

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Steve Magre

Executive Summary of Request:

AMVETS (or American Veterans) has a proud history of assisting veterans and sponsoring numerous programs that serve our country and its citizens. Just some of the missions of AMVETS organization is to inspire a sense of responsibility and develop leadership; to expedite and assist in the rehabilitation of veterans; to act as a liaison between veterans and the government and to provide fellowship among all American veterans who have served.

The AMVETS Post #9 raise funds to help with National AmVets programs that help veterans, veterans families and the community. The AMVETS Post #9 opens its facilities to nonprofits and neighborhood groups for their programs and to serve their community.

The funds from this grant will be used for utility costs (LGE, LWC) for their facility.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>10</u>		<u>\$5,000.00</u>	<u>October 1, 2015</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

_____ Date

Appropriations Committee Chairman

Clerk's Office Only:

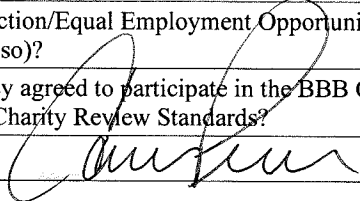
Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: AMVETS Preston Post #9

Program Name and Request Amount: Utility Cost for Post #9 Community Center Assistance

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> N/A
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: 	Date: 10/5/15



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION					
Legal Name of Applicant Organization: AMVETS Preston Post #9 INC <small>(as listed on: http://www.sos.ky.gov/business/records)</small>					
Main Office Street & Mailing Address: 1567 South Shelby Street Louisville KY 40217					
Website:					
Applicant Contact:	Dan McMahon	Title:	Sons of AMVETS Cmdr		
Phone:	(502)310-1009	Email:	dannymacmobile@aol.com		
Financial Contact:	DAN McMAHON	Title:	FINANCIAL REP		
Phone:	502-310-1009	Email:	Dannymacmobile@aol.com		
Organization's Representative who attended NDF Training: DAN McMAHON					
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED					
Program Facility Location(s):	1567 South SHILBY ST; LOU Ky 40217				
Council District(s):	10	Zip Code(s):	40217		
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION					
PROGRAM/PROJECT NAME: Utility Cost For Post #9 Community Center - Assistance					
Total Request: (\$)	\$5,000	Total Metro Award (this program) in previous year: (\$)	- 0 -		
Purpose of Request (check all that apply):					
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)					
The Following are Required Attachments:					
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff </td> </tr> </table>				<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense	<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff
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For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.					
Source:		Amount: (\$)			
Source:		Amount: (\$)			
Source:		Amount: (\$)			
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Applicant's Initials *D.M.C.*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The aims and purposes of this organization are as follows:

- (1) To serve our country in peace as in war; to build and maintain the welfare of the United States of America toward lasting prosperity and peace for all its inhabitants;
- (2) To encourage, in keeping with policies of our government, the establishment of a concrete plan to secure permanent international peace and to assist in the maintenance of international peace;
- (3) To inspire in our membership a sense of responsibility and to develop leadership for the preservation of our American democratic way of life;
- (4) To help unify divergent groups in the overall interest of American democracy;
- (5) To train our youth to become purposeful citizens in a democracy with full knowledge of the responsibilities as well as the privileges of citizenship;
- (6) To cooperate with all duly recognized existing veterans organizations in the furtherance of the aims of the veterans who have served or are serving in the Armed Forces of the United States during and since World War II;
- (7) To ensure the orderly return of the veteran to civilian life by protecting the rights of individuals while the servicemember is still in uniform;
- (8) To expedite and assist in the rehabilitation of veterans by maintaining employment services; sponsoring educational opportunities; providing counsel on insurance, housing, recreation, personal problems, hospitalization and veterans benefits;
- (9) To act as a liaison agent between the veteran and the government;
- (10) To provide an organization to encourage fellowship among all American veterans who have served or are serving in the Armed Forces of the United States during and since World War II; and
- (11) To keep the public forever reminded that the American veterans who have served or are serving in the Armed Forces of the United States during and since World War II fought and served to preserve peace, liberty and democracy for their nation.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

At AMVETS Post #9, We organize and raise money to help with National AMVETS Programs that help veterans, veterans' families and our community. We also let local neighborhood nonprofits / organizations use our meeting rooms to help them have a place to organize projects to help their programs, help others, and help our community

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

We plan to use any financial help from NDF funding to help pay utility bills that accrue from LG&E and Louisville Water Company



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

JRM



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The grant is for assistance with our facility's operations. The rooms in our space are used at no cost by the number of well known Louisville non-profit organizations. In fact, during 2014-15 the city of Louisville via it's Forward Louisville Department held a series of meetings related to work preformed by the Railroad Corridor Group that led to their final report. Our post uses the facility directly to raise money to support the Amvets National Service Programs that are administered to assist veterans who live in this part of Louisville.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

We often donate space for meetings to organizations like: The Boy Scouts of America, various Youth Sports Organizations, German-Paristown Neighborhood Association, University of Louisville Urban Studies, Community Railway Project, Schnitzelburg Area Community Council so they have a place to organize projects that help our community in lots of ways.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rest Utilities <i>Utilities</i>	\$5,000	\$12,018	\$17,018
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	<i>\$5000</i>	<i>\$12,018</i>	<i>\$17,018</i>
<i>% of Program Budget</i>	<i>30 %</i>	<i>70 %</i>	<i>100%</i>

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify) <i>Ky OCG Permit - weekly Bingo</i>	\$12,018
<i>Total Revenue for Columns 2 Expenses **</i>	\$12,018

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

JSM



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
N/A		
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

[Handwritten signature and scribbles]



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

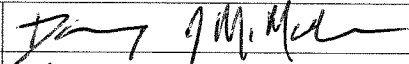
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	9-20-2015
Legal Signatory: (please print):	DAN McMAHON	Title:	Sons of Amvets - Cmdr
Phone:	502-310-1009	Extension:	
		Email:	dannymacmobile@aol.com





ATTENTION!

