Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

nen to Public

Department of the Treasury Internal Revenue Service 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.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For	the	2016 cale	ndar year, or tax year beginning , 2016	, and end	ing		, 20
B	hec	k if a	pplicable	C Name of organization AMVETS POST #9		D Emplo	yer ident	tification number
Π,	ddr	ess c	hange	Doing business as		92-01	40562)
П٠	lame	char	nge i	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepi	none num	ber
П	nitial	retu	'n	1591 CRESTE FORIS	l	(907)	376-2	2999
П	inal	retur	n/	City or town, state or province, country, and ZIP or foreign postal code		G Gross		
_ t	ermi	nated	J	WASILLA AK 99654		receip		314,418
$\prod A$	men	ded	return	F Name and address of principal officer.	l(a) Isthis	a group return	for subord	inates? Yes X No
$\prod_{i} A_{i}$	\ppli	catio	n pending		l(b) Are all	subordinates	included?	Yes No
1	Гах-	exe	npt status	501(c)(3) X 501(c)(19) ◀(insert no.) 4947(a)(1) or 527	If "t	No," attach a li	st. (see inst	ructions)
J	Neb	site	:▶ N/A		H(c) Group	exemption nu	mber 🕨	
K	orm	of or	ganization	X Corporation Trust Association Other ► L Year of	of formation	1993	M State	of legal domicile AK
Р	art		Summ	nary				
		1	Briefly des	cribe the organization's mission or most significant activities				
٥	, E	PRC	VIDE	SERVICES AND SUPPORT FOR VETERANS, T	HEIR	FAMILI	ES AN	ND THE
5		COM	TINUM	Υ.				
GENNACES & Governance								
Š		2	Check this	\mathbf{s} box \blacktriangleright If the organization discontinued its operations or disposed of \mathbf{n}	nore than 2	25% of its ne	t assets.	
و	1	3	Number o	f voting members of the governing body (Part VI, line 1a)			3	7
P64	3	4	Number o	f independent voting members of the governing body (Part VI, line 1b)			4	
O	}	5	Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)			5	7
≥	1	6	Total num	ber of volunteers (estimate if necessary)			6	15
¥	`	7a	Total unre	lated business revenue from Part VIII, column (C), line 12	<i>.</i>		7a	66,222
<u>m</u>	\perp	b	Net unrela	ated business taxable income from Form 990-T, line 34	<u> </u>		7b	0
I DEC C Revenue	ł					Prior Year		Current Year
	۱ پ	8	Contributi	ons and grants (Part VIII, line 1h)	L	30	,065	52,040
	[]	9		service revenue (Part VIII, line 2g)	·]			
ۇ. م	1	10	Investmen	it income (Part VIII, column (A), lines 3, 4, 割はてのこしいに	· [1
ຍ [ັ]	-	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		,277	139,028
2		12		nue add lines 8 through 11 (must@dual Part VIII, column (A), line(32)	·		,342	191,069
2017	-	13		d similar amounts paid (Part IX, collumn (A), Nines 123% 2.017		36	,365	64,831
_	-	14		aid to or for members (Part IX, column (A), line 4)				
é	3	15	Salaries, o	other compensation, employee benefits (Rangx, Column (A), Infes 5-10).	-	47	,006	50,584
20000	3	16a		nal fundraising fees (Part IX, column (A), line 116)				
Š	•	b		raising expenses (Part IX, column (D), line 25)	_			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)			, 332	40,235
	Ì	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		,703	155,650
_	-	19	Revenue	ess expenses. Subtract line 18 from line 12		14	,639	35,419
Assets	S			(0.1)	Begi	nning of Currer		End of Year
Ass	Š	20		ts (Part X, line 16)	`		, 995	95,667
Net		21		ities (Part X, line 26)	ļ		,060	99,350
		22		s or fund balances. Subtract line 21 from line 20	<u>. </u>	-40	,065	-3,683
_	art			ture Block				
				, I declare that I have examined this return, including accompanying schedules and stat claration of preparer (other than officer) is based on all information of which preparer h			my knowled	ige and belief, it is true,
_			T. A	A all A dist				1-11
Sig	ın		500	nature of officer				79-,
He	_		1: "	/	סשי		U	ate '
116	1 -			RK SEIFERT OFFICE or print name and title	LEK			
				 		12:	 	PTIN
Pa	id		3	Type preparer's name Preparer's signature Date	1/13/1	Check		P00032750
		arei	. —	's name ► HRB TAX GROUP INC				871840
	-	Only	. 	's address ▶ 391 E PARKS		Phone no.	- 401	0/1040
			·	SILLA AK 99654		907376	53555	
Ma	v the	e IRS		his return with the preparer shown above? (see instructions)				· · X Yes No
_				ction Act Notice, see the separate instructions.	···			Form 990 (2016)

