 II and infect during the tax year? If "Yes," complete Schedule C. Part II and infect during the tax year? If "Yes," complete Schedule C. Part III and infect during the tax year? If "Yes," complete Schedule C. Part III and it is the organization as section 501(c)(4), 501(c)(5), in 501(c)(6) organization that recover membership dues assessments or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III and the entire organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provise advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II and the environment, historic land areas, or historic structures? If "Yes" complete Schedule D. Part II and the environment, historic land areas, or historic structures? If "Yes" complete Schedule D. Part II and the environment, funds of any and any accounts of other similar assets? If "Yes," complete Schedule D. Part II and the organization or amounts not listed in Part X, line 21 for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21 for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12 for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, line 13 for escription or other similar assets in the programation report an amount for fine full owing questions is "Yes," complete Schedule D. Part V II for expanization, directly or through a related organization. His organization report an amount for fine schedule Schedule D. Part V II for expanization report an amount for investments—other securities in Part X, line 12 harts 5% or more of its total assets reported in Part X, line 16 for Yes," comple	2	'		$\neg \uparrow$	
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 I 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 58-19? If "Yes," complete Schedule C, Part III I is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II I Dut the organization maintain and young destribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II I Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III I Dut the organization and internal collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV I Dut the organization is answer or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI I If the organization is any of the following questions is "Yes," complete Schedule D, Part VI I If the organization is any of the following questions is "Yes," the 10? If "Yes," complete Schedule D, Part VI I 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 VI I Did the organization report an amount for other labilities 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 VI I Did the organization report an amount for other labilities in Part X, line 15 that 15 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI II X I Did the organization application and part of consolidated inflamical stateme		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
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 89-197 If "Yes," complete Schedule C, Part III  5 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 III  1 Did the organization receives or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part III  1 Did the organization received 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 negotation services? If "Yes," complete Schedule D, Part V  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  11 If the organization is an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  12 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 VIII  13 Did the organization report an amount for organization state or 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 VIII  14 Did the organization report an amount for organization state or consolidated inflienced statements for the tax year? If "Yes," complete Schedule D, Part VIII  1 Did the organization state organization statements or the tax year? If "Yes," complete Schedule D, Part VIII III X  2 Did the organization shalehold or consolidated infl	4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)			
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complete Schedule D. Part III  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  Did the organization feetiful or frough a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VV  III, IVII, IX or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI  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  d Did the organization report an amount for investments—often securities 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  d Did the organization report an amount for other liabilities 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 VIII  d Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X  11c		the environment, historic land areas, or historic structures? If "Yes " complete Schedule D, Part II	7		X
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assistance to or for foreign individuals? If "Yes," complete Schedule F Parts III and IV  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)  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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  19 If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a IX  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			15		<u> </u>
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on Part IX, column (A) lines 6 and 11e? If "Yes," complete Schedule G Part I (see instructions)  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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  19 If "Yes," complete Schedule G, Part III  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 In the organization operate one or more hospital facilities? In the organization operate one or more hospital facilities? In the organization operate one or more hospit	47		16		X
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b		on Part IX, column (A) lines 6 and 11e? If "Yes," complete Schedule G Part I (see instructions)	17		Х
If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b	18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a X  20b	19			İ	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_		-		
			-		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	

Par	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J	23		X
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		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	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	į	1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so_complete Schedule L_Part II	26		Х
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,	5		1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	<u> </u>		
a	A current or former officer, director, trustee, or key employee? If "Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		.,
20	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II			v
33		32		Х
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	22		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		Х
34	III, or IV, and Part V, line 1	1 24		v
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		
	entity within the meaning of section 512(b)(13)? If 'Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related	330		
	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	1	H	
٧.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		<u> </u>
	19? <b>Note</b> All Form 990 filers are required to complete Schedule O	38	x	
_				_