Please find attached the new AMVETS Group Exemption letter confirming our 501(c)19 status dated November 28, 2001.

You may copy this letter as needed or have a master copy sent to you by contacting the National Finance Department.

Thanks so much for your patience!

Internal Revenue Service

Department of the Treasury

P.O. Box 2508
Cincinnati, OH 45201

Date: November 28, 2001

Person to Contact:

Richard Owens 31-00913
Customer Service Representative

Toll Free Telephone Number:

8:00 A.M. to 9:30 P.M. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

[REDACTED]

American Veterans of World War II
Korea and Vietnam
4647 Forbes Blvd.
Lanham, MD 20706-4356

Dear Sir or Madam:

This is in response to your request for a copy of your organization's group exemption letter.

We issued a determination letter in May 1945, which recognized your organization as exempt from federal income tax under section 501(c)(19) of the Internal Revenue Code.

Based on the information supplied, we also recognized your organization's named subordinates as exempt from federal income tax under section 501(c)(19) of the Code.

Your organization and each of its subordinates are required to file Form 990, Return of Organization Exempt from Income Tax, only if the gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

Unless specifically excepted, your organization and its subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each of its employees during a calendar year. Your organization and its subordinates are also liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

This determination is based on your organization's representation that at least 75 percent of its members are past or present members of the Armed Forces of the United States defined under section 501(c)(19) of the Code. It is also based on the representation that substantially all of the other members, if any, are individuals who are cadets, or are spouses, widows, or widowers of past or present members of the Armed Forces of the United States or of cadets.

Based on your organization's representation that at least 90 percent of its members are war veterans and that it is organized and operated primarily for purposes consistent with its current status as a war veterans organization, donors can deduct contributions made to or for the use of your organization.

American Veterans of World War II Korea and Vietnam
[REDACTED]

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If an organization is subject to this tax, it must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Each year, at least 90 days before the end of your organization's annual accounting period, please send these items to the Internal Revenue Service Center at the address shown below:

1. A statement describing any changes during the year in the purposes, character, or method of operation of your organization's subordinates;
2. A list showing the names, mailing addresses (including Postal ZIP Codes), actual addresses if different, and Employer Identification Numbers of subordinates that since the previous report:
 - a. Changed names or addresses;
 - b. Were deleted from the roster; or
 - c. Were added to the roster.
3. For subordinates to be added, attach:
 - a. A statement that the information on which the present group exemption letter is based applies to the new subordinates;
 - b. A statement that each has given your organization written authorization to add its name to the roster;
 - c. A list of those to which the Service previously issued exemption rulings or determination letters;
 - d. The street address of subordinates where the mailing address is a P.O. Box; and
4. If applicable, a statement that the group exemption roster did not change since the previous report.

American Veterans of World War II Korea and Vietnam
[REDACTED]

The above information should be sent to the following address:

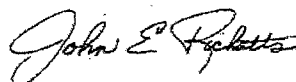
Internal Revenue Service Center
Attn: Entity Control Unit
Ogden, UT 84409

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Your organization's Group Exemption Number is 0838.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

Amvets Budget - Sheet1

Budget 2015-2016 [Sheet1!A1]

EXPENSES

LG&E	14172
WATER	4845
Concessions Supplies	60000
Dumpster	628
Cable	1443
Internet	1443
Bingo Supplies	11500
Cleaning Supplies	1000
Office Supplies	1000
Taxes, licenses, permits	16000
Donations	250
Convention	500
Phone	499
Insurance	2382
Maintenance	1000
Total Expenses	116662

Amvets Budget - Sheet2

2015-2016 Budget

Income

Memberships	500
Concessions Sales	63000
Rentals	7000
Donations	290
Recycle Cans	2500
ATM	100
Billboard	250
Bingo	35000
Fundraising	7000
Total Income	115640

Post Officers Form

The 4 leaders with access to the database are Commander, 1st Vice, Adjutant, and Renewal Contact. After elections, email or fax revalidation forms to HQ and your Department.

Commander: DONALD HOFFMANN Member Number: [REDACTED]	Address: [REDACTED] [REDACTED]	Work: _____ Home: [REDACTED]
1st Vice: ROYCE NOBLE Member: [REDACTED]	[REDACTED] KY 40217 Email: NO EMAIL	Work: 5026371900 Home: _____ Cell: _____
2nd Vice: MERL WRIGHT Member: [REDACTED]	Address: [REDACTED] Email: NO EMAIL	Work: 5026371900 Home: _____ Cell: _____
Adjutant: NO ONE Member Number: _____	[REDACTED] Email: _____	Work: _____ Home: [REDACTED] Cell: _____
Public Relations Officer: JUAN DIAZ Member Number: _____	Address: [REDACTED] Email: NO EMAIL	Work: _____ Home: [REDACTED] Cell: _____
Finance: DAN ROY Member Number: _____	[REDACTED] Email: NO EMAIL	Work: _____ Home: [REDACTED] Cell: _____

Post Officers Certification

I certify that the officers of Post# 9 in the city of LOUISVILLE and the state of KY have been duly installed and they have read and subscribe to the AMVETS oath of office.

Date: 1/15 Installing Officer: DON HOFFMANN

Notes: As soon as your elections are concluded (May 1 - June 30th), fill out this form and send to Headquarters by mail (Attn.: Membership 4647 Forbes Blvd. Lanham, MD 20706), fax (to 301-459-7924), or email (to hneal@amvets.org). Send a copy of all forms to your department. Completed form must be received by July 15. If you revalidate online you must also send a filled out copy of this form to Headquarters. We will not accept a printed copy of the online revalidation alone. We need this signed form for our records.