_	990 (2016) AMVETS POST #9 92-0140562	Page 2
ar	Statement of Program Service Accomplishments	г
	Check if Schedule O contains a response or note to any line in this Part III	<u>.: Ц</u>
1	Briefly describe the organization's mission DDOWLDE CERVICES FOR WEIGHRAMS THEFT FAMILIES AND THE COMMUNITY.	
•	PROVIDE SERVICES FOR VETERANS, THEIR FAMILIES AND THE COMMUNITY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	×Ν
	If "Yes," describe these new services on Schedule O	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠N
	If "Yes," describe these changes on Schedule O.	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 30,440 including grants of \$) (Revenue \$)
	SEE ATTACHMENT #1	′
		
		_
		_ .
4b	(Code) (Expenses \$ 24,773 including grants of \$) (Revenue \$)
łc	(Code) (Expenses \$ 9,618 including grants of \$) (Revenue \$	
Ιd	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
_	Total program convice expenses	

AMVETS POST #9 92-0140562 Page 3 Form 990 (2016) Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 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 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . N/A 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Χ 8 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 Χ 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a 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 11b Χ c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total Χ 11c d 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 Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Χ f 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 . . . Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ... Χ . . 12a 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 X 12b 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 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 . . . Χ 16 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) Χ 17

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19

lines 1c and 8a? If "Yes," complete Schedule G. Part II . . .

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

. . .

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Form 990 (2016) AMVETS POST #9 92-0140562 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b, If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Х 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 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 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," Χ 23 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 24a Χ 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease N/Ad Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a 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? If "Yes," Χ . . 25b 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 Χ 26 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 Χ any of these persons? If "Yes," complete Schedule L, Part III 27 . 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) Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. 28b Χ 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 Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

	Part I	31	X					
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	Х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,							
	or IV, and Part V, line 1	34	X					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a							
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related							
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . .

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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alt	Check if Schedule O contains a response or note to any line in this Part V			П
	Check it deficulte de contains a response of note to any line in this fact v		Yes	No
1 a	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 1b			,
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c		X
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 7	.		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	L
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		1	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	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	└	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T? N/A	_5c	└ ─	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ļ		١
	solicit any contributions that were not tax deductible as charitable contributions?	6a	 	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. .		
	gifts were not tax deductible?	6b	├	
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X -
	and services provided to the payor?	7b	 	 ^
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		 	┼──
С	required to file Form 8282?	7c	}	X_
ď	If "Yes," indicate the number of Forms 8282 filed during the year	,,,	 	+ 1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter) '	1
а	Initiation fees and capital contributions included on Part VIII, line 12	4	1	;
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		-
11	Section 501(c)(12) organizations. Enter	ļ		1
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1 '
	against amounts due or received from them.)		-	-
12a		12a	┿	X
b	Tes, effective another tax exemptime estreetives of accorded during the year.	익		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	+	+-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	+-	X
	Note. See the instructions for additional information the organization must report on Schedule O.			;
þ	Enter the amount of reserves the organization is required to maintain by the states in which			,
_	the organization is licensed to issue qualified health plans	-		
c 14a		14a	+	X
b	77/7	14b	-	+++

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr	uctions	S.	_
	Check if Schedule O contains a response or note to any line in this Part VI		. <u>.</u>	Ш
Section	on A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	-	,	
	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.		-	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0		,	: :
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			اً ا
	officer, director, trustee, or key employee?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		Χ_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			`
	by the following			i_
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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		X
<u>Section</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	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? N/A	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	ļ	X
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		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			}
	describe in Schedule O how this was done	12c		1.,,
13	Did the organization have a written whistleblower policy?	13	ļ —	X
14	Did the organization have a written document retention and destruction policy?	14	 	X
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization	15b	├	 ^.
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		١,	1
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160	İ	X
b	with a taxable entity during the year?	16a	-	1
, ,	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	NI/A	16b	-	
Secti	on C. Disclosure	TOD		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed AK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nlv)		-
10	available for public inspection. Indicate how you made these available. Check all that apply.	·· • y /		
	Own website Another's website Donn request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
13	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 records			
	SEE ATTACHMENT #2			

Part Vil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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.