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3	г <sub>э</sub> —	] -
b		이 "''	]'	Ϊ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, ,,2	1	i i
	<del></del>	의'		.
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del>  _</del>
	<b>Note</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>	14	-
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	<b>-</b>	↓
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	Ι.		١
	account)?	4a	1	X
b	If "Yes," enter the name of the foreign country	, ,		^
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u>-</u>	i	· - <del></del> -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
C -	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
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?	_		
h		6a	X	$\vdash$
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c)		il.	<del>                                     </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 4.7		
•	and services provided to the payor?	7a	<u></u>	X
b	If 'Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>  ^`</del>
c	Did the organization sell, exchange or otherwise dispose of tangible personal property for which it was	<del></del>	<del>                                     </del>	$\vdash$
	required to file Form 8282?	7c		Х
d	If "Yes" indicate the number of Forms 8282 filed during the year 7d		N. O	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization or a donor advised fund maintained by a sponsoring	l	<u> </u>	l
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	Ļ
10	Section 501(c)(7) organizations Enter	-	, -	l.
а	Initiation fees and capital contributions included on Part VIII line 12	-		
ь	Gross receipts, included on Form 990, Part VIII line 12, for public use of club facilities	- <b> </b>  ^ `	} }	
11	Section 501(c)(12) organizations Enter	'	ľ.	Ι,
a	Gross income from members or shareholders  11a	-	h h	
b	Gross income from other sources (Do not net amounts due or paid to other sources	} .	- "	
420	against amounts due or received from them )  Souther 4947(a)(4) non-exempt aboutable trusts, is the exemptation filtre Form 990 in less of Form 19412	-	:   <del></del>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	12a	ſ	
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers		ţ	~
a	is the organization licensed to issue qualified health plans in more than one state?	13a		┼
a	Note: See the instructions for additional information the organization must report on Schedule O	134		٢
b	Enter the amount of reserves the organization is required to maintain by the states in which	7 ~	) 	٠
	the organization is licensed to issue qualified health plans	1 '	. 1	ļ.
С	Enter the amount of reserves on hand	7	}-	ľ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	† <u> </u>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ė

Form 990 (2013) AMVETS Post 2256 51-0251655 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section 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	<b>1a</b> 9	47	.]	- :		
	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			1.			
	committee, explain in Schedule O		- ( )		J, -		
b	Enter the number of voting members included in line 1a above, who are independent	<b>1b</b> 9	47	1	] .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		<del></del>  ::		Ξ		
_	any other officer director, trustee, or key employee?	and with	2	-	<del>-x</del>		
3	Did the organization delegate control over management duties customarily performed by or under	the direct	<u> </u>	<del>  -</del>	<del>  ``</del>		
_	supervision of officers, directors, or trustees or key employees to a management company or other		3	1	×		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	1	X		
5	Did the organization become aware during the year of a significant diversion of the organization's a		5	+	X		
6							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint	6	X	_		
	one or more members of the governing body?	арропп	7a	×			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		1	+^	<del>  -</del>		
-	stockholders, or persons other than the governing body?	1	7b	X			
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina	' "	1			
_	the year by the following	· · · · · · · · · · · · · · · · · · ·	الما ا	.][			
a	The governing body?		8a	X	1		
b	Each committee with authority to act on behalf of the governing body?		8b	_			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	<u>                                   </u>	+~			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Cachica	9		×		
Sect	ion B Policies (This Section B requests information about policies not required by the	Internal Revenue		<u> </u>	1		
<u> </u>	on B 1 shales ( the occitor B requests information about pointed her required by the	internal revenue	- 0000	Yes	No		
10a	Did the organization have local chapters, branches or affiliates?		10:	l x			
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters.		+	<del>                                     </del>		
	affiliates and branches to ensure their operations are consistent with the organization's exempt put	•	101	x			
11a							
b							
12a							
b	the state of the s						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	•	121	<del>'  -</del>	<del> </del> -		
	describe in Schedule O how this was done	. 50,	120	.			
13	Did the organization have a written whistleblower policy?		13		Х		
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 appro	val hv		_	47		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•		]_			
а	The organization's CEO, Executive Director or top management official	and decicion	15:	_	<b> </b>		
b	Other officers or key employees of the organization		151	_	<del>                                     </del>		
	If "Yes" to line 15a or 15b describe the process in Schedule O (see instructions)			3 !	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement	, ,	" :			
	with a taxable entity during the year?		16		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	- 4	1			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		_	<b>`</b>   •	' · ~		
	the organization's exempt status with respect to such arrangements?	~	16	5			
Sect	ion C Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► OH		_		-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 and 99	0-T (Section 501(c)	(3)s or	ly)	•		
	available for public inspection. Indicate how you made these available. Check all that apply	. ,					
		plain in Schedule (	D)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	,	nd			
	financial statements available to the public during the tax year	·	-				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the						
	organization ► Ray Spurlock (740) 474-378						