1 yr term. No term limits

Non-Profit Checking

PNC Bank



For the Period 07/01/2015 to 07/31/2015

Primary Account Number [REDACTED]

Page 1 of 4

Number of enclosures: 0

AMVETS PRESTON POST 9 INC
 CLUB HOUSE ACCOUNT
 1567 S SHELBY ST
 LOUISVILLE KY 40217-1155

For 24-hour banking sign on to
 PNC Bank Online Banking on pnc.com
 FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG
 Monday - Friday: 7 AM - 10 PM ET
 Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, 1-877-BUS-BNKG

Moving? Please contact your local branch

Write to: Customer Service
 PO Box 609
 Pittsburgh, PA 15230-9738
 Visit us at PNC.com/mybusiness/
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Non-Profit Checking Summary

Amvets Preston Post 9 Inc
 Club House Account

Account number: [REDACTED]

Overdraft Protection has not been established for this account.
 Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
6,101.25	12,847.46	13,864.06	5,084.65
		Average ledger balance	Average collected balance
		6,753.76	6,753.76

Overdraft and Returned Item Fee Summary

	Total for this Period	Total Year to Date
Total Overdraft Fees	.00	72.00

Deposits and Other Additions

Description	Items	Amount
Deposits	63	12,847.46
Total	63	12,847.46


Checks and Other Deductions

Description	Items	Amount
Checks	40	13,783.58
Service Charges and Fees	2	80.48
Total	42	13,864.06

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
07/01	5,510.69	07/13	8,193.05	07/24	7,211.37
07/02	4,821.08	07/14	7,746.70	07/27	8,007.88
07/06	7,551.98	07/16	6,809.10	07/28	6,664.61
07/07	7,452.28	07/17	7,256.64	07/29	6,210.36
07/08	7,020.40	07/20	8,118.45	07/30	4,964.43
07/09	5,898.12	07/21	8,077.53	07/31	5,084.65
07/10	6,618.04	07/23	7,689.82		

Non-Profit Checking


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For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: 

Page 2 of 4

Non-Profit Checking Account Number:  continued

Activity Detail

Deposits and Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
07/02	111.50	Deposit	031691605
07/02	94.25	Deposit	031691607
07/02	84.50	Deposit	031691609
07/02	133.75	Deposit	031691611
07/06	1,047.61	Deposit	035219112
07/06	346.50	Deposit	035366812
07/06	121.75	Deposit	035366814
07/06	87.50	Deposit	035366819
07/06	24.75	Deposit	035219122
07/06	30.75	Deposit	035219124
07/06	224.00	Deposit	035219126
07/06	307.00	Deposit	035219128
07/06	297.25	Deposit	035219132
07/06	281.25	Deposit	035219135
07/06	158.50	Deposit	035219137
07/08	119.50	Deposit	030873608
07/08	83.25	Deposit	030873614
07/08	121.00	Deposit	030873616
07/10	122.50	Deposit	031642773
07/10	130.25	Deposit	031642776
07/10	121.50	Deposit	031642779
07/10	361.75	Deposit	031642783
07/10	103.50	Deposit	031642788
07/13	75.25	Deposit	037045509
07/13	165.25	Deposit	037045511
07/13	828.35	Deposit	037045515
07/13	83.75	Deposit	037039909
07/13	176.00	Deposit	037039921
07/13	722.25	Deposit	037039924
07/17	132.75	Deposit	032785537
07/17	153.75	Deposit	032785543
07/17	70.75	Deposit	032785546
07/17	122.00	Deposit	032785548
07/17	82.50	Deposit	032785550
07/17	227.00	Deposit	032785552
07/20	174.00	Deposit	039728001
07/20	307.75	Deposit	039728004
07/20	513.00	Deposit	039728008
07/20	158.50	Deposit	039728012
07/20	264.00	Deposit	039728014
07/20	163.50	Deposit	039728021
07/20	137.75	Deposit	039728175
07/20	242.75	Deposit	039728177
07/20	64.00	Deposit	039728179
07/23	20.00	Deposit	031863101

Deposits continued on next page

Non-Profit Checking

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For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: [REDACTED]

Page 3 of 4

Non-Profit Checking Account Number: [REDACTED] continued

Deposits - continued

Date posted	Amount	Transaction description	Reference number
07/23	124.25	Deposit	031817603
07/23	114.50	Deposit	031863103
07/23	124.00	Deposit	031817605
07/23	287.00	Deposit	031863105
07/24	194.75	Deposit	030767907
07/24	230.75	Deposit	030767912
07/24	131.25	Deposit	030767914
07/27	30.00	Deposit	036173601
07/27	115.25	Deposit	036173603
07/27	144.00	Deposit	036173605
07/27	83.75	Deposit	036173607
07/27	516.00	Deposit	036084731
07/27	836.75	Deposit	036084739
07/31	107.00	Deposit	033326296
07/31	94.25	Deposit	033326298
07/31	157.50	Deposit	033326301
07/31	67.00	Deposit	031858301
07/31	90.50	Deposit	031989868

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
07/06	2456 *	195.96	553566619	07/13	2476	264.00	071143164	07/23	2489	287.72	075068231
07/07	2458 *	99.70	551532076	07/20	2477	316.97	077319065	07/23	2490	83.03	076134784
07/02	2463 *	197.50	074380737	07/17	2478	296.21	076159306	07/27	2491	307.58	072250177
07/01	2464	563.81	072851776	07/13	2479	211.84	076608684	07/24	2492	467.77	077601522
07/08	2466 *	446.13	072769261	07/21	2480	40.92	072235826	07/27	2493	163.26	070387640
07/09	2467	391.65	073693571	07/20	2481	343.00	550497429	07/31	2494	300.00	033326294
07/02	2468	708.68	074352042	07/24	2482	567.43	077568012	07/31	2495	41.03	076733896
07/08	2469	279.50	073416664	07/16	2483	937.60	075474592	07/27	2496	100.00	072367011
07/02	2470	207.43	074555533	07/20	2484	411.75	071776369	07/28	2497	1,343.27	073509212
07/09	2471	730.63	074761774	07/20	2485	91.72	077319259	07/30	2498	722.20	076470085
07/10	2472	119.58	076346724	07/23	2486	632.98	076084421	07/30	2500 *	326.23	075426740
07/17	2473	45.00	075784023	07/27	2487	358.40	072198618	07/30	2501	197.50	076485886
07/14	2474	446.35	072697157	07/29	2488	454.25	074449437	07/31	2502	55.00	076678275
07/08	2475	30.00	030873619								