(A) Name and Title	(B) Average		(do not box, un officer a	Posi check	tion more th	an one		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	box, un officer institutional trustee	less pe and a di Officer	rson is rector/t	an ee Highest compensated	Former	compensation from the organization (W-2/1099-MISC)		amount of other compensation from the organization and related organizations
GARY LINDHOLM	1.00			х			-	0	Ö	0
PRESIDENT KEITH HUNT VICE PRESIDENT	1.00			×				0	0	0
ARRON CALDWELL SECRETARY	1.00			×				0	0	0
MARK SIEFERT TREASURER				x				10,286	0	0
BILL LYLE DIRECTOR	1.00	x						0	0	0
DINO BELIGOTTI DIRECTOR	1.00	x						0	0	0
MATT MATHEWS DIRECTOR	1.00	x						0	0	0
						:				

Form 990 (2016)

Part	Section A. Officer	s, Directors	, Trust	ees, K			es, and	High	est Compensated E	mployees (continu	
					Posi	tion					(F)
	(A) Name and title	(B)		box, ur	i cneck iless pe	more tr rson is	both an		(D) Reportable	(E) Reportable	Estimated amount of
	realite and time	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	officer Institutional trustee	Officer	Xey employee	tee Highest compensated	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	other compensation from the
										1	
1b	Sub-total							. >	10,286		
C	Total from continuation s		art VII, S	Sectio	n A		•	. •	10 29/	-	
d	Total (add lines 1b and 1		hut not				· ·	· •	10,286		able compensation
2	Total number of individuals from the organization ▶	(including	but not	imitea	to tho	se iiste	ed abov	e) wnc	received more than	\$100,000 or report	able compensation
3	Did the organization list an on line 1a? If "Yes," compli	ete Schedul	e J for s	such in	dıvıdu	al					Yes No
4	For any individual listed on organization and related or			•		•			•		4 X
5	Did any person listed on hi										
	services rendered to the or									<u></u>	5 X
	on B. Independent Contrac										
1	Complete this table for you compensation from the org										e tay year
	compensation from the org	(A)	report c	omper	isalioi	101 111	e calenc	lai yea	(B)	in the organization	(C)
	Name a	nd business	addres	s				_	Description of s	services	Compensation
								<u> </u>			
								-			
	 -							+			
2	Total number of independent \$100,000 of compensation					t limite	d to tho	se list	ed above) who recei	ved more than	

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response or n	ote to any line in this	Part VIII			. П
•				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts a	1a	Federated campaigns	· · 1a		,			1
ا کر قر	b	Membership dues	1b					
Ę,		Fundraising events				1		
air.		Related organizations	— —	30,440		İ		1
S,E		Government grants (contrib	<u> </u>					. !
ည်တ		All other contributions, gifts	·					1
ž į		similar amounts not include	· ! !	21,600				,
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included						
8 8	h	Total. Add lines 1a-1f			52,040		:	
		· · · · · · · · · · · · · · · · · · ·		Business Code				
یه	2a					[-
Ş	b	· · · · · · · · · · · · · · · · · · ·						
Program Service Revenue	С							
er Ver	d					- · · - · ·		
Peg	e							
F.	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f		>				
	3	Investment income (includi	ng dividends, interes	st, and				
		other similar amounts)		•	1	1		
	4	Income from investment of	tax-exempt bond p	roceeds . ►				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6a	Gross rents						
		Less rental expenses						ŕ
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales	(i) Securities	(II) Other				*
		of assets other than						;
		Inventory						
	D	Less cost or other basis						
	_	and sales expenses	, , , ,	<u> </u>				
		Gain or (loss)		L				
		Net gain or (loss)					-	
	oa	Gross income from fundral (not including \$	sing events					
nue		of contributions reported o	n line 1e)					
) ve		See Part IV, line 18	· · · · · · a					
æ	h	Less direct expenses	b					٤
Other Revenue		Net income or (loss) from f		L				
Ō		Gross income from gaming	-					
		Part IV, line 19		100,367				
	ь	Less direct expenses	b	34,145				
		Net income or (loss) from g	-		66,222		66,222	
		Gross sales of inventory, le						
		returns and allowances	a	162,010				İ
	b	Less cost of goods sold .		89,204	1			
		Net income or (loss) from s			72,806	72,806		
		Miscellaneous Rev		Business Code				
	11a							
	b							
	С		·					
	d	All other revenue	•					
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instruc	ctions		191,069	72,807	66,222	2