Form 990 (2013)	AMVETS Post 2256	51-0251655	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
•	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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unle: er an	Pos neck ss pe	rson	noth stee Highest compensated the semployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Donald Limer	5 00	!								
Commander	0 00			X						
(2) Reggie Kellam	5 00			1						
1st Vice Commander	0 00			X						
(3) James L Bingham	5 00	-								
2nd Vice Commander	0.00			Х						ı
(4) David M Tuinstra	5 00								-	
3rd Vice Commander	0 00	,		x						
(5) J Ray Spurlock	5 00			Γ						
Finance Officer	0 00	}	l	x						
(6) Wendy Kuhn	5 00							_		
Adjutant	0 00			x					İ	
(7) Robert Meenach	5 00									
Provost Marshall/PRO	0 00			x						
(8) Tom Sampson	5 00									
Hospital Rep	0 00		l	x						
(9) Roger Ward	5 00									
Service Officer	0 00			X					]	
(10) Fred Farley	5 00					Г				
Quartermaster	0 00			x						
(11)										
(12)										E.
(13)										
(14)										

	(A) Name and title	(B) Average hours per	(C)   Position   (do not check more than o box unless person is both officer and a director/fruste					ee)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W 2/1099-MISC)	from related organizations (W 2/1099-MISC)	or a	other mpensatifrom the ganization of relate ganization	e ion ed
(15)											-		
(16)				-		-							
(17)									<del></del>				<u>_</u>
(18)				_									
(19)				-									
(20)										_	<del>                                     </del>	-	
(21)				-							<u> </u>		
(22)					_		_						
(23)											<del> </del>		
(24)				-			ļ <u> </u>				<del>  -</del>	-	
(25)					_								
c	Sub-total Total from continuation sheets to Part VII, So	ection A	!	L :		<u>!</u>	<u> </u>	<b>&gt;</b>	0	(			0
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but not lin	nited to those lis	sted a	bov	e) v	vho	rece	ved	0 more than \$100	),000 of	<u> </u>		0
	reportable compensation from the organization		_		0							Yes	No
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched				oye	e o	r hig	hes	t compensated		-	163	
4	For any individual listed on line 1a, is the sum of				n a	nd d	other	con	npensation from		3		X
	the organization and related organizations grea	ter than \$150,00	00? It	Έ "Υε	s "	con	plete	s Sc	hedul <b>e</b> J for suc	h	_		-
5	Did any person listed on line 1a receive or accr									vidual	4		- <u>x</u>
Sect	for services rendered to the organization? If "Yound B Independent Contractors	es, complete so	пеац	ne J	TOF	suc	п реі	sor	<u> </u>	<u> </u>	5		<u>X</u>
1	Complete this table for your five highest compe compensation from the organization Report co year										tax		
	(A) Name and business add	ress							(B) Description of ser	vices	(C Compe	C) Insation	
		-							_				0
	<del></del>					_		_					0
													0
													C

