

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

•			Do not enter social security numbers on this form as it may be made public.	iloadoilaj	Open to Public	
Dep	artment of	the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection		
			ndar year, or tax year beginning January 1 , 2017, and ending December	per 31	, 20 17	
В			الراب الشريخ المراب المراب المرابع الم		r identification number	
	Address		Doing business as ANVETS POST 1776		31-1191081	
$\overline{\Box}$	Name cha	ď		Telephone		
$\bar{\sqcap}$	Initial retu	_	649 RADIO LANE		740-385-7100	
$\overline{\Box}$		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
ī	Amended		· · · · · · · · · · · · · · · · · · ·	Gross rec	eipts \$ 614721	
$\bar{\sqcap}$					sbordinates? Yes No	
_	- фр.юс.	· - I	↓ / // / 1 ·		ıncluded? Yes V No	
1	Tax-exen	npt status			list. (see Instructions)	
\overline{J}	Website:		H(c) Group e	xemption in	umber 🕨	
K			✓ Corporation Trust Association Other ► L Year of formation 1970		of legal domicile OH	
P	art I	Summ			<u> </u>	
		····	scribe the organization's mission or most significant activities: VETERANS ORGANI	ZATION F	OR PATRIOTIC.	
ø	1	-	EDUCATIONAL, PROVIDING INFORMATION FOR SERVICE ASSISTANCE AND EDUCATION			
Activities & Governance			DOUNT HOUSE HE CANDED TO THE PORT OF THE PROPERTY OF THE PROPE	111111111111111111111111111111111111111		
Ę	2	Check thi	is box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of it	ts net assets.	
Š	1		of voting members of the governing body (Part VI, line 1a)	3	357	
9	1		of independent voting members of the governing body (Part VI, line 1b)	4		
98	1		nber of individuals employed in calendar year 2017 (Part V, line 2a)	5	5	
ΞŽ	1		nber of volunteers (estimate if necessary)	6	18	
ţ			elated business revenue from Part VIII, compan (C), fine 12	7a	0	
•			ated business taxable income from Form 998-7, line 34-D	7b	0	
	 	THE CHILD	Prior Yes	Current Year		
	8	Contribut		4709	6432	
Revenue			annian revenue (Part VIII Inn 2010)	1313		
ě	1	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1581	1313	
æ			enue (Part VIII, column (A), lines 5, 6d, 8e, 9c Dic And 1179)	420270	422000	
				120379	122858	
_			enue – add lines 8 through 11 (must equal Part VIII, column (A), line (12)	126669	130603	
	1		nd similar amounts paid (Part IX, column (A), lines 1-3)	4404	2705	
			paid to or for members (Part IX, column (A), line 4)	1494	2785	
Ехрепзеѕ	,		other compensation, employee benefits (Part IX, column (A), lines 5-10)	55317	52651	
Ë	1		nal fundraising fees (Part IX, column (A), line 11e)			
ă	1		draising expenses (Part IX, column (D), line 25)			
_	ı	-	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	71367	86595	
	1	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	133921	142031	
		Hevenue	less expenses. Subtract line 18 from line 12	-7252	-11428 End of Year	
Assets or		-				
886 Patra	20		ets (Part X, line 16)	168084	156656	
Net /	• 1		ulties (Part X, line 26)			
_			s or fund balances. Subtract line 21 from line 20	168084	156656	
	art II		ure Block			
Ur	ider penal ie correct	ties of penjui and comple	ry, I declare that I have examined this return, including accompanying schedules and statements, and to the ete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	abest of m dae.	y knowledge and belief, it is	
		, 210 00/140/1	211 m A	- 16 1 7	24/6	
c:		(A	Aff Mars	-19-0	2018	
Sig	-	Signa	ature of officer Date	,		
He	ere	So	bent M CARR POST COMMANder POST 1776			
		L.,	or print name and title		[PTIA]	
Pa	iid	Printry	pe preparer's name Preparer's signature Date	Check [
Pr	epare	VERA L	CROFT / 1 5/14//8	self-empl	oyed	
	se Only	1	ame ► BOOKKEEPER Firm'	6 EIN ▶		
		Firm's a	ddress ▶ 38300 SCOUT RD, LOGAN OH 43138 Phon	e no.	740-216-0107	
_			s this return with the preparer shown above? (see instructions)	<u> </u>	🗸 Yes 🗌 No	
For	Paperw	rork Redu	ction Act Notice, see the separate instructions. Cat. No. 11282Y		Form 990 (2017)	