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 64,831 64,831 individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 10,286 10,286 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 35,907 35,907 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . 4,391 4,391 10 Payroll taxes . Fees for services (non-employees) Management Legal 820 820 Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () 12 Advertising and promotion . . 13 14 Information technology 15 Royalties 15,904 15,904 16 Occupancy . . . 17 Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 6,701 6,701 20 Interest 2,117 2,11 21 Payments to affiliates 3,297 3,297 Depreciation, depletion, and amortization 22 2,832 2,832 23 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.) 6,623 6,623 MISCELLANEOUS 1,941 1,941 b PERMITS, FEES, TAXES C All other expenses e 126,096 29,554 155,650 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ I If following SOP 98-2 (ASC 958-720)

Form 990 (2016) AMVETS POST #9 92-0140562

Part X Balance Sheet

		. Check if Schedule O contains a response or note	to any line in this Part X	<u></u>		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing		8,230	1	18,199
	2	Savings and temporary cash investments .	[2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	<i>.</i> [4	
	5	Loans and other receivables from current and former	er officers, directors,			
	1	trustees, key employees, and highest compensated		Ì	, , ,	
		Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons	(as defined under section			1
	1	4958 (f)(1)), persons described in section 4958(c)(3)(B), and co	ntributing employers and		1	,
		sponsoring organizations of section 501 (c)(9) voluntary emplo	yees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule	· L		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other				
	1	basis. Complete Part VI of Schedule D	10a 143,066			
	b	Less accumulated depreciation	10b 65,598	80,765	10c	77,468
	11	Investments publicly traded securities			11	
	12	Investments other securities. See Part IV, line 11			12	
	13	Investments program-related. See Part IV, line 1		13		
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34)	88,995	\rightarrow	95,667
	17	Accounts payable and accrued expenses		10,779		2,279
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	(1
Liabilities	22	Loans and other payables to current and former off	· · · · · · · · · · · · · · · · · · ·			-
∄		trustees, key employees, highest compensated employees and highest compensated employees.			- <u>-</u> -	
Ë		disqualified persons. Complete Part II of Schedule		118,281	22	97,071
	23	Secured mortgages and notes payable to unrelated	•	110,201	23	91,011
	24	Unsecured notes and loans payable to unrelated the	·		24	
	25	Other liabilities (including federal income tax, payat)	
]	parties, and other liabilities not included on lines 17	-24). Complete Part X		25	
	00	of Schedule D		129,060		99,350
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), 6	check hore N and	123/000	20	33,330
ý	1	complete lines 27 through 29, and lines 33 and	_			1
ဦ	27	Unrestricted net assets	.		27	
ala	28	Temporarily restricted net assets			28	
9 P	29	Permanently restricted net assets			29	
퉏		Organizations that do not follow SFAS 117 (ASC	2 958), check here ▶ 🕅 and		† -	
5	1	complete lines 30 through 34.	Z COO, SILOOK HOLO / PA LINE			•
ets	30	Capital stock or trust principal, or current funds			30	
\ss	31	Paid-in or capital surplus, or land, building, or equ	pment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incor		-40,065		-3,683
z	33	Total net assets or fund balances		-40,065		-3,683
	34			88,995	34	95,667