Check if Schedule O contains a response or note to any line in this Part VIII										
,			, ps.	`,; 1		(A) revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D Reve exclude tax under	nue d from sections
<del></del>	1a	Federated campaigns	1a	1 0		Ψ.	revenue	1 15	512-	314
Grants	b	Membership dues	1b	<del></del> -	ľ		,		, ř	
2.5	C	Fundraising events	1c	0	Ŧ	٤,		i¦, .	A	-
	ď	Related organizations	1d	<del> </del>	7-	- ' ' '	-	<b>!</b> !	1.25	
Q 4	e	Government grants (contribution	<u> </u>	0	ľ	٠ ,	2 4		ا ا	; <sub>*</sub>
Sign		All other contributions, gifts, gran		<u> </u>	[,	4.,.	•	ال ال	, T	q.
Contributions Gifts Grants and Other Similar Amounts		similar amounts not included abo		2 250	ľ <u>.</u>	_	_	, , , , , , , , , , , , , , , , , , , ,	, A	ď
Contri and O	q	Noncash contributions included in I		0	١.	- 1	٠,	]		
ပိုန်	h	Total Add lines 1a–1f		· ··-		3,080	, ,	ľ, · ·	ingt.	, -
				Business Code			<del> =</del>	ļ, ————————————————————————————————————		
e I	2a									
Revenue	b	<b>v</b>				0				
	С					0			1	
Service	d					0			1	
Ē	е								<u> </u>	_
Program	f	All other program service revenu	e			0				
<u> </u>	g	Total Add lines 2a-2f		<b>•</b>		0	- , ,	<u>'                                     </u>	- n-ap	
	3	Investment income (including div	ridends, interest	and						
		other similar amounts)		•		136			<u> </u>	136
	4	Income from investment of tax-e	xempt bond prod	ceeds ►		0			<u> </u>	
	5	Royalties			<u> </u>	0			<u> </u>	
			(i) Real	(ii) Personal	1.		, - · · -	<u>"</u> [,	آ مُ	Ã.
	6a	Gross rents	33 430		Į.	4	,ı	[		-
	b	Less rental expenses			[.	م الأوام الأوام		1	يغرب	
	C	Rental income or (loss)	33,430	<del></del>						
	d	Net rental income or (loss)		<u> </u>		33 430	33,430	¥ <del></del>	<del> </del>	
	7a	Gross amount from sales of	(i) Securities	(u) Other	ļ	, j			3,3	
	_	assets other than inventory	0	0	٠,	1	-4		, ,,	~
	p	Less cost or other basis				- 1		) 1	.*	
		and sales expenses	0		, ,	1,1,1	., .	╣ . '	' · •	• •
	C	Gain or (loss)	0	0		<del></del>		<u> </u>	·	
	d	Net gain or (loss)			<del></del>	<u> </u>	· - · -	1,	1 - gr	ছ
e i	8a	Gross income from fundraising			<i>'</i> ,	, , <u>, ,</u>	•		, """	
חת	oa	events (not including \$	0		-	٠,		,	,	_
ě.		of contributions reported on line	10)			** ** **	` ~ ~~		1 to 240 %	Ä,
ב		See Part IV, line 18	a	21,089					"	
Other Revenu	b	Less direct expenses	h	0		- 1	l I	1	,	ζ.
ō	C	Net income or (loss) from fundra	_	<u> </u>		21,089			<del></del>	21,089
	:	Gross income from gaming activ	•			=-,	1		- , , ,	
		See Part IV, line 19	а	121,125		w j		-, -	l a ager	
	ь	Less direct expenses	b	19,890	Ϊ	]			, , ,	
	С	Net income or (loss) from gamin	g activities	<b></b>		101 235			1	01,235
		Gross sales of inventory less	_			٠ "	1 2		1 %	
		returns and allowances	а	68 720			-	F	-	-
	b	Less cost of goods sold	b	37 873			<u> </u>	 	12.62	
	С	Net income or (loss) from sales	of inventory	<b>&gt;</b>		<u>30</u> 847	30,847		<u> </u>	
		Miscellarieous Revenue		Business Code						
	11a	Misc Income				1,999	1 999			
	b	Reimbursements			<b></b>	11 143	11 143	<u> </u>	<u> </u>	
	С					0		<u> </u>	<u> </u>	
	d	All other revenue			<b> </b>	0			<u> </u>	
	e	Total Add lines 11a-11d		•	<u> </u>	13,142		<u> </u>	3 1	<u> </u>
	12	Total revenue See instructions		▶	I	202,959	77,419	) <b> </b>	)] 1	22,460

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations mu	l complete column (A)
---	-----------------------

Secin	Check if Schedule O contains a response or note		_	ompiete column (A)	X
	not include amounts reported on lines 6b, 8b, 9b, 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 governments and				Table 1
	organizations in the United States See Part IV, line 21	0			<del></del>
2	Grants and other assistance to individuals in the			٠ ٠ ٠	ا آ <b>ي</b> ا مار
	United States See Part IV, line 22	0		<u>,                                    </u>	<u> </u>
3	Grants and other assistance to governments,			in the second	L. In
	organizations, and individuals outside the			, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	United States See Part IV, lines 15 and 16	0			<del></del>
4	Benefits paid to or for members	3,900	3 900	<u> </u>	- 5 <sub>44</sub>
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified			:	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	74,075	74 075	-	
8	Pension plan accruals and contributions (include		İ		
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	1,007	1,007		
10	Payroll taxes	8 939	8,939		<del></del>
11	Fees for services (non-employees)				
a	Management	0	40.000		
p	Legal	13,933	13,933	7.000	
C	Accounting	7 800		7,800	
d	Lobbying Professional fundraising services See Part IV, line 17	0			
e f	<del>-</del>	0	- 1		
	Investment management fees	<del> </del>			
g	Other (If line 11g amount exceeds 10% of line 25 column	اه			
12	(A) amount list line 11g expenses on Schedule O )     Advertising and promotion	1,356		1,356	
13	Office expenses	858	,	858	
14	Information technology	0.00			
15	Royalties	. 0			
16	Occupancy	0			
17	Travel	2,255		2,255	
18	Payments of travel or entertainment expenses			2,200	
	for any federal, state, or local public officials	ol			
19	Conferences conventions, and meetings	0			
20	Interest	18		18	
21	Payments to affiliates	0		,,,	
22	Depreciation, depletion, and amortization	30 403	0	30 403	0
23	Insurance	8,007	. =	8 007	-
24	Other expenses Itemize expenses not covered	, ,	٠ ۾ ٠		1
	above (List miscellaneous expenses in line 24e If	,	5, 7, 5	ri.	4
	line 24e amount exceeds 10% of line 25, column	7, 1			
	(A) amount, list line 24e expenses on Schedule O)	¥,	व्यक्तरेता −।	ا جوم يود سي اي د	- W
а	Utilities	35,097	_	35,097	
b	Supplies	25,469			25,469
С	Licenses	5 425		5,425	
d	Real Estate Taxes	12 546		<u>12,54</u> 6	
е	All other expenses Misc	32 014	5 862	26,152	
25	Total functional expenses Add lines 1 through 24e	263 102	107 716	129,917	25 469
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)				- 000 (2040)

