Form 990

Return of Organization Exempt From Income Tax
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.

OMB No 1545-0047

2017

Open to Public

Form **990** (2017)

		of the Treasur nue Service	► Go to www.irs.gov/Form990 for instructions and the latest inform	ation.	Inspection
			endar year, or tax year beginning , 2017, and end		, 20
		applicable	C Name of organization AMVETS POST #9		entification number
∏ Ad	dress	change	Doing business as	92-01405	
∏ _{Na}	ne cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		
HInit	6-2999				
HFIN	al retu	rn/	1591 CRESTE FORIS City or town, state or province, country, and ZIP or foreign postal code		
ш	nınate		WASILLA AK 99654	G Gross receipts \$	277,559
		l return		a group return for sub	ordinates? Yes X No
н				subordinates include	d ²
ш		mpt status		lo," attach a list (see	
		e:▶ N/A			•
			Corporation Trust Association Other ▶ L Year of formation		ate of legal domicile AK
	t I	Summ			
	1		scribe the organization's mission or most significant activities	_	
	1 -	=		FAMILIES	AND THE
ည		MUNIT		17111111111	11110 11111
nai	<u> </u>	11101111	1		
Activities & Governance	2	Check this	s box I if the organization discontinued its operations or disposed of more than 2	5% of its net asset	
ဗိ	3		of voting members of the governing body (Part VI, line 1a)	3	7
∞ δ	4		of independent voting members of the governing body (Part VI, line 1b)	. 4	·
ij	5		ber of individuals employed in calendar year 2017 (Part V, line 2a)	5	7
Ž	6		ber of volunteers (estimate if necessary)	. 6	15
¥	i _		elated business revenue from Part VIII, column (C), line 12	7a	42,879
	7a		ated business taxable income from Form 990-T, line 34	7b	-2,673
	b	ivet unitera		Prior Year	Current Year
		Contribute	ons and grants (Part VIII, line 1h)	52,040	20,508
Revenue	8		-		
٧e	9	-	service revenue (Part VIII, line 2g)	1	
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d) RECEI /EL	139,028	163,190
	11		1.61	91,069	183,698
	12		nue add lines 8 through 11 (must equal Part VIII, column (A), line 12) d similar amounts paid (Part IX, column (A), lines 1-3)	64,831	51,138
	13		and to an for markery (Part IV, patriore (A) line (1)		31,130
	14	Calarias p	other compensation, employee benefits (Part IX, column (A), line 4)	50,584	49,218
Expenses	15	Salanes, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,304	43,210
eu		1 1010331011	ial full disaling fees (Fart IX, column (X), line 110)		
Ä			Iraising expenses (Part IX, column (D), line 25)	40,235	48,143
_	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	155,650	7
	18		enses Add lines 13-17 (must equal Part IX, column (A), line 25)	35,419	35,199
	19	Revenue I	less expenses Subtract line 18 from line 12		
Net Assets or Fund Balances		-		ning of Current Year 95, 667	End of Year 112,879
Ass	20		ets (Part X, line 16)	99,350	77,696
Net /	21		lities (Part X, line 26)	-3,683	35,183
_			s or fund balances Subtract line 21 from line 20	-3,003	33,163
Par			ture Block		
			, I declare that I have examined this return, including accompanying schedules and statements, and to e. Declaration of preparer (other than officer) is based on all information of which preparer has any ki		rledge and belief, it is
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	A 1 - 1 - N		16 10/ 15
		1 4	Yak Mit		11-14-10
Sign		"	nature of officer		Dáte
Here	•	<u>MA</u>	ARK SIEFERT SECRETARY	<u>TREASURER</u>	
		 	e or print name and title		
D		I	/Type preparer's name Preparer's signature Date	Check if	PTIN
Paid			ETTE RUCKER 1 8 Kucker 11/14/18		d P00032750
Prep			sname ► HRB TAX GROUP INC	Firm's EIN ▶ 43	1871840
Use	Onl	y Firm's	's address ▶ 391 E PARKS	Phone no	
		WAS	ILLA AK 99654	(907) 376-	
May t	ne IR	S discuss th	his return with the preparer shown above? (see instructions)		· X Yes No

	990 (2017) AMVETS POST #9 92-0140562	rage Z
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission	Щ.
1	PROVIDE SERVICES FOR VETERANS, THEIR FAMILIES AND THE COMMUNITY	
	THOUTH BERVIOUS FOR VEHICLES, THE THE THE STATE OF THE ST	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990–EZ?	X No
	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?	⊠ No
	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 \$ 20,508 including grants of \$) (Revenue \$)
-	SEE ATTACHMENT #2	
	·	
4b	(Code) (Expenses \$ 24,970 including grants of \$) (Revenue \$)
		-
4c	(Code) (Expenses \$ 5,660 including grants of \$) (Revenue \$)
		′
7,4	Other program services (Describe in Schedule O)	·
40	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 51,138	



Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		}	:
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
·	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		<u> </u>	<u> </u>
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		Х
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.	1	hip ye	
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	'	1	
a	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more		<u> </u>	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b		X
c	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more	1		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1	 	1
•	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	 -
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	111		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1.55		
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Χ_	
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Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	Х	
23	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," complete Schedule J	23