Form 99	10 (2017)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: VETERANS ORGANIZATION PROVIDING PATRIOTIC AND SOCIAL ACTIVITIES FOR MEMBERS AND THEIR FAMILIES. PROVIDE MILITARY HONOR GUARD FOR ALL VETERAN'S FUNERALS AS REQUESTED. PROVIDE DIRECTION TO MEDICAL CARE ASSISTANCE AND JOB SEEKING/EDUCATIONAL ASSISTANCE. BINGO IS OPEN TO THE PUBLIC EVERY FRIDAY NIGHT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?] No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
. 4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	



Form 99	0 (2017)	/(5	age 3
Part	Checklist of Required Schedules			
1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No V
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 8	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	-
**********		4.10		<u> </u>

Form 99				Page 4
Part	Checklist of Required Schedules (continued)		Yes	l Na
20`a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No /
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
^~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-	L	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<u> </u>	<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	2.		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		
	Part I	31	ļ	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	1
5 4	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		-
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	-		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		+-
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	<u> </u>
		For	n 99 0	(2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		
_	reportable garning (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	:		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5		,	J
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	-	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b		0a		-
	gifts were not tax deductible? ,	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	'		-
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			٠,
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	7
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			,
a b	Gross income from members or shareholders			
-	against amounts due or received from them.)			i
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a		Ţ-'
b	ff "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1
		Form	990	(2017)

Part						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S					
04	Check if Schedule O contains a response or note to any line in this Part VI	• •				
Section	on A. Governing Body and Management		Van	No		
40	Faster the minute of trating members of the appropriate hadron the open of the tay year.	Γ	Yes	NO		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 357	}	ļ			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		}			
	committee, explain in Schedule O.		ĺ	!		
.	Enter the number of voting members included in line 1a, above, who are independent . 1b	1		1		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	ļ	1		
_	any other officer, director, trustee, or key employee?	2_		1		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5_		✓		
6	Did the organization have members or stockholders?	6	1			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	[
	one or more members of the governing body?	7a	✓			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u> </u>				
	the year by the following:	ĺ	1			
а	The governing body?	8a	1	'		
b	Each committee with authority to act on behalf of the governing body?	8b	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓		
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		1		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c				
13	Did the organization have a written whistleblower policy?	13	<u> </u>	1		
14	Did the organization have a written document retention and destruction policy?	14		1		
15	Did the process for determining compensation of the following persons include a review and approval by	 -		<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	[-	1		
b	Other officers or key employees of the organization	15b		1		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			,		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1			
	with a taxable entity during the year?	16a		✓		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		[Γ.		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ĺ	1	:		
	organization's exempt status with respect to such arrangements?	16b		1		
Section	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ OHIO					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.					
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and		
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶			
	2 CHIDDENT VEADS - VEDA CODET 20200 SCOUT DD 1 OGAN OH 42120 740 215.0107 DDIOD VEADS STORED AT TH					