Part X	Balance	Sheet
--------	---------	-------

		Check if Schedule O contains a response or	note to	any line in this Part X			
					<b>(A)</b> Beginning of year	_	(B) End of year
	1	Cash—non-interest-bearing			78,566	1_1_	65,109
	2	Savings and temporary cash investments		}	88 854		42,789
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for			,	1	
		trustees key employees, and highest compensa	L	II— <u> </u>			
	_	Complete Part II of Schedule L			, ,	5	
	6	Loans and other receivables from other disqualified personal (050/0/(1))			`		د کے
		4958(f)(1)), persons described in section 4958(c)(3)(B) a sponsoring organizations of section 501(c)(9) voluntary e		* ' ' '		1	· .
y,		organizations (see instructions) Complete Part II of Sche		s deficitionly		6	<u> </u>
Assets	7	Notes and loans receivable, net	Quie L	ì	0	+ -	0
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land buildings, and equipment cost or	ŀ		· -, ···	7	Ţ
		other basis Complete Part VI of Schedule D	10a	997,024	,	1	1 m
	ь	Less accumulated depreciation	10b	615 154	442,675	10c	381,870
	11	Investments—publicly traded securities			0		0
	12	Investments—other securities. See Part IV, line	11			12	0
	13	Investments—program-related See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets Add lines 1 through 15 (must equi	al line	34)	610 095	16	489 768
	17	Accounts payable and accrued expenses		17			
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20	_	
	21	Escrow or custodial account liability Complete I			- /3	21	
Liabilities	22	Loans and other payables to current and former				il}	5
풀	l	trustees key employees, highest compensated	-	yees, and		<u>ا</u> ــــــــــــــــــــــــــــــــــــ	\
<u></u>	۱.,	disqualified persons Complete Part II of Schedu			<u> </u>	22	
_	23	Secured mortgages and notes payable to unrela		-	0	<del> </del>	0
	25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax pa			<u>.</u> v	24	<del>                                     </del>
	23	parties, and other liabilities not included on lines					
		Part X of Schedule D	, 17-27	, complete		25	2,463
	26	Total liabilities Add lines 17 through 25			2,864		2,463
		Organizations that follow SFAS 117 (ASC 958	2) cho	ck here ▶ and		. [	
68		complete lines 27 through 29, and lines 33 ar		ckilele P allu		·	, , , , , ,
ü	27	Unrestricted net assets	10 07			27	
<u>=====================================</u>	27 28	Temporarily restricted net assets		•		28	<del> </del>
D H	29	Permanently restricted net assets				29	
Fund Balances			الماميان	<b>.</b> 🔽	4 <u>2 -</u>	1	-
٩		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34	спеск .	here ► X and	<b>*</b>	Ή.	
3					<u> </u>	<u> </u>	
Net Assets	30	Capital stock or trust principal, or current funds		4 5	<del></del>	30	
As	31	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in			607 231	31 32	407 205
Se	32	Total net assets or fund balances	iconie,	or other fullus	607 231		487 305 487,305
	34	Total liabilities and net assets/fund balances			610,095		489,768
	) <del>''</del>	Loter habilities and their assets thing hald thes			010,030	<u>,                                    </u>	1 703,700

