efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492123002168 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2017 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. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 **B** Check if applicable D Employer identification number C Name of organization AMVETS POST 99 ☐ Address change 39-1175452 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 4310 CONROF ST ☐ Final return/terminated (920) 684-6577 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return MANITOWOC, WI 54220 F Group Exemption ☐ Application pending ▶ 0838 Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method 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 \square Corporation \square Trust \square Association \square Other POST 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 19,675 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 2,805 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 13,273 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) 9,437 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) 6d3,836 7a Gross sales of inventory, less returns and allowances 47,488 b 28,224 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 19,264 8 8 Other revenue (describe in Schedule O) 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 45,580 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 1,370 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 22,720 15 15 3,399 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 11,792 17 Total expenses. Add lines 10 through 16 17 39,281 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,299 Net Assets 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) 19 246,975 20 Other changes in net assets or fund balances (explain in Schedule O) 20 3,976 Net assets or fund balances at end of year Combine lines 18 through 20 21 257,250 For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2017) Cat No 10642I

-orm 990-EZ (2017)						Page 2
Part II Balance Sheets (see the instructions			Dt II			
Check if the organization used Schedule	O to respond to any q	uestion in this				(B) End of year
22 Cash, savings, and investments		1	(A) D	eginning of year 138,381	22	(B) End of year 148,656
23 Land and buildings				108,594		108,594
24 Other assets (describe in Schedule O)		[24	
25 Total assets		[246,975	25	257,250
26 Total liabilities (describe in Schedule O)					26	
27 Net assets or fund balances (line 27 of column	· · · -			246,975	27	257,250
Part III Statement of Program Service	•			•	/	Expenses equired for section 501(c)
Check if the organization used Schedule What is the organization's primary exempt purpose?	O to respond to any o	uestion in this	Part III) and 501(c)(4)
VETERANS SUPPORT						ganizations, optional for hers)
Describe the organization's program service accompli measured by expenses In a clear and concise manne benefited, and other relevant information for each pro	er, describe the service					ners)
28	ogram title				+	
See Additional Data Table						
(Grants \$) If this amoun	t ıncludes foreign gran	its, check here		. ▶ 🗆	28a	n
29 See Addıtıonal Data Table					29a	ı
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
30 See Addıtıonal Data Table					30a	1
(Grants \$) If this amoun	t includes foreign gran	ts, check here		. ▶ 🗆		
31 Other program services (describe in Schedule O)					1	
	t includes foreign gran			. ▶ 🗆	31a	
32 Total program service expenses (add lines 28a					32	8,474
Part IV List of Officers, Directors, Trustees,						
Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	
(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2)	ition /1099-	benefit plans,	nploy and	(e) Estimated amount of other compensation
		MISC) (if no enter -0)-)	deferred compen	satioi	n
DENNIS SCHERER	020 00		0			
COMMANDER						
DOUGLAS RIESTERER	003 00		0			
FINANCE OFFICER						
WILLIAM PIKE	001 00		0			
1ST VICE CDR						
131 VICE CDIX						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	🛚	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	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? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37Ь		No
	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?	38a		No
h	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			,,,
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
700	section 4911 ► , section 4912 ► , section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	The organization's books are in care of ▶ DOUGLAS RIESTERER Telephone no ▶	(920) 6	84-657	7
	Located at ▶ 4310 CONROE ST MANITOWOC, WI ZIP + 4 ▶	5422	.0	
	^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^	-		
D	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country -			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶□	
	and enter the amount of tax-exempt interest received or accrued during the tax year	-	1	
		\square	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	\vdash		
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Form	990-E	Z (2017)						_	Page 4
								Yes	No
46		ne organization engage, directly or indirec dates for public office? If "Yes," complete				opposition to			l
Par	: VI	Section 501(c)(3) organization					46		No
rai	r A.T	All section 501(c)(3) organizations	must answer quest	ions 47-49b and	52, and	complete the ta	bles for l	ines 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Pai	t VI			Yes	□ No
47		ne organization engage in lobbying activiti s," complete Schedule C, Part II	es or have a section 5 · · · · · · ·	01(h) election in e	ffect during	the tax year?	. 47		
48	Is the	e organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E		. 48		
49a	Dıd th	ne organization make any transfers to an o	exempt non-charitable	related organizati	ion?		. 49a		No
b	If "Ye:	s," was the related organization a section	527 organization?				. 49b		
50	O Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees a						es and ke	y employ	yees)
	who e	each received more than \$100,000 of com	pensation from the or	ganization If there	e is none, e				d amount
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC)	n contr 99- b	ributions to emplo penefit plans, and erred compensation	yee of oth		
NONE	:			Misey	del	erred compensation	511		
f	Tota	al number of other employees paid over \$	100 000			•			
		elete this table for the organization's five h		ndependent contra	ctors who	each received mor	e than \$1	00.000	—— of
		ensation from the organization If there is	none, enter "None "						
		(a) Name and business address of e	ach independent contr	actor	(b) T	ype of service	(c) Com	pensatio	<u>1</u>
NONE									
d	Tota	al number of other independent contractor	s each receiving over	\$100,000		•			
52	Dıd	the organization complete Schedule A? N	IOTE. All Section 501(c)(3) organization	s must atta	ch a			
	con	npleted Schedule A					. ► 🗆 Y	es 🗸	No
knowl	edge a	ties of perjury, I declare that I have exam and belief, it is true, correct, and complete wledge							
		*****				2018-05-01			
Sign		Signature of officer				Date			
Here	:	DENNIS SCHERER COMMANDER Type or print name and title							
		Print/Type preparer's name CHERYL L GAMBLE	Preparer's signature		Date 2018-05-01	Check 🗹 ıf	IN		
Paid	i parei		DME TAX & BOOKKEEPING		2018-05-01	self-employed			
-	Only					Phone no (920) 68	34-9501		
	•	Films address F 1500 WASHINGTON 5	MANITOWOC, WI 54220						
May t	he IRS	discuss this return with the preparer sho	wn above? See instruc	ctions		•	□ Yes	☑ No)
							Г	000 5	7 (2017