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
07/01	26.75	Service Charge Period Ending 06/30/2015	
07/23	53.73	Check Printing Fee	00015203002394342

Detail of Services Used During Current Period


Note: The total charge for the following services will be posted to your account on 08/03/2015 and will appear on your next statement as a single line item entitled Service Charge Period Ending 07/31/2015.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	125	.00	Included in Account
Checks Paid	40	.00	
Deposited Item - Consolidated	22	.00	
Deposit Tickets Processed	63	.00	
Branch - Consolidated Cash Deposited	50	.00	Included in Account

Detail of Services Used During Current Period continued on next page

Non-Profit Checking

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For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number [REDACTED]

Page 4 of 4

Non-Profit Checking Account Number [REDACTED] continued

Detail of Services Used During Current Period

- continued

Description	Volume	Amount	
Branch - Consolidated Cash Deposited	69	17.25	
Branch - Security Vault Deposit Bag	6	.00	Included in Account
Cash Flow Insight Fee	1	10.00	
Total For Services Used This Period		27.25	
Total Service Charge		27.25	

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Non-Profit Checking

PNC Bank



For the Period 07/01/2015 to 07/31/2015

Primary Account Number: [REDACTED]

Page 1 of 3

Number of enclosures: 0

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BINGO
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Non-Profit Checking Summary

Account number: [REDACTED]

Amvets Preston Post 9 Inc
Bingo

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
10,233.21	14,596.00	16,919.75	7,909.46

Deposits and Other Additions

Description	Items	Amount
Deposits	9	14,596.00
Total	9	14,596.00

Checks and Other Deductions

Description	Items	Amount
Checks	9	13,700.00
ACH Deductions	1	395.00
Service Charges and Fees	1	24.75
Other Deductions	1	2,800.00
Total	12	16,919.75

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
07/01	10,208.46	07/13	10,053.46	07/27	11,104.46
07/03	6,908.46	07/17	7,253.46	07/29	10,709.46
07/06	10,371.46	07/20	10,543.46	07/31	7,909.46
07/10	6,571.46	07/24	7,743.46		

Activity Detail

Deposits and Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
07/06	3,463.00	Deposit	035148409
07/13	3,441.00	Deposit	037039905
07/13	25.00	Deposit	037039907
07/13	16.00	Deposit	037039917
07/20	3,790.00	Deposit	039728025

Deposits continued on next page

Non-Profit Checking

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For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: [REDACTED]

Page 2 of 3

Non-Profit Checking Account Number: [REDACTED] - continued

Deposits - continued

Date posted	Amount	Transaction description	Reference number
07/27	3,530.00	Deposit	036084722
07/27	133.00	Deposit	036084724
07/27	110.00	Deposit	036084729
07/27	88.00	Deposit	036084735

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
07/03	2513 *	2,800.00	030446054	07/10	2516	2,800.00	031642770	07/17	2519	2,800.00	032785521
07/03	2514	500.00	030446055	07/10	2517	500.00	031642771	07/27	2520	500.00	032311932
07/10	2515	500.00	031884933	07/20	2518	500.00	031817157	07/24	2521	2,800.00	030709237

ACH Deductions

Date posted	Amount	Transaction description	Reference number
07/29	395.00	Corporate ACH Thank You Cmmwlth Of Ky 16118858	00015209008741202

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
07/01	24.75	Service Charge Period Ending 06/30/2015	

Other Deductions

Date posted	Amount	Transaction description	Reference number
07/31	2,800.00	Withdrawal	033326292

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 08/03/2015 and will appear on your next statement as a single line item entitled Service Charge Period Ending 07/31/2015.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed


Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	37	.00	Included in Account
ACH Debits	1	.00	
Checks Paid	9	.00	
Deposited Item - Consolidated	18	.00	
Deposit Tickets Processed	9	.00	
Branch - Consolidated Cash Deposited	50	.00	Included in Account
Branch - Consolidated Cash Deposited	87	21.75	
Branch - Security Vault Deposit Bag	4	.00	Included in Account
Branch - Currency Furnished	8,850	.00	Included in Account
Branch - Coin Furnished Rolls	5	.00	Included in Account
Total For Services Used This Period		21.75	
Total Service Charge		21.75	

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For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: [REDACTED]

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Non-Profit Checking Account Number [REDACTED] - continued

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Business Checking

PNC Bank



For the Period 07/01/2015 to 07/31/2015

Primary Account Number: [REDACTED]

Page 1 of 3

Number of enclosures: 0

AMVETS PRESTON POST 9 INC
KENO ACCOUNT
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Business Checking Summary

Account number: [REDACTED]

Amvets Preston Post 9 Inc
Keno Account

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
2,737.41	5,364.50	5,773.43	2,328.48
		Average ledger balance	Average collected balance
		2,853.24	2,853.24

Deposits and Other Additions

Description	Items	Amount
Deposits	25	5,364.50
Total	25	5,364.50

Checks and Other Deductions

Description	Items	Amount
ACH Deductions	5	5,752.43
Service Charges and Fees	1	21.00
Total	6	5,773.43

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
07/01	2,716.41	07/10	2,589.86	07/23	3,251.64
07/02	3,139.41	07/13	2,938.86	07/24	2,881.50
07/03	1,986.47	07/17	2,399.64	07/27	3,295.50
07/06	3,333.47	07/20	2,957.64	07/31	2,328.48
07/08	3,482.47				

Activity Detail

Deposits and Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
07/02	239.00	Deposit	031691601
07/02	184.00	Deposit	031691603
07/06	128.00	Deposit	035366810
07/06	489.00	Deposit	035219115

Deposits continued on next page

Business Checking

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For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: 30-2700-9586