Form	990 (2013) AMVETS Post 2256		1-0251655	Pag	ge 12
Pari	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		202	2 959
2	Total expenses (must equal Part IX, column (A) line 25)	2		263	<u>3 1</u> 02
3	Revenue less expenses Subtract line 2 from line 1	3		-60	143
4	Net assets or fund balances at beginning of year (must equal Part X. line 33, column (A))	4		607	7 231
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	_ 7			
8	Pnor period adjustments	8_			
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	1			
	column (B))	10		547	7 088
Part	• • • • • • • • • • • • • • • • • • • •				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_	[17]	/ ·	.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		'		
	Schedule O		) <sup>1</sup>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ_	<u> </u>
	If "Yes " check a box below to indicate whether the financial statements for the year were compiled or			ı	-
	reviewed on a separate basis, consolidated basis, or both		الوم ا		ŀ{
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		777	) <u> </u>	7
	separate basis, consolidated basis, or both		'	<del>,</del>	
	Separate basis Consolidated basis Both consolidated and separate basis			i .	4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f		• [	
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	
	Schedule O			, '	· .
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		Х
b	If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo the		<u></u>		_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		1
			Form	990	(2013)

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements

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

▶ Attach to Form 990

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

OMB No 1545-0047 2013

Open to Public Inspection

Name of the organization Employer identification number **AMVETS Post 2256** 51-0251655 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g. recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedi	lle D (Form 990) 2013 AMVETS Post 2256	_				<u>51-025</u>	1655	j	Page 2
Part	III Organizations Maintaining Coll	ections of Art, Hist	orical Tr	easures, o	r Other	r Sımılar Ass	ets (con	tinue	d)
3	Using the organization's acquisition, accessi	on and other records	check any	of the follows	ing that	are a significan	 t		
	use of its collection items (check all that appl	ly)							
а	Public exhibition	d	Loan	or exchange	program	is.			
b	Scholarly research	е 🗌	Other						
С	Preservation for future generations		_				<b></b>		<b>-</b>
4	Provide a description of the organization's co	ollections and explain h	ow they fu	irther the orga	anızatıoı	n's exempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to						□ Y	es 🗆	No
Part				<u></u>		_ <del>_</del>			
	Complete if the organization answ 990, Part X, line 21		990, Par	t IV, line 9,	or repo	orted an amou	int on Fo	orm 	
1a	Is the organization an agent, trustee custodi	an or other intermediar	y for contr	ibutions or of	ther ass	ets not			
	included on Form 990, Part X?						Y₀	es	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table			т	A ====================================		
•	Beginning balance				10	<del>-</del>	Amount		
c d	Additions during the year				1 <u>c</u>	<del></del>			0
e	Distributions during the year				1e	+			
f	Ending balance				16	<del>                                       </del>	•		
		000 D V I 0	40			٠	<u></u>	V	
2a	Did the organization include an amount on F						Y:	es X	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the expl	anation ha	as been provi	ided in F	Part XIII			
Part									
	Complete if the organization ansv								
			or year	(c) Two years	back	(d) Three years bac	k (e)Fo	ur years	back
1a	Beginning of year balance	0	0				<del></del>		
b	Contributions						_		
С	Net investment earnings, gains								
	and losses				$\rightarrow$				
d	Grants or scholarships								
е	Other expenditures for facilities				-				
	and programs			_		<del> </del>			
t	Administrative expenses			_					
g	End of year balance	0			0		0		0
2	Provide the estimated percentage of the curr		line 1g, co	ilumn (a)) hei	d as				
a	Board designated or quasi-endowment	%							
b	Permanent endowment	<u>%</u>							
С	Temporarily restricted endowment	%							
3-	The percentages in lines 2a 2b, and 2c should be a seen and a seen and a seen and a seen and a seen		ala 4	h -   -   -   -   -   -   -   -		& 4			
3a	Are there endowment funds not in the posse	ssion of the organization	m mai are	neia ano aor	ministere	ea for the	i	Vaa	Na
	organization by (i) unrelated organizations						2011	Yes	No
							3a(ı)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization.	e listed as required on :	Schodulo	Do			3a(n) 3b		
4	Describe in Part XIII the intended uses of the						30		
Part			nem junus	<u> </u>					
	Complete if the organization answ		aan Dar	t IV line 11	2 500	Form 990 Pr	art V Juni	- 10	
		•							
	Description of property	(a) Cost or other basis (investment)		st or other s (other)		Accumulated preciation	(a) B	ook valu	E
1a	Land	0		52,500	-	7		-	2 500
b	Buildings	- 0		860 398		600,487	-		9 370
c	Leasehold improvements	0		000 330		000,487		<u> </u>	0
d	Equipment	0		84,126		1,876			
e	Other	0	<u> </u>	07,120		0			
	Add lines 1a through 1e (Column (d) must e	<u> </u>	column (E		)	<b>•</b>		38	1,870