Pai	t XI Reconciliation of Net Assets						
	. Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u>.</u>	· · · · ·	M	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			191,		
2	Total expenses (must equal Part IX, column (A), line 25)	2			155,		
3	Revenue less expenses. Subtract line 2 from line 1	3		35,419			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-40,06			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses	7					
8	Prior period adjustments	8				963	
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			-3,	683	
Par	t XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>		<u>Ш</u>	
			-		Yes	No	
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 📗 Other		\	1	•	3	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1			`	
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		l		i	:	
	reviewed on a separate basis, consolidated basis, or both		Ī		ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis		Ì			i	
b	Were the organization's financial statements audited by an independent accountant?		[2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		j	`	İ	\	
	separate basis, consolidated basis, or both		1		ł	1	
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ļ		1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?]	N/A. [2c		L	
	If the organization changed either its oversight process or selection process during the tax year, explain in					;	
	Schedule O						
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		1	1	
	the Single Audit Act and OMB Circular A-133?		. }	3a		X	
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]	N/A	3b	<u> </u>		
	46 00010 BWE 000 Form Settings Consider 1006 2017 HPP Toy Cours Inc.			Earm	agn /	(2016)	

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.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMVETS POST #9

Employer identification number

92-0140562

$\overline{\pi_1}$	10 1001 π./			2 01 10302
Part			r Similar Fund	s or Accounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.		
		(a) Donor advised fun	ds	(b) Funds and other accounts
1 To	tal number at end of year			
2 Ag	gregate value of contributions to (during year)			
3 Ag	gregate value of grants from (during year)			
4 Ag	gregate value at end of year		L	
5 Di	d the organization inform all donors and donor adv	visors in writing that the assets he	ld in donor advised	,
fu	nds are the organization's property, subject to the	organization's exclusive legal con	trol?	Yes
6 Dı	d the organization inform all grantees, donors, and	donor advisors in writing that gra	ant funds can be us	sed only
fo	charitable purposes and not for the benefit of the	donor or donor advisor, or for a	ny other purpose co	enferring
ım	permissible private benefit?			· · · Yes
Part I	Conservation Easements.			
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line 7		
1 Pt	rpose(s) of conservation easements held by the o	rganization (check all that apply).	_	
	Preservation of land for public use (e.g., recreation	on or education)	Preservation	of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space		_	
2 C	mplete lines 2a through 2d if the organization held	d a qualified conservation contrib	ution in the form of	a conservation
ea	sement on the last day of the tax year.			
				Held at the End of the Tax Y
a To	tal number of conservation easements			2a
b To	tal acreage restricted by conservation easements			2b
c N	imber of conservation easements on a certified his	storic structure included in (a) .		2c
d N	imber of conservation easements included in (c) a	acquired after 8/17/06, and not or	a historic	
st	ucture listed in the National Register			2d
3 N	imber of conservation easements modified, transfe	erred, released, extinguished, or t	erminated by the o	rganization during the tax
ye	ar 🕨			
4 N	imber of states where property subject to conserv	ation easement is located 🕨		
5 D	es the organization have a written policy regarding	g the periodic monitoring, inspec	tion, handling of vic	lations, and
er	forcement of the conservation easements it holds'	?		🗌 Yes 📗
6 St	aff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing co	nservation easements	during the year
7 Ar	rount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easements during	the year 🕨 💲
8 D	es each conservation easement reported on line	2(d) above satisfy the requiremen	its of section 170(h))(4)(B)(ı)
ar	d section 170(h)(4)(B)(ii)?			Yes
9 i n	Part XIII, describe how the organization reports co	onservation easements in its reve	nue and expense s	
	lance sheet, and include, if applicable, the text of		•	
	e organization's accounting for conservation easer	-		
art I			reasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes		,	
1a If	the organization elected, as permitted under SFAS		ts revenue stateme	nt and balance sheet works of
	t, historical treasures, or other similar assets held f			
ın	Part XIII, the text of the footnote to its financial sta	tements that describes these iten	ns.	
b If	the organization elected, as permitted under SFAS	S 116 (ASC 958), to report in its re	evenue statement a	nd balance sheet works of art.
	storical treasures, or other similar assets held for p			
th	e following amounts relating to these items	•		
(ii	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
•	the organization received or held works of art, hist			rain provide the
				gain, provide the
	llowing amounts required to be reported under SF		se items	. .
ан	evenue included on Form 990, Part VIII, line 1			* *