Page 2 of 3

Business Checking Account Number: ██████████ - continued

Deposits - continued

Date posted	Amount	Transaction description	Reference number
07/06	502.00	Deposit	035219117
07/06	228.00	Deposit	035219119
07/08	149.00	Deposit	030873612
07/10	353.00	Deposit	031642781
07/10	201.00	Deposit	031642790
07/13	120.00	Deposit	037039911
07/13	229.00	Deposit	037039919
07/17	190.00	Deposit	032785539
07/17	284.00	Deposit	032785541
07/20	90.00	Deposit	039728010
07/20	305.00	Deposit	039728023
07/20	163.00	Deposit	039728031
07/23	294.00	Deposit	031817601
07/24	53.00	Deposit	030767901
07/24	100.50	Deposit	030767905
07/24	468.00	Deposit	030767910
07/27	15.00	Deposit	036173610
07/27	102.00	Deposit	036084733
07/27	297.00	Deposit	036084737
07/31	15.00	Deposit	031858303
07/31	166.00	Deposit	031989871

Checks and Other Deductions

ACH Deductions

Date posted	Amount	Transaction description	Reference number
07/03	1,152.94	ACH Debit Ky Lottery Kentucky Lottery 000000	00015183009273330
07/10	1,446.61	ACH Debit Ky Lottery Kentucky Lottery 000000	00015190008174766
07/17	1,013.22	ACH Debit Ky Lottery Kentucky Lottery 000000	00015197009114602
07/24	991.64	ACH Debit Ky Lottery Kentucky Lottery 000000	00015204007833131
07/31	1,148.02	ACH Debit Ky Lottery Kentucky Lottery 000000	00015211008598990

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
07/01	21.00	Service Charge Period Ending 06/30/2015	


Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 08/03/2015 and will appear on your next statement as a single line item entitled Service Charge Period Ending 07/31/2015.

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	32	.00	Included in Account
ACH Debits	5	.00	Included in Account
Deposited Item - Consolidated	2	.00	Included in Account
Deposit Tickets Processed	25	.00	Included in Account
Branch - Consolidated Cash Deposited	50	.00	Included in Account
Branch - Consolidated Cash Deposited	1	.25	
Branch - Security Vault Deposit Bag	5	15.00	

Detail of Services Used During Current Period continued on next page

Business Checking

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For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: [REDACTED]

Page 3 of 3

Business Checking Account Number: [REDACTED] continued

Detail of Services Used During Current Period

- continued

Description	Volume	Amount
Total For Services Used This Period		15.25
Total Service Charge		15.25

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Non-Profit Checking

PNC Bank



For the Period 07/01/2015 to 07/31/2015

Primary Account Number: [REDACTED]

Page 1 of 3

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Non-Profit Checking Summary

Account number: [REDACTED]

Amvets Preston Post 9 Inc
Org Account

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
897.58	1,103.50	962.18	1,038.90
		Average ledger balance	Average collected balance
		1,132.16	1,130.09

Deposits and Other Additions

Description	Items	Amount
Deposits	5	1,103.50
Total	5	1,103.50

Checks and Other Deductions

Description	Items	Amount
Checks	10	962.18
Total	10	962.18

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
07/01	847.58	07/14	1,498.82	07/21	1,267.16
07/06	1,110.08	07/17	1,237.82	07/24	1,088.90
07/08	1,060.08	07/20	1,317.16	07/27	1,038.90
07/13	1,548.82				

Activity Detail

Deposits and Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
07/06	262.50	Deposit	035366821
07/13	558.00	Deposit	037039913
07/13	157.00	Deposit	037039926
07/20	56.00	Deposit	039728181
07/20	70.00	Deposit	039728183

Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: 302760000000

Page 2 of 3

Non-Profit Checking Account Number: [REDACTED] continued

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
07/01	471 *	50.00	071614691	07/14	475	50.00	072865301	07/24	478	178.26	077568011
07/17	472	261.00	075727871	07/13	476	50.00	090602980	07/21	479	50.00	073582195
07/08	473	50.00	073558438	07/13	477	176.26	090602979	07/27	481 *	50.00	072365381
07/20	474	46.66	071651973								

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 08/03/2015 and will appear on your next statement as a single line item entitled Service Charge Period Ending 07/31/2015.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	17	.00	Included in Account
Checks Paid	10	.00	
Deposited Item - Consolidated	2	.00	
Deposit Tickets Processed	5	.00	
Branch - Consolidated Cash Deposited	9	.00	Included in Account
Branch - Security Vault Deposit Bag	1	.00	Included in Account
Total For Services Used This Period		.00	
Total Service Charge		.00	

Hear from real businesses like yours . . . and get \$100

Have you tried Cash Flow Insight available in Online Banking today?

See real business success stories at pnc.com/cashflowinsight to see how Cash Flow Insight is helping businesses like yours. Try it free for 90 days, and get \$100 for getting to know your new tools.*


What are businesses saying about Cash Flow Insight?

- > "Cash Flow Insight is saving us \$250+ every month."
- > "It easily saves 15-20 hours of my time every month."
- > "Our customers are now making payments faster, which makes my job easier."
- > "I chose Cash Flow Insight because there wasn't another bank that connected with our accounting system so seamlessly."
- > "Anybody using QuickBooks® should be using Cash Flow Insight."
- > "I have more visibility into my cash flow, and I know each month exactly what I'm going to be getting paid."

To try Cash Flow Insight for up to 90 days at no cost, and take advantage of this limited-time \$100 offer, call 855-762-2361 or learn more at pnc.com/cashflowinsight.

*Cash Flow Insight requires a PNC business checking account and enrollment in PNC Online Banking. Free trial offer valid for Cash Flow Insight and additional tools (Receivables, Payables and Accounting Software Sync) for your current statement cycle period and two additional statement cycles. One free trial per customer. For supported accounting software, post-trial fees, how to un-enroll and details on the \$100 offer, visit pnc.com/cashflowinsight. Limit one \$100 offer per business. Offer may be extended, modified or discontinued at any time without notice. Cash Flow Insight is a service mark of The PNC Financial Services Group, Inc.