Schedule D (Form	990) 2013 AMVETS Post 2256			51-0251655 Page
Part VII	Investments—Other Securitie	es		
	Complete if the organization an	swered "Yes" to Form 99	0, Part IV, line 11b Se	e Form 990, Part X, line 12
(a) [	Description of security or category (including name of security)	(b) Book value		hed of valuation -of-year market value
(1) Financial d	erivatives	0		<u> </u>
	ld equity interests	0		
(B)			<u>-</u> .	<del></del>
<u>(C)</u>		<del> </del>	<u> </u>	
(E)			<del>.</del>	
(F)				
(G)				
(H)				
	ust equal Form 990 Part X col. (B) line 12.)	0	~ 6	
Part VIII	Investments—Program Relat Complete if the organization an		0 Part IV line 11c Se	e Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Me	hod of valuation
(1)			Substitution of the substi	or year market value
(2)				
(3)			<del>-</del>	<del></del>
(4)				
_(5)				
(6)				
_(7)			· · · · · · · · · · · · · · · · · · ·	<del> </del>
(8)	<del></del>			
(9)	oust equal Form 990 Part X coi (B) line 13 )		e- , - 1	-1
Part IX	Other Assets.		<u> </u>	
	Complete if the organization an		0, Part IV, line 11d Se	
		n) Description	<del></del>	(b) Book value
(2)	<del></del>	<del></del>	<del>-</del>	
(3)		<del>-</del>		
(4)		<del></del>		
(5)				
(6)			<u> </u>	
(7)				
(8)		<del>-</del>		
(9)				_
	n (b) must equal Form 990, Part X, co.	[ (B) line 15 )		<u> </u>
Part X	Other Liabilities	owered IIVII to Form CO	O Dard IV (may 44	145 One Face 200 Day
	Complete if the organization an line 25	swered "Yes" to Form 99		ITT See Form 990, Part X,
<u>.1</u>	(a) Description of liability	(b) Book value	, , , , , , , , , , , , , , , , , , ,	4 74
(1) Federal in		0	, or 2,	
(2) City Taxe		139		, 'r •
(3) State Tax	es Withheld faxes Withheld	136	, A	# 7 # d
(5) Sales Tax		806 650	, ,	
(6) FICA With		1,007	•	4. 4. Au'
(7) Garnishm		-275	, ·	atte
(8)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W har by cat have
(9)				

2,463

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Total (Column (b) must equal Form 990 Part X col (B) line 25)

Par	Reconciliation of Revenue per Audited Financial Statements With Reven Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ue per Return	
1	Total revenue, gains, and other support per audited financial statements	1 1	•
2	Amounts included on line 1 but not on Form 990 Part VIII, line 12	<del>  '-  </del>	
a	Net unrealized gains on investments 2a	,_	
b	Donated services and use of facilities 2b	<del></del> ,,	
c	Recoveries of prior year grants 2c	<del>-</del>   '	
ď	Other (Describe in Part XIII )	- :	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12 but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 76	, `	
b	Other (Describe in Part XIII ) 4b		
С	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c (This must equal Form 990 Part I, line 12)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
	Complete if the organization answered "Yes" to Form 990 Part IV line 12a		
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	- (	
а	Donated services and use of facilities 2a	];	
b	Prior year adjustments 2b	<del>-  </del>	
С	Other losses 2c	-	
d	Other (Describe in Part XIII )	•	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990 Part IX, line 25, but not on line 1	_	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	_ 0
5	Total expenses Add lines 3 and 4c (This must equal Form 990 Part I, line 18)	5	0
Par	rt XIII Supplemental Information		
	vide the descriptions required for Part II, fines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and art XI, lines 2d and 4b, Also complete this part to provide any additiona		
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Schedule D (Form	990) 2013 AM	IVETS Post 22	56			 51-02516	55	Page 5
Part XIII	Suppleme	ntal Informa	tion (continue	ed)				
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### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Open to Public