Par	i III Organizations Maint	aining Collect	ions of Art, His	torical Treasures	s, or Other Similar	Assets (continued)
3	Using the organization's acquisition	, accession, and of	ther records, check	any of the following tha	at are a significant use of	its collection
	items (check all that apply)					
а	Public exhibition		a√	Loan or exchange pro	ograms	
b	Scholarly research		e H	Other	-	
С	Preservation for future generation	ns		- -		
4	Provide a description of the organiz		and explain how the	v further the organizat	ion's exempt purpose in	
•	Part XIII.			, iaimo are engarment		
5	During the year, did the organizatio	n solicit or receive	donations of art. his	torical treasures, or oth	ner sımılar	
•	assets to be sold to raise funds rath		•	•		Yes No
Par	t IV Escrow and Custod					
ı aı	Complete if the organization	•		line 9 or reported ar	amount on Form 990. P	lart X line 21
1a	Is the organization an agent, trustee					<u> </u>
·u			-	· · · · · · · · · · · · · · · · · · ·		∏Yes ∏No
þ	If "Yes," explain the arrangement in					
b	ii res, explain the arrangement in	rait Am and Com	piete trie lollowing ta	.ble _	1	nount
_	Paginging balance			}		iount
C	Beginning balance				1c	
d	• •				1d	
e	Distributions during the year .	• • • •	,	·· ·· · ·	1e	
f n-	Ending balance		Dank V. bar Od. for a		1f	TV TN-
2a	Did the organization include an ame					∐ Yes
b	If "Yes," explain the arrangement in	Part XIII. Check no	ere if the explanation	nas been provided o	n Part XIII	<u> </u>
Pal	t V Endowment Funds.	1 (O/ P	F 000 F- + !!			
	Complete if the organizatio				T/15 = 7 - 7 - 7 - 7	T =
		a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four years back
1a	Beginning of year balance					
þ	Contributions		<u> </u>			
C	Net investment earnings,		li			
	gains, and losses .		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>
ď	Grants or scholarships					
е	Other expenditures for					
	facilities and programs .		L			
f	Administrative expenses					
g	End of year balance .			<u> </u>	_	<u> </u>
2	Provide the estimated percentage of	•	end balance (line 1g	, column (a)) held as		
а	Board designated or quasi-endowi		%			
b	Permanent endowment	%				
C	Temporarily restricted endowment	-	_ %			
	The percentages on lines 2a, 2b, a	nd 2c should equa	l 100%.			
3a	Are there endowment funds not in	the possession of t	the organization that	are held and administ	tered for the	
	organization by					Yes No
	(i) unrelated organizations .	· · · · ·				. 3a(i)
	(ii) related organizations					. 3a(ii)
þ	If "Yes" on line 3a(ii), are the related	d organizations list	ed as required on S	chedule R?		3b
4	Describe in Part XIII the intended u	ses of the organiza	ation's endowment f	ınds.		
Pa	rt VI Land, Buildings, a	• •				
	Complete if the organiza	tion answered "Ye	s" on Form 990, Par	IV, line 11a See Forn	n 990, Part X, line 10	
	Description of property	(a) Cos	t or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
		(ır	nvestment)	basis (other)	depreciation	
18	Land			49,000	- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	49,000
b	Buildings			57,660	33,297	24,363
c	Leasehold improvements .					
d	Equipment			36,406	32,301	4,105
е	Other				 	
Tota	. Add lines 1a through 1e (Column	(d) must equal For	m 990 Part X colur	ng (B) line 10c)	<u> </u>	77.468

Reconciliation of Revenue per Audited Financial State		nis with i	revenue	per	neturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a				
Total revenue, gains, and other support per audited financial statements				1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12					
Net unrealized gains (losses) on investments	2a			-	
Donated services and use of facilities	2b				
Recoveries of prior year grants	2c				
Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d				2e	
Subtract line 2e from line 1	· · · · .			3_	
Amounts included on Form 990, Part VIII, line 12, but not on line 1					
Investment expenses not included on Form 990, Part VIII, line 7b	4a				
Other (Describe in Part XIII.)	4b			1	
c Add lines 4a and 4b.				4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	
Reconciliation of Expenses per Audited Financial Sta	ateme	ents With	Expense	es pe	r Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line			•	•	
Total expenses and losses per audited financial statements		•		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25					
a Donated services and use of facilities	2a				1
Prior year adjustments	2b			1	
C Other losses	2c			1	
d Other (Describe in Part XIII.)	2d			1	
e Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		• •	<u> </u>	-
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				ĺ
b Other (Describe in Part XIII)	4b		-	┪	
- A 111 a 1 a				4c	
C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			• • •	5	 -
art XIII Supplemental Information.	-: ··		· · ·		l
vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide					
		_			
· · · · · · · · · · · · · · · · · · ·					