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Page	

Part VII	Compensation of Officers,	Directors, Trus	tees, Key Emplo	yees, Highest Co	mpensated Emp	loyees, and
	Independent Contractors					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	or any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck as pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT CAERR	VARIES		!	/						
COMMANDER	VARIES	 	-	-		 	-	ļ <u>.</u>	0	<u>_</u> 0
(2) JOHN POLING FINANCE OFFICER	VARIES	ĺ	1	1	1	[•
(3) WILLIAM DUNCAN	VARIES	 	_	<u> </u>	-	 	├-	<u> </u>		
TRUSTEE	AVKIES	1	1		}	ļ		1	0	O
(4) BILL DEIBLE	VARIES		<u> </u>		 	1		 		-
TRUSTEE		1	1		İ			1	o	0
(5) BRUCE CREMEAN	VARIES		<u> </u>		 					
TRUSTEE		1	1		1			l	o	O
(6) ALBERT MANLEY	VARIES									
FIRST VICE		l		1	<u> </u>				0	0
M										
(8)										
(9)										
(10)										
(11)										
(12)	-							1		
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	3)								
	(A)	(B)	(do n		Pos reck		than c	one	(D)	(E)			(F)	
	Name and title	Average	box,	box, unless person is both a officer and a director/truste		an	n Reportable Report				imated			
		hours per week (list any	-					<u> </u>						
		hours for	Individual trustee or director	Institutional trustee	Officer	§	age Figh	Former	the organizati				pensatio	חנ
		related organizations	re di	롲	单	3	loye	룓	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)		om the unization	n
		below dotted	호루	mai		employee			,		[and	related	l
		line)	툹	줓		8	g es	1	1		ĺ	orga	nization	s
		Į	•	100		}	Highest compensated employee	1	1		- {			
44.50			ļ	-		-	ā	├-	ļ					
(15)				, ,				j	ļ		j			
(4.0)														
(16)			[1			[
43			ļ	-	-	-			 					
(17)			}					1	ł	•	1			
40			 -					-	 					
(18)		}	}			}			}		j			
(40)			 	\vdash		-			 					
(19)								ĺ			- 1			
(20)			 	-	-	-		-	 					
(20)		 						-	1		1			
(21)			 -			-		├-	 					
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(22)			 		-			-	 					
<u> </u>			1					1	1		{			
(23)			 					-						
122/								l			- {			
(24)		<u> </u>	 			-		-						
37.22							,	Ì			l			
(25)		<u> </u>		-	┢		·	_	<u> </u>					
3==2			ĺ					[- 1			
1b	Sub-total								0		0			0
C	Total from continuation sheets to Part	VII. Sectio	n A					•	0		Q			0
d	Total (add lines 1b and 1c)	-						•	0		o			0
2	Total number of individuals (including but						above	e) w	no received m	ore than \$10	00.000	of		
	reportable compensation from the organi											-		
													Yes	No
3	Did the organization list any former of									est compe	nsated			
	employee on line 1a? If "Yes," complete a	Schedule J	for se	uch	indi	ividu	ual		<i>.</i>			3		1
4	For any individual listed on line 1a, is the												1	
	organization and related organizations	greater th	an \$1	150,	000	? h	f "Ye	s, "	complete Sch	edule J fo	r such	1		
	individual			•	•		•					4	ļ	1
5	Did any person listed on line 1a receive of											1-	-	[]
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	edi	ile J 1	ors	such person	<u> </u>	<u> </u>	5	<u>i. </u>	✓
Section	n B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on to	or tr	ie c	alend	ar y	ear ending wit	n or within t	ne orga	anızatı	on's t	ax
	year.							Ţ						
	(A) Name and business add	roce					!		(B) Description of s	ervices	,	(C) Compen		
	, new que comisse aud	·						-						
		·												
		· · · · · · · · · · · · · · · · · · ·						-						
														
								-						
2	Total number of independent contractor	rs (include	na hi	ıt n	ot I	imi+	ed to) #h	nose listed sh	OVA) Who				
-	received more than \$100,000 of compens								ivac nateu du	2201 11110				1
	. To the more than problem or compone			اسو										··

Part VIII		Statement of Reve							_
		Check if Schedule O	contains	a res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Nts	1a	Federated campaigns	3	1a					
E E	b	Membership dues .		1b	2663				
Am A	С	Fundraising events 1c							
ila il	d		elated organizations 1d						
is,	е	Government grants (con		1e					
er S	f	and similar amounts not included above 11]				!	
掩된				3769					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ		-			•		1
O B	h	Total. Add lines 1a-1	1	 -	Business Code	6432			
Ž		END DOOTH			Business Code				
€	2a b	FAIR BOOTH			<u> </u>			 	
69	C	REIMBURSEMENTS MISC				431		· · · · · · · · · · · · · · · · · · ·	
er.	ď					431			
Š	e								
Program Service Revenue	f	All other program serv	vice revenu	 је .					
Pro	g	Total. Add lines 2a-2				1313			<u> </u>
	3	Investment income	(including	divid	ends, interest,				
		and other similar amo	ounts) .		>				
	4	Income from investment	t of tax-exe	mpt b	ond proceeds▶				
	5	Royalties	<u> </u>						
			(i) Real		(ii) Personal				
	6a	Gross rents	<u> </u>	1595					!
	b	Less: rental expenses	<u></u>						J
	С	Rental income or (loss)		1595	il				
	d	Net rental income or (Gross amount from sales of	(IOSS) .		(ii) Other	1595	1595		
	7a	assets other than inventory	(i) Gecaric		(ii) Outer				
	ь	Less: cost or other basis							
		and sales expenses .					1		
	c	Gain or (loss)					!		
	d	Net gain or (loss) .			•				-
_		, , , , , , , , , , , , , , , , , , ,		-					
venue	8a	Gross income from fu	ındraisıng				!		
		events (not including \$							
Other Re		of contributions reporte		c).]				
Ē	1	,		· a					
ᅙ	Ь	Less: direct expenses							
	G	Net income or (loss) f			events . >				
	ya	Gross income from ga See Part IV, line 19 .							ĺ
				-					
	J	Less: direct expenses Net income or (loss) fr							
	108	Gross sales of in	-	-	VII.03	87430	87430		<u> </u>
	104	returns and allowance			68767				
	ь	Less; cost of goods s		_	00,0,				
	c	Net income or (loss) f			01001	33833	33833		
		Miscellaneous R			Business Code	55000	30000		
	11a								
	b								
	C								
	d	All other revenue .						· · · · · · · · · · · · · · · · · · ·	
	e	Total. Add lines 11a-			•				
	12	Total revenue. See in	nstructions		🕨	130603			l

Form 99	00 (2017) IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must con	nolete all columns A	Il other organization	as must complete col	iumn (A)
	Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b.	(A)	(B)	(c)	
	, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		варануез	general expenses	CAPOTISES
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	DUES - 2785			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	52651		li	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4559			
11	Fees for services (non-employees):				
а	Management]		}	
ь	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	392			
13	Office expenses	263			
14	Information technology	1448			
15	Royalties		·		
16	Occupancy	24820			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			}	
19	Conferences, conventions, and meetings .	160		 	
20	Interest	625	· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates	023	-		
22	Depreciation, depletion, and amortization .	14890			
23	Insurance	4165		 	
		4100	·	 	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	ļ			
-	CONTRIBUTIONS	21100		 	
a		21186		 	
b	TAXES, LICENSES, AND PERMITS	6253		 	····
ب 2	OPERATING SUPPLIES	2645		 	
ď	MAINTENANCE AND REPAIRS	5189		 	······································
e	All other expenses			 	
25	Total functional expenses. Add lines 1 through 24e	142031		 	····
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	art x				······································
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	10802	1	5425
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	16484	8	9384
	9	Prepaid expenses and deferred charges	3724		3230
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 38575	4		
	ь	Less: accumulated depreciation 10b 24713		10c	138617
	11	Investments—publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	168084	16	156656
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Š	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		-	
ap		disqualified persons. Complete Part II of Schedule L		22	
7	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
es.		complete lines 27 through 29, and lines 33 and 34.			
ŝ	27	Unrestricted net assets		27	
3	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
det	33	Total net assets or fund balances	168084		156656
~	34	Total liabilities and net assets/fund balances	168084		156656
					Form 990 (2017)

Form 99	0 (2017)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	30603
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	42031
3	Revenue less expenses. Subtract line 2 from line 1	3			11428
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	68084
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	56656
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1		
	Schedule O.			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Ī	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oited or			Ī ,
	reviewed on a separate basis, consolidated basis, or both:		1	l	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				! '
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			-
	separate basis, consolidated basis, or both:		- 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				i
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight	1		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				(
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2017)

the Single Audit Act and OMB Circular A-1337.

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number **AMVETS POST 1776** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a **2d** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Page	2
raye	_

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ds, chec	k any of the	e follov	ving that are a s	ignificant use	of its
а	☐ Public exhibition				or exchang				
b	Scholarly research		е	Other	•				
C	Preservation for future generations							_	
4	Provide a description of the organiza XIII.								in Part
5	During the year, did the organization assets to be sold to raise funds rather							ar □ Yes [□ No
Part									
	Complete if the organization 990, Part X, line 21.								rm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot [] Yes [□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:	Γ	A	mount	
C	Beginning balance	<i></i> .				1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	ustodia	account liability	? 🗌 Yes	No
b_	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planation	n has been	provide	ed on Part XIII .	[
Par									
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four year	s back
1a	Beginning of year balance								
b	Contributions							<u> </u>	
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs				1			1	
f	Administrative expenses]				
g	End of year balance								
2	Provide the estimated percentage of	the current year en	d balanc	e (kne 1g	, column (a)) held	as:		
а	Board designated or quasi-endowme	nt 🕨	%						
b	Permanent endowment >	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in th	e possession of th	e organi	zation the	at are held	and ad	ministered for th	ie	
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	1
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the Intended use		n's endo	wment fi	unds.		·		
Part									
	Complete if the organization	answered "Yes"	on For				·	Part X, line	10.
	Description of property	(a) Cost or oth			or other basis other)		Accumulated epreciation	(d) Book val	ue
1a	Land		61000					·	61000
b	Buildings		69890				57758	· · · · · · · · · · · · · · · · · · ·	12132
C	Leasehold improvements		126481				96106	-··	30375
d	Equipment		128383				93273		35110
е	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part)	(, column	n (B), line 10)c.) .			138617