Department of the Treasury

Attach to Form 990 or Form 990-EZ

Internal Revenue Service Information about Schedule G (Form 990 or 990 EZ) and its instructions is at www irs gov/form990 Inspection Name of the organization Employer identification number **AMVETS Post 2256** 51-0251655 Fundraising Activities Complete if the organization answered "Yes" to 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

а Mail solicitations е Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b f Phone solicitations Special fundraising events C In-person solicitations d 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 If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5 000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
•		Yes	No			
1				. 0	0	
2					•••	
3	+	1		0	0	<del></del>
				0	0	
4				0	0	
5						<u>,                                      </u>
6		<del> </del> -		0	0	
9		-		o	o	
,				0	0	
3				_		
		<del> </del> -		0	0	
•				o	o	
)				0	0	
			<u> </u>			<del></del>
otal			▶	0	0	

Total		<b>•</b>	0	0	0
3	registration or licensing	ration is registered or licensed to solicit			
				<b></b>	
				<b></b>	
				·	·

			AMVETS Post 2256			51-0251655 Page <b>2</b>
P	art il				s" to Form 990, Part IV,	
	•		<del>-</del>	<del>-</del>	come on Form 990-EZ	, lines 1 and 6b List
	ſ	events with gross rec	eipts greater than \$5,0		T	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
a	ľ		(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			o	0
å	_					
	3	Less Contributions Gross income (line 1	<del></del>	<del> </del>	0	0
	, ,	minus line 2)			ol	0
_						
	4	Cash prizes		<del> </del>	. 0	0
	5	Noncash prizes			0	0
ses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0.	0
rect		_	-			
۵	8	Entertainment		<del>  -                                   </del>	0	0
	9	Other direct expenses			0	0
	10	Direct expense summary Ac	dd lines 4 through 9 in col	umn (d)	▶	( 0)
	11	Net income summary Subtra	act line 10 from line 3 col	umn (d)	<b>•</b>	0
P	art III			vered "Yes" to Form 99	0, Part IV, line 19, or re	eported more
	r	_than \$15,000 on Forr	n 990-EZ, line 6a	<del>,</del>	<del></del>	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
eve				† · · · · · · · · · · · · · · · ·		
<u>~</u>	1	Gross revenue	<u> </u>	-		0
ses	2	Cash prizes				0
Expenses	3	Noncash prizes				0
ect E	4	Rent/facility costs				0
Ö	<b>"</b>	ivening costs			-	
	5	Other direct expenses		<u> </u>		0
	ļ		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	│	No No	
	_	D	tallor - O donor - b C or - ol	(4)		
	7	Direct expense summary Ac	u inies z tritough o in col	uniit (u)	•	(0)
	_8	Net gaming income summar	y Subtract line 7 from line	e 1, colu <u>mn (d)</u>		0
_						
9		Inter the state(s) in which the o s the organization licensed to o				
				n each of these states?		Yes No
	- "				·· · · · · · · · · · · · · · · · · · ·	
						·
10		Vere any of the organization's o	-	•		Yes No
	b If	f 'Yes," explain				

Sched	ule G (Form 990 or 990-EZ) 2013 AMVETS Post 2256	<u>51-0251655</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	X 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?	—	X No
40	· ·	tes [	VI MO
13 a	Indicate the percentage of gaming activity operated in The organization's facility	13a	100 00%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books	100	
	and records		
	Name ▶ BJ Thompson		<b></b> -
	Address ► 818 Tarlton Road Circleville OH 43113		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ 0 and the	_ `	
	amount of gaming revenue retained by the third party ▶ \$ 0		
С	If "Yes" enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ► Not Applicable		
	Gaming manager compensation   \$0		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	X 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 🕒 💲		0
Part			ınd
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to	provide any	
	additional information (see instructions)		<del></del>
		<u></u>	
	······		
			<b></b>

# 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

► Attach to Form 990 or 990-EZ

OMB No 1545-0047
2013

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Employer (dentification number

AMVETS Post 2256	51-0251655
Form 990, Part VI, Section C, Line 19 Upon Request	
Form 990, Part IX, Section Col(B), Line 24e \$985 Pest Control, \$4,877 Entertain	nment
Form 990, Part IX, Section Col(C), Line 24e \$21,647 Misc , \$437 Bank Charges	<u>, \$1,195</u>
Telephone, \$264 Flowers, \$80 Dues \$800 Sponsor Fees, \$229 Fees & Subscrip	otions, \$520
Security and \$980 Cable	
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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
AMVETS Post 2256	51-0251655
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