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2016

Open to Public Inspection

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

nternal Revenue Service	▶ Inform	ation about Schedul	e G (Form 99	00 or 990-E.	Z) and its instructions is at w	ww irs gov/form990.	Inspection	
Name of the organization							tification number	
AMVETS POST #	9					92-01405	62	
Part I Fundrais	ing Activit	ties. Complete if	the organ	zation an	swered "Yes" on Form 9	990, Part IV, line 17.		
Form 990-8	Z filers are no	ot required to con	nplete this	part.				
1 Indicate whether the	e organization	raised funds thro	ough any c	f the follo	wing activities. Check al	ll that apply.		
a Mail solicitations			е	Solici	tation of non-governme	nt grants		
b Internet and ema	ail solicitations	i	f	Solici	tation of government gra	ants		
c Phone solicitatio	ns		g	Speci	al fundraising events			
d In-person solicit	ations							
2a Did the organization	n have a writte	en or oral agreem	ent with ar	ny individu	ial (including officers, di	rectors, trustees,		
					ith professional fundrais			X No
b If "Yes," list the 10 h	nighest paid ir	ndıvıduals or entiti	ies (fundra	isers) pur	suant to agreements un	der which the fundraiser i	S	
to be compensated	at least \$5,00	00 by the organiza	ation					
			T					
(i) Name and address of	of individual	400 4 5 5		fundraiser ustody	(IV) Gross receipts	(v) Amount paid to	(vi) Amount par	
or entity (fundra	user)	(ii) Activity		trol of	from activity	(or retained by) fund- raiser listed in col. (i)	or retained by organization	
	-		Yes	nutions?		(7)	0.94	
1			165	140				
1								
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			 		cit contributions or bas	been notified it is exempt	from registration	
or licensing.	ion the Organi	zanon is registere	a or noons	20 10 30H	Cit Collin Dullollo Of 11d5	boot tioning it is excelled	om rogiou auon	
or noorising.								

	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		ļ	(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts				
Č	2	Less Contributions · · · · · · · · ·				
ļ	3	Gross income (line 1 minus line 2)				
┪	_	minus line 2)		1		
	4	Cash prizes		<u> </u>		
	5	Noncash prizes				
g	6	Rent/facility costs		<u> </u>		
Jirect Expenses	7	Food and beverages .				
5 5	8	Entertainment				
- 1		Other direct expenses				1
	9 10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	om line 3, column (d)	<u></u>		
_	10	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	om line 3, column (d) ion answered "Yes" or	<u></u>		(d) Total gaming (add col. (a) thru col. (c))
_	10 11 rt	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6a	om line 3, column (d) ion answered "Yes" or a.	(b) Pull tabs/instant bingo/progressive bingo	or reported more	col. (a) thru col. (c))
Hevenue	10 11	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from Gaming. Complete if the organization.	om line 3, column (d) ion answered "Yes" or a.	n Form 990, Part IV, line 19,	or reported more	
enses Revenue	10 11 rt	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizat than \$15,000 on Form 990-EZ, line 6a	om line 3, column (d) ion answered "Yes" or a.	(b) Pull tabs/instant bingo/progressive bingo	or reported more	col. (a) thru col. (c))
enses Revenue	10 11 rt	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizat than \$15,000 on Form 990-EZ, line 6a Gross revenue	om line 3, column (d) ion answered "Yes" or a.	(b) Pull tabs/instant bingo/progressive bingo	or reported more	col. (a) thru col. (c))
enses Revenue	10 11 rt 1 2	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizat than \$15,000 on Form 990-EZ, line 6a Gross revenue Cash prizes Noncash prizes	om line 3, column (d) ion answered "Yes" or a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	or reported more (c) Other gaming	col. (a) thru col. (c)) 100, 367
enses Revenue	10 11 rt 1 2 3	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizat than \$15,000 on Form 990-EZ, line 6a Gross revenue Cash prizes Noncash prizes Rent/facility costs	om line 3, column (d) ion answered "Yes" or a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	or reported more (c) Other gaming	col. (a) thru col. (c)) 100, 367
enses Hevenue	10 11 rt 1 2 3 4 5	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from the summary. Subtract line 10 from Sum	ym line 3, column (d) ion answered "Yes" or a. (a) Bingo Yes	(b) Pull tabs/instant bingo/progressive bingo 100,367	or reported more (c) Other gaming	col. (a) thru col. (c)) 100, 367
enses	10 11 11 1 2 3 4 5	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizat than \$15,000 on Form 990-EZ, line 6a Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes 9 No	(b) Pull tabs/instant bingo/progressive bingo 100,367	or reported more (c) Other gaming Yes% No	34,145
Direct Expenses Revenue	10 11 rt 1 2 3 4 5	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizat than \$15,000 on Form 990-EZ, line 6a Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro	Yes 9 No No 7 from line 1, column (d) Yes 9 Yes 9 Yough 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo 100,367 34,145 X Yes 50 % No In (d)	or reported more (c) Other gaming Yes% No	34,145