Part VII	Investments—Other Securities.	rm 000 Port IV lin	o 11h Soo Form	000 Port V line 12
	Complete if the organization answered "Yes" on Fo (a) Description of security or category	(b) Book value		nod of valuation:
	(including name of security)	(D) DOOK VAIDE	, , , , , ,	of-year market value
(1) Financial				
• •	neld equity interests			
(3) Other	~-+	<u> </u>		
(A)	*************************************			
(B)		<u> </u>		· · · · · · · · · · · · · · · · · · ·
(C) (D)	***************************************			
(E)				
(F)		<u> </u>	 	
(G)		 	 	·
(H)		 	 	,,
	b) must equal Form 990, Part X, col. (B) line 12.) ▶	 		
Part VIII	Investments Program Related.		 	
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1)				
(2)				
_(3)		<u> </u>		
(4)			ļ	······································
(5)			ļ	
(6)		 	 	
<u>(7)</u>				
(8)		ļ		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		 	
Part IX	Other Assets.		L	
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		· 		
(6) (7)			······································	
(8)		· · · · · · · · · · · · · · · · · · ·		<u></u>
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, lin	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability (b) Book value	T	*****************	
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		-1-6	
	r uncertain tax positions. In Part XIII, provide the text of the footi s liability for uncertain tax positions under FIN 48 (ASC 740). Ch			

Dage	ı

Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1
а	Net unrealized gains (losses) on investments 2a	
þ	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	j j
b	Prior year adjustments	
	Other losses	
ب 2	Other (Describe in Part XIII.)	
đ	` '	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	
2; Par	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.
		AD-4-00000-4-4-0000000000000000000000000

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

20**17**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **Employer** Identification number **AMVETS POST 1776** 31-1191081 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants Mail solicitations а ь Internet and email solicitations f Solicitation of government grants c Phone solicitations g

Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes V No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (iii) Did fundraiser have custody or control of contributions? (vf) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (ii) Activity col. (i) No Yes 1 2 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pe	rt II	Fundraising Events, Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions				
		giodo iodolpio giodalo. Ind	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
m			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts					
ш.	2	Less: Contributions Gross income (line 1 minus					
		line 2)					
!	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment	<u> </u>				
	9	Other direct expenses .					
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3. c	olumn (d)			
Pa	rt III		e organization answer	red "Yes" on Form 99	0, Part IV, line 19, or	reported more	
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue	40622	495992	0	536614	
ses	2	Cash prizes	35603	393227	0	428830	
Direct Expenses	3	Noncash prizes					
Orrect	4	Rent/facility costs					
	5	Other direct expenses .	2279	18075		20354	
	6	Volunteer labor	✓ Yes 100 %☐ No	 ✓ Yes 40 % □ No 	☐ Yes% ☐ No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		87430	
g	Fr	nter the state(s) in which the or	rganization conducts ga	ming activities: OHIO			
_	a is	the organization licensed to c	-	s in each of these states		🗹 Yes 🗌 No	
10	 ba W	Vere any of the organization's g	jaming licenses revoked	l, suspended, or termina	ated during the tax year	? . [] Yes [/] No	
		"Vos " evolain:					

Schedu	ule G (Form 990 or 990-EZ) 2017	ge 3
11 12	Does the organization conduct gaming activities with nonmembers?	
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility	
b 14	An outside facility	%
	Name ► JIM JONES	
	Address ► 17419 STATE ROUTE 374, ROCKBRIDGE, OH 43149	
15a	revenue?	Nō
b	amount of gaming revenue retained by the third party ▶ \$	
·	Name ►	·
	Address ▶	
16	Gaming manager information:	
	Name▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 21186	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	·	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number **AMVETS POST 1776** 31-1191081 PART V LINE 13A - NO HEALTH CARE COVERAGE IS PROVIDED PART V LINE 14A - ANSWER IS NO - NOT REQUIRED TO FILE FORM 720 PART VI LINE 1A - ALL DUES PAID MEMBERS VOTE FOR A GOVERNING BODY OF 8 INDIVIDUALS PART VI LINE 6 - NO STOCKHOLDERS, ONLY DUES PAYING MEMBERS PART VI LINE 7A - ALL MEMBERS WHO ARE VETERANS ARE ALLOWED TO VOTE FOR ALL OFFICERS AND TRUSTEES ANNUALLY PART VI LINE 11B - FORM 990 AND SCHEDULES ARE REVIEWED BY FINANCIAL OFFICER AND COMMANDER AND ANY OTHER OFFICERS AND TRUSTEES THAT SO DESIRE. PART VI LINE 19 - AS THIS IS A PRIVATE VETERANS ORGANIZATION, ANY MEMBER MAY REVIEW ANY DOCUMENTS AND FINANCIAL STATEMENTS THEY WANT DURING NORMAL BUSINESS HOURS.