Additional Data

Software ID: 17005317

Software Version: 18.2.0.0 **EIN:** 39-1175452

Name: AMVETS POST 99

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by expenses	m service accomplishments for each of its three largest program s. In a clear and concise manner, describe the services provided, the other relevant information for each program title.	` (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 CLUBHOUSE PROVIDES MEETING ROO SERVICE WORKPLACE AND CHILDRENS	MS FOR MEMBERS AND AUXILIARY FOR SOCIALIZING AND COMMUNITY S PARK BENEFITS	28a		
(Grants \$)	If this amount includes foreign grants, check here \cdot . \cdot \blacktriangleright \Box			

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

Form 990EZ, Part III - Statement of Program Service Accomplishments

(Grants \$)

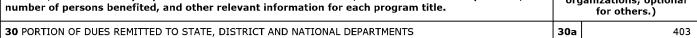
number of persons benefited, and other relevant information for each program taken	for others.)		
29	29a	8,071	
PROGRAMS PROVIDE SUPPORT AND SERVICES FOR HOSPITALIZED AND DISABLED VETS, BENEFITS WIDOWS		·	
AND CHILDREN, NURSING HOMES, YOUTH PROJECTS, AMERICANISM, DRUG AWARENESS PROGRAMS, AND			
MILITARY FUNERALS			

If this amount includes foreign grants, check here . . . \blacktriangleright

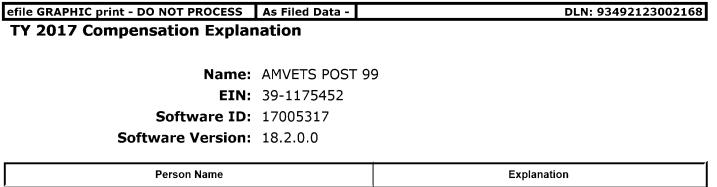
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional

Form 990EZ, Part III - Statement of Program Service Accomplishments

(Grants \$)



If this amount includes foreign grants, check here . . . \blacktriangleright



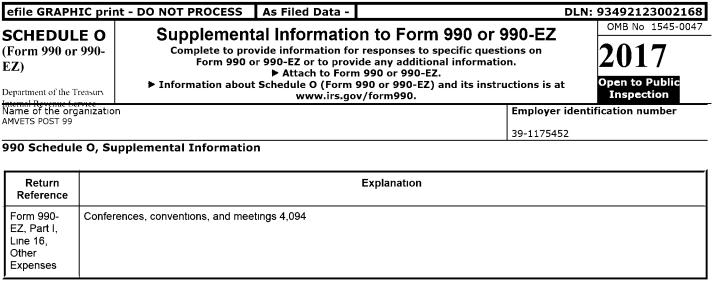
OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** AMVETS POST 99 39-1175452 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