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Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	chedi	ule G (Form 990 or 990-EZ) 2016 AMVETS POST #9 92-0140562	Page 3
formed to administer chantable gaming?	11	Does the organization conduct gaming activities with nonmembers?	No
Indicate the percentage of gaming activity conducted in a The organization's facility	12		_
a The organization's facility		formed to administer charitable gaming?	⊠ No
b An outside facility	13		
Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► SEE ATTACHMENT #3 Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	a·		%_
Name ▶ SEE ATTACHMENT #3 Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b	· · · · · · · · · · · · · · · · · · ·	%
Name ▶ SEE ATTACHMENT #3 Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		records	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶ SEE ATTACHMENT #3	
revenue?		Address ▶	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	15a	Does the organization have a contract with a third party from whom the organization receives gaming	
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		revenue?	⊠ No
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	_
C If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		of gaming revenue retained by the third party > \$	
Address ▶	С		
Address ▶			
Address ▶		Name >	
Saming manager compensation ► \$ Description of services provided ► Director/officer		Address ▶	
Director/officer	16	Gaming manager information	
Director/officer		Name ►	
Director/officer		Gaming manager compensation ▶ \$	
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ Director/officer ☐ Employee ☐ Independent contractor	
retain the state gaming license?	17	Mandatory distributions	
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 ▶ \$ 64,831 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9,	а	•	
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 ▶ \$ 64,831 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9,		retain the state gaming license?	No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9,	b		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9,		in the organization's own exempt activities during the tax year ▶ \$ 64,831	
9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part		9,
		9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	

(Form 990)						TOO SEE SAID
	GOVERNMENTS, AND INDIVIDUAIS IN THE UNITED STATES Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	d Individuals in answered "Yes" on	in the United Form 990, Part IV,	States line 21 or 22.		2016
Department of the freasury internal Revenue Service	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Form 990) and its ins	tructions is at ww	w.irs.gov/form990.	1	Open to Public Inspection
Name of the organization			:		Employer identific	Employer identification number
Genera	nts and Assistance				76 0410	300
\$ ₽	stantiate the amount of the grants or	assistance, the grantee	es' eligibility for the	grants or assistance, ar	þ	
the selection criteria used to award the grants or assistance? .	or assistance?	: : : : : : : : : : : : : : : : : : : :	:			. Syes 🔀 No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	res for monitoring the use of grant fur	nds in the United State	S.			
Part II Grants and Other Assistance to Domestic		is and Domestic	Governments.	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	zation answered "Yes"	on Form 990,
Part IV, line 21, for any recipient the	more than	n be duplicated if addit	ional space is need	ed.		
(a) Name and address of organization or government	(b) EIN (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment organizations listed in the li	ine 1 table				
•	In the line 1 table					
or Paperwork Reduction Act Notice, see the Instructions for Form DA 16' 99011 BWF 990 Form Software Copyright 1996 – 2017 HRB	tice, see the Instructions for Form 990. Form Software Copyright 1996 – 2017 HRB Tax Group, Inc.	İ			Schedu	Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III

Schedule I (Form 990) (2016)

FDA

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016 Open to Public

Inspection

Name of the organization AMVETS POST #9 **Employer identification number**

92-0140562

- GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE PART VI LINE 19 AVAILABLE UPON REQUEST.

- PRIOR PERIOD ADJUSTMENTS - VOIDED AND STALE DATED PART XI LINE 8 CHECKS