Non-Profit Checking

 For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 07/01/2015 to 07/31/2015

Amvets Preston Post 9 Inc

Primary Account Number: [REDACTED]

Page 3 of 3

Non-Profit Checking Account Number [REDACTED] - continued

QuickBooks® is a registered trademark of Intuit®, Inc. PNC Bank, National Association. Member FDIC

Short Form Return of Organization Exempt From Income Tax

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

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>AMVETS 9 KY POST 1567 SOUTH SHELBY ST LOUISVILLE, KY 40217-1155</p>	<p>D Employer identification number [REDACTED]</p> <p>E Telephone number (502) 637-1900</p> <p>F Group Exemption Number ▶ 0838</p>
---	--	---

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (19) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 122,193.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received.....	1	480.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	
	4 Investment income.....	4	
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b	
c Less: direct expenses from gaming and fundraising events.....	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d		
7a Gross sales of inventory, less returns and allowances.....	7a		
b Less: cost of goods sold.....	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8 Other revenue (describe in Schedule O).....	8	121,713.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....	9	122,193.	
E X P E N D I T U R E S	10 Grants and similar amounts paid (list in Schedule O).....	10	
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	
	16 Other expenses (describe in Schedule O).....	16	119,693.
	17 Total expenses. Add lines 10 through 16.....	17	119,693.
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	2,500.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	138,966.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.....	21	141,466.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,432.	9,932.
23 Land and buildings	123,364.	123,364.
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	8,170.	7,809.
25 Total assets	138,966.	141,105.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	138,966.	138,210.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>VISITS TO VETERANS HOSPITALS AND GIFTS TO CHARITY.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DON HOFFMANN COMMANDER	15	0.	0.	0.
ROYCE NOBLE 1ST VICE-PRES	5	0.	0.	0.
GARY MULLINS	0	0.	0.	0.
WILL SPENCER 3RD VICE-PRES	10	0.	0.	0.
BARRY MORRIS ADJUTANT	5	0.	0.	0.
JOHN WITT PROVOST MARSHAL	5	0.	0.	0.
DAN ROY Trustee	5	0.	0.	0.
MERRILL WRIGHT Trustee	5	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. [X]

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of AMVETS POST 9
Located at 1567 SOUTH SHELBY ST LOUISVILLE KY Telephone no. ZIP + 4 40217
42b 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?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No 46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 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. Yes No 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48
49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a
b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer DON HOFFMANN Date COMMANDER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date 9/18/15 Check self-employed if PTI Firm's name Tax Time of Louisville, Inc. Firm's address 6610 Southside Dr. Louisville, KY 40214 Firm's EIN Phone no. (502) 361-9217

May the IRS discuss this return with the preparer shown above? See instructions. Yes No X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

AMVETS 9 KY POST

Employer identification number

6 [REDACTED]

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

AMVETS IS A VETERANS SERVICE ORGANIZATION WHOSE MEMBERS, HAVING SERVED OR NOW
SERVING IN THE U.S. ARMED FORCES, ARE UNITED TO UPHOLD AND DEFEND THE CONSTITUTION
OF THE UNITED STATES; TO SAFEGUARD THE PRINCIPLES OF FREEDOM, LIBERTY AND JUSTICE
FOR ALL.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract?..... No

Commonwealth of Kentucky
Department of State

1673



Office of Secretary of State

KENNETH F. HARPER, SECRETARY
DOMESTIC CORPORATION DEPARTMENT
NON-STOCK CORPORATION

I, KENNETH F. HARPER, Secretary of the State of Kentucky,
hereby certify that Articles of Incorporation of the

AMVETS PRESTON POST #9, INC. (Louisville, Kentucky)

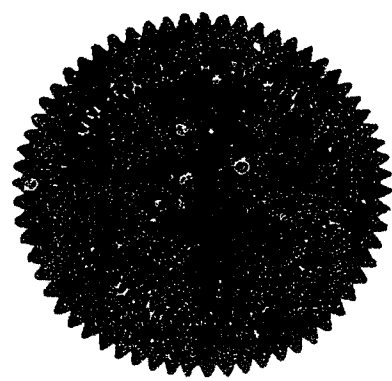
has this day been filed in my office.

It appearing from said Articles of Incorporation that the said Corporation has no capital stock, and no private pecuniary profit is to be derived therefrom, the said Corporation is not required by law to pay a tax on organization; and it further appearing that the aforesaid Corporation has complied with all the requirements of the law, this certificate is issued as evidence of the fact that the said Corporation is now authorized and empowered to do business in this State under its charter, subject to the restrictions imposed by the statutes of Kentucky.

Given under my hand as Secretary of State,
this 20th day of July 19 71

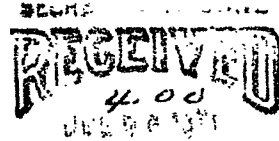
Kenneth F. Harper
Secretary of State

A. V. Lynn
Assistant Secretary of State



SECRETARY OF STATE

ARTICLES OF INCORPORATION OF
AMVETS PRESTON POST #9, INC.



KNOW ALL MEN BY THESE PRESENTS:

Commonwealth of Kentucky

THESE ARTICLES OF INCORPORATION are signed and acknowledged by the Incorporators for the purpose of forming a Nonstock, Nonprofit Corporation under the provisions of Chapter 273 of the Kentucky Revised Statutes.

1963

ARTICLE I

The name of the Corporation is:

AMVETS PRESTON POST #9, INC.

ARTICLE II

The purposes for which the Corporation is formed are as follow:

1. For charitable, educational and patriotic purposes and to further the program of the American Veterans of World War II, known as AMVETS, according to the principals and program of the National and Kentucky Departments and Constitutions .

2. To promote and assist Preston Post #9 of the American Veterans of World War II in its various activities concerned with promoting its charitable, educational and patriotic program.

