

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 01 November 2017, and ending 31 October 2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 23 <u>Murphy AMVETS Post 2180</u>		D Employer identification number 24 <u>20-1360326</u>
	Number and street (or P.O. box, if mail is not delivered to street address) 25 <u>P.O. Box 322</u>		E Telephone number <u>608-565-6803</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Newerach, Wisconsin 54646-0231</u>		F Group Exemption Number 26 Number 27
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) 28		

I Website: **30**

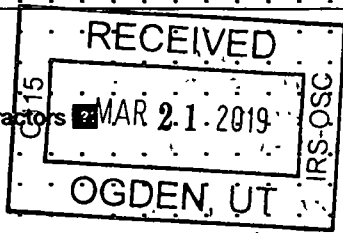
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other Veteran Service Organization

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **31**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **32**
 Check if the organization used Schedule O to respond to any question in this Part I **33**

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21														
Revenue	1	Contributions, gifts, grants, and similar amounts received														8.50																											
	2	Program service revenue including government fees and contracts														1124.49																											
	3	Membership dues and assessments														241.36																											
	4	Investment income														20.00																											
	5a	Gross amount from sale of assets other than inventory																																									
	b	Less: cost or other basis and sales expenses																																									
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																									
	6	Gaming and fundraising events:																																									
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																									
	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)																																									
	c	Less: direct expenses from gaming and fundraising events																																									
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																									
	7a	Gross sales of inventory, less returns and allowances																																									
	b	Less: cost of goods sold																																									
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																									
	8	Other revenue (describe in Schedule O)																																									
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														1394.35																											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																									
	11	Benefits paid to or for members														925.00																											
	12	Salaries, other compensation, and employee benefits 34																																									
	13	Professional fees and other payments to independent contractors 35														188.56																											
	14	Occupancy, rent, utilities, and maintenance																																									
	15	Printing, publications, postage, and shipping														258.10																											
	16	Other expenses (describe in Schedule O) 36																																									
17	Total expenses. Add lines 10 through 16														1371.66																												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														22.69																											
	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)																																									
	20	Other changes in net assets or fund balances (explain in Schedule O)																																									
21	Total net assets or fund balances at end of year. Combine lines 18 through 20														22.69																												



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14

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	1000.00	1000.00
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	1000.00	1000.00
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1000.00	1000.00

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? Fraternal
 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; optional for others.)
28 <u>Service to Hospital bound American Veterans</u> <u>Service to Homeless Veterans - Help restore sense of Value + return to Productive life.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a \$925.00
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 \$925.00

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
Daniel Sailor - Commander N9592 Brocup Rd, Mauston, WI	0	0	0	0
Kenneth Hornburg - 1st Vice W4870-30th St. E. Neenedah, WI	0	0	0	0
Charles Roth - Adjutant W5325-6th St. - Neenedah, WI	0	0	0	0
Kenneth Hornburg - Finance	0	0	0	0
Frederick Mecha - SJA N14326 Lumby Rd, Neenedah, WI	0	0	0	0
Elmer Hornburg - Trustee N9007 City Rd, Neenedah, WI	0	0	0	0
Kenn Mutphy - Trustee W7500-22nd St, W, Neenedah, WI	0	0	0	0
Wayne Rudolph - Trustee 33162 Frontier Rd, Camp Douglas, WI	0	0	0	0

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

Form 990-EZ (2018) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and controlled entities. Includes handwritten entries for Kenneth Hornburg and address in Wisconsin.

Table with columns 'Yes' and 'No' for questions 33 through 45b. Includes handwritten checkmarks and question marks.

	Yes	No
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	46	<input checked="" type="checkbox"/>

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

	Yes	No
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	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

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."

(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
	None			

f Total number of other employees paid over \$100,000 ▶ None

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	None	

d Total number of other independent contractors each receiving over \$100,000 ▶ None

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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: <u>Lennech L. Hornburg</u> Type or print name and title: <u>Lennech L. Hornburg</u>	Date: <u>03-15-2019</u>
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

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