

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable. C Name of organization: AMVETS AUXILIARY POST 68. D Employer identification number: 58-2001715. E Telephone number: 2252948968. F Group Exemption Number.

G Accounting Method: [X] Cash. H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A. J Tax-exempt status (check only one) - [X] 501(c)(19).

K Form of organization: [X] Corporation. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Includes a 'RECEIVED' stamp from OGDEN, UT dated JUL 23 2021.

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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		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 -38.

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? TO HELP VETERANS AND THEIR FAMILIES
 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>TO HELP VETERANS AND THEIR FAMILIES</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
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	

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
BRENDA BAILEY PRESIDENT	10.00	0.	0.	0.
EVELYN PIGOTT 1ST VICE PRESIDENT	5.00	0.	0.	0.
DAWN LOHNIS 2ND VICE PRESIDENT	5.00	0.	0.	0.
DOROTHY SANDERS 3RD VICE PRESIDENT	5.00	0.	0.	0.
SUZANNE BELLETTO TREASURER	10.00	0.	0.	0.
LILLY MCKINNEY SARGEANT AT ARMS	5.00	0.	0.	0.
DAWN LOHENIS CHAPLAIN	5.00	0.	0.	0.
CYNTHIA DEMARS SECRETARY	5.00	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Table with columns Yes, No and row 46 with values X, X

Part VI Section 501(c)(3) Organizations Only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with columns Yes, No and row 47 with values

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48 with values

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a with values

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b with values

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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 (Suzanne Belletto), Date (03/12/2021), Type or print name and title (SUZANNE BELLETO, TREASURER)

Paid Preparer Use Only: Print/Type preparer's name (Glenn Thompson), Preparer's signature (Glenn Thompson), Date (07/06/2021), Check self-employed, PTIN (P00792515), Firm's name (Glenn Thompson Inc), Firm's EIN (90-0289003), Firm's address (26397 Pierson Rd, Holden, LA 70744), Phone no (225) 209-2101

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

AMVETS AUXILIARY POST 68

58-2001715

Pt I, Line 8:

Description: WORKING THE BAR \$200

Description: OTHER INCOME \$8

Description: NURSING HOME BINGO \$176

Pt I, Line 16:

Description: SAFETY DEPOSIT \$25

Description: MEMBERSHIP DUES \$500

Description: DONATIONS \$175

Description: FLAGS, ETC. 0

Description: REGISTRATION FOR CONFERENCES 0

Description: NURSING HOME BINGO 0

Description: FUNERALS 0

Description: LODGING FOR CONFERENCE 0

Description: FEES \$20

Description: PROFESSIONAL FEES 0