DLN: 93492123002168

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Pa	rt II Fundraising Events. Complet than \$15,000 of fundraising ev gross receipts greater than \$5	ent contributions and	answered "Yes" on For gross income on Form	m 990, Part IV, line 18 n 990-EZ, lines 1 and 6	, or reported more bb. List events with	
		(a)Event #1	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
Revenue						
ž	1 Gross receipts					
	2 Less Contributions					
	4 Cash prizes					
S	5 Noncash prizes					
nse	6 Rent/facility costs					
Expenses	7 Food and beverages					
ਲੂ	8 Entertainment					
Direct	9 Other direct expenses					
	10 Direct expense summary Add lines 4 th	nrough 9 in column (d)		•		
	11 Net income summary Subtract line 10			•		
Pai	Gaming. Complete if the orga on Form 990-EZ, line 6a.	nization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000	
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
æ	1 Gross revenue					
ses	2 Cash prizes					
Expenses						
亞	3 Noncash prizes					
Direct	4 Rent/facility costs					
	5 Other direct expenses					
		Yes	☐ Yes%	☐ Yes %		
	6 Volunteer labor	☐ No	☐ No	□ No		
	7 Direct expense summary Add lines 2 th	nrough 5 in column (d)				
	8 Net gaming income summary Subtract	line 7 from line 1, colum	n (d)	•		
9	Enter the state(s) in which the organization	n conducts gaming activ	ities <u>WI</u>			
a b						
10a b	Were any of the organization's gaming lice	·	d or terminated during th	e tax year?	Yes No	

Sche	dule G (Form	990 or 990-EZ) 2017						Page 3
11	Does the org	ganization conduct gar	ning activities with nonmember	s?			✓ Yes	□ No
12		ization a grantor, bene dminister charitable ga		member of a partnership or oth	ner entity		□Yes	
13	Indicate the	percentage of gaming	activity conducted in					
а	The organiza	ation's facility				13a		100 000 %
b	An outside f	acılıty				13b		%
14	Enter the na	me and address of the	person who prepares the orga	nızatıon's gamıng/specıal events	books and re	cords		
	Name 🟲	DENNIS SCHERER						
	Address 🕨	3515 S 15TH STRE MANITOWOC, WI	(4220					
15a	Does the org	ganızatıon have a cont		om the organization receives gar			☑ Yes	□No
b			ng revenue received by the org d by the third party > \$	anızatıon ► \$	and the	€		
С	If "Yes," ent	er name and address	of the third party					
	Name 🟲							
	Address ►	1308 CRYSTAL SPR TWO RIVERS, WI						
16	Gaming mar	nager information						
	Name 🟲	DENNIS SCHERER						
	Gaming mar	nager compensation >	\$	·				
	Description	of services provided >	CONTROL FUNDS AND KEEP	RECORDS				
	☑ Director	r/officer	☐ Employee	☐ Independent con	tractor			
17 a	-		state law to make charitable di	stributions from the gaming pro	ceeds to			
ь			equired under state law distribi	uted to other exempt organization	ns or spent		☐ Yes	⊻ No
_			activities during the tax year	· -	or spent			
Pai	t IV Sup	plemental Inform	ation. Provide the explanat	tions required by Part I, line licable. Also provide any add				
	Retu	rn Reference		Explanation				
			1	,	Schedu	le G (F	orm 990 or	990-FZ) 2017



Return Reference Equipment rental and maintenance 35

990 Schedule O, Supplemental Information



990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Supplies 4,013 EZ, Part I, Line 16,

Other Expenses

Return Explanation Reference Form 990-Dart bowling team registration 694

990 Schedule O, Supplemental Information

EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Advertising 135 EZ, Part I, Line 16,

Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Wis sales tax 2.821 EZ, Part I, Line 16,

Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-STOCK GAIN/LOSS 3.889 EZ, Part I, Line 20, Net

Assets

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-MUTUAL FUND GAIN/LOSS 87 EZ, Part I, Line 20, Net

Assets