ARTICLE III

In carrying out its purposes the Corporation shall have the following rights and powers in addition to those given by Statute:

1. To purchase, hold, lease or otherwise acquire, sell and exchange property both real and personal situated in the County of Jefferson, Kentucky and vicinity; and to develop, mortgage and otherwise manage and dispose of all kind of property whether real, personal or mixed and in carrying out this power it may create and hold the debts, demands, rights and privileges of and to all property whether real or personal in whatsoever manner may be necessary for its purposes and for the use and benefit of Preston Post #9.

2. To receive, hold and use gifts or bequests of money or other property for any general or special charitable, educational or patriotic or other purpose, enterprise or project connected with Preston Post #9 and may receive such gifts or bequests by it invested, in whole or in part, in the name of or held for the Post. The net income therefrom to be used for any of said purposes, according to the terms of such gifts or bequests, and according to the By-Laws of this Corporation.

3. To adopt necessary By-Laws concerning the business and operations of the Corporation and its officers, the number and official titles of the persons who shall control its temporal and other affairs; their terms of office, the manner of their selection for and removal from office and respective official duties, the time and manner of calling and holding business and other official meetings, the manner and condition under which property, both real and personal may be acquired, held, accounted for and disposed of; the manner in which such By-Laws may be altered, amended or repealed; and such other matters as may be deemed necessary for the management of this Corporation.

ARTICLE IV

The business of the Corporation shall be conducted by the Board of Trustees. The number of Trustees shall be eight (8) and they shall be the six (6) elected officers of Preston Post #9, the Post Adjutant and the Post Finance Officer.

The names and addresses of the first Board of Trustees shall be as follows:

John C. O'Connell - 1523 S. Shelby Street, Louisville, Ky.

Maurice Davenport - 522 Camden Avenue, Louisville, Ky.

Floyd Thornsberry - 4541 Oak Drive, Louisville, Ky.

Earl Wheatley - 2522 Rodman St., Louisville, Ky.

William B. Sneed - 1742 Berry Blvd., Louisville, Ky.

William H. Riggle - 1537 W. Market St., Louisville, Ky.

Joseph D. Bowles - 4009 Barton Ave., Louisville, Ky.

Alvin Gerstle - 1109 E. Burnett, Louisville, Ky.

The term of office of the first Board of Trustees shall be until the next Annual Installation Meeting of the Post, which is the third Sunday of July, to-wit: July 18, 1971.

Thereafter, the Trustees shall be the elected officers of the Post, the Post Adjutant and the Post Finance Officer.

Each Trustee shall serve for one year and until his successor is elected or appointed.

Vacancies shall be filled by the Board of Trustees. The person elected to fill the vacancy shall serve until the end of the term in which the vacancy occurred. The time and place of the annual meeting and other meetings of the Trustees shall be fixed from time to time by the Trustees as best suits their convenience.

The Corporation shall have no members.

ARTICLE V

OFFICERS

The Commander, the three Vice-Commanders, the Adjutant and the Finance Officer of Preston Post #9 shall serve as the officers of the Corporation, which officers shall be as follows:

1. The President shall be the Post Commander.
2. The First Vice-President shall be the First Vice-Commander.
3. The Second Vice-President shall be the Second Vice-Commander.

4. The Third Vice-President shall be the Third Vice-Commander.

5. The Secretary shall be the Adjutant.

6. The Treasurer shall be the Finance Officer.

The Board of Trustees shall elect the officers in accordance with the above provisions.

ARTICLE VI

The Corporation is organized for charitable, educational and patriotic purposes and shall have no Capital Stock and no private pecuniary profit shall be derived therefrom.

The Board of Trustees shall adopt all necessary By-Laws, Rules and Regulations necessary for the proper conduct of the business of the Corporation.

ARTICLE VII

The names and places of residence or business of each of the Incorporators are as set forth in Article IV hereof.

ARTICLE VIII

1) The principal office of the Corporation shall be located at 1567 South Shelby Street, Louisville, Kentucky 40217.

2) The office may be changed from time to time by the Board of Trustees.

3) The Board shall designate the Resident Agent for Process and until so designated, the Resident Agent shall be JOSEPH D. BOWLES, 4009 Barton Avenue, Louisville, Kentucky 40213.

ARTICLE IX

The Corporation shall have Perpetual Existence.

ARTICLE X

A) These Articles may be amended by Articles of Amendment approved by majority vote of the Board of Trustees.

B) The Board of Trustees may change the number of Trustees at any time by Amendment to the Articles.

C) In all other cases, whenever a provision of the Articles of Incorporation is inconsistent with a By-Law, the provision of the Articles of Incorporation shall be controlling.

IN TESTIMONY WHEREOF, witness the signatures of the Incorporators this June 27, 1971.

John C. O'Connell
INCORPORATOR
Maurice Davenport
INCORPORATOR
Floyd Thornsberry
INCORPORATOR
Earl Wheatley
INCORPORATOR
William B. Sneed
INCORPORATOR
William H. Riggle
INCORPORATOR
Joseph D. Bowles
INCORPORATOR
Alvin Gerstle
INCORPORATOR

ORIGINAL COPY
FILED AND RECORDED
Richard E. Johnson
JUL 20 1971
SECRETARY OF STATE OF KENTUCKY
FRANKFORD, KENTUCKY
BY R. E. Johnson
ASSISTANT SECRETARY OF STATE

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public, in and for the County and State aforesaid, do hereby certify that the above and foregoing Articles of Incorporation of AMVETS PRESTON POST #9, INC. were this day produced to me in my said State and County by JOHN C. O'CONNELL, MAURICE DAVENPORT, FLOYD THORNSBERRY, EARL WHEATLEY, WILLIAM B. SNEED, WILLIAM H. RIGGLE, JOSEPH D. BOWLES, and ALVIN GERSTLE, the Incorporators, and each of them acknowledged to me that they executed and delivered the same to be their voluntary act and deed.

MY COMMISSION EXPIRES April 20 - 1975

Given under my hand this 27th day of June, 1971.

Russell A. Horlacher
Notary Public,
Notary Public, Jefferson County, Ky.
My commission expires Apr. 20, 1975

THIS INSTRUMENT WAS PREPARED BY
WILLIAM J. GOODWIN, ATTORNEY
1017 KENTUCKY HOME LIFE BLDG.
LOUISVILLE 2, KENTUCKY
W. J. Goodwin

WILLIAM J. GOODWIN

ATTORNEY AT LAW

1017 KENTUCKY HOME LIFE BUILDING

LOUISVILLE, KENTUCKY 40202

LAW OFFICES OF:

WILLIAM J. GOODWIN
FRANCIS E. BAUMAN
DONALD R. PIERCE
D. L. FREDERICK

TELEPHONE:

555-4101
555-4102
554-8336

July 16, 1971

Mr. Kenneth Harper,
Secretary of State
Frankfort, Kentucky 40601

WJG

Re: Amvets Preston Post #9, Inc.
Articles of Incorporation

Dear Mr. Harper:

Attached please find the following:

1) Triplicate originals of Articles of Incorporation
of Amvets Preston Post #9, Inc.

2) My check payable to your order in the sum of
\$4.00, covering recording fee and the Certificate Fee.

3) I believe no Organization Tax is due since this
is a non-stock, non-profit Corporation.

I will appreciate your processing these Articles and
returning two copies and the Certificate to me.

Very truly yours,

W. J. Goodwin
W. J. Goodwin

WJG/c.j.)

enclosures

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Am Dets Preston Post & Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1569 So Che/ly St

6 City, state, and ZIP code
Howardsville Ky 40217

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
 [] - [] - []

or
Employer identification number
 []

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Don Dotson* Date ▶ *9/22/15*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Department of the Treasury
Internal Revenue Service

PHILADELPHIA, PA 19255

AMVETS PRESTON
1567 S SHELBY ST
LOUISVILLE KY 40217

Taxpayer Identification Number 61-609 623

Dear Taxpayer:

Your employer identification number is [REDACTED]. Please keep this number in your permanent records. You should enter our name and your identification number, exactly as shown above, on all Federal tax forms that require its use, and on any related correspondence or documents.

When you write, please include your telephone number, the hours you can be reached, and a copy of this letter. You may also want to keep a copy of this letter for your records. You may also want to keep Telephone Number () Hours

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,



JOHN C. BRENNAN
CHIEF, ACCOUNTING BRANCH

Enclosure(s):
Copy of this letter

ly refer to: 2816521449
6, 1991 LTR 147C
3 [REDACTED] 0000 00 000 03094

AMVETS PRESTON POST #9, INC.**General Information**

Organization Number	0001673
Name	AMVETS PRESTON POST #9, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/20/1971
Organization Date	7/20/1971
Last Annual Report	5/22/2015
Principal Office	1567 SOUTH SHELBY ST. LOUISVILLE, KY 40217
Registered Agent	DONALD C. HOFFMANN 1567 SOUTH SHELBY ST. LOUISVILLE, KY 40217

Current Officers

President	<u>Donald Hoffmann</u>
Vice President	<u>Royce Noble</u>
Vice President	<u>Merl Wright</u>
Vice President	<u>James Smith</u>
Treasurer	<u>Dan Roy</u>
Director	<u>Barry Morris</u>
Director	<u>James Smith</u>
Director	<u>Merl Wright</u>
Director	<u>Dan Roy</u>
Director	<u>Frank Booker</u>

Individuals / Entities listed at time of formation

Director	<u>JOHN C O'CONNELL</u>
Director	<u>MAURICE DAVENPORT</u>
Director	<u>FLOYD THORNSBERRY</u>
Director	<u>EARL WHEATLEY</u>
Director	<u>WILLIAM B SNEED</u>
Incorporator	<u>JOHN C O'CONNELL</u>
Incorporator	<u>MAURICE DAVENPORT</u>
Incorporator	<u>FLOYD THORNSBERRY</u>
Incorporator	<u>EARL WHEATLEY</u>
Incorporator	<u>WILLIAM B SNEED</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	5/22/2015	1 page	PDF	
Annual Report	6/4/2014	1 page	PDF	
Annual Report	6/24/2013	1 page	PDF	
Registered Agent name/address change	6/13/2012 9:09:51 PM	1 page	PDF	
Annual Report	6/13/2012	1 page	PDF	
Annual Report	7/15/2011	1 page	tiff	PDF
Registered Agent name/address change	5/22/2010 9:17:04 AM	1 page	PDF	
Annual Report	5/22/2010	1 page	PDF	
Annual Report	2/13/2009	2 pages	tiff	PDF
Annual Report	3/3/2008	1 page	tiff	PDF
Annual Report	3/26/2007	1 page	tiff	PDF
Statement of Change	3/26/2007	1 page	tiff	PDF
Annual Report	3/27/2006	1 page	tiff	PDF
Annual Report	3/8/2005	1 page	tiff	PDF
Annual Report	10/13/2003	1 page	tiff	PDF
Annual Report	7/29/2002	1 page	tiff	PDF
Annual Report	6/5/2001	1 page	tiff	PDF
Reinstatement	11/20/2000	2 pages	tiff	PDF
Statement of Change	11/20/2000	1 page	tiff	PDF
Administrative Dissolution	11/1/2000	1 page	tiff	PDF
Annual Report	7/1/2000	2 pages	tiff	PDF
Annual Report	7/16/1999	1 page	tiff	PDF
Annual Report	4/2/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	2 pages	tiff	PDF
Annual Report	7/1/1995	3 pages	tiff	PDF
Annual Report	4/8/1994	2 pages	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Statement of Change	5/14/1992	1 page	tiff	PDF
Annual Report	5/14/1992	2 pages	tiff	PDF
Sixty Day Notice	9/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Annual Report	7/1/1981	3 pages	tiff	PDF
Articles of Incorporation	7/20/1971	7 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/22/2015 1:32:41 PM	5/22/2015 1:32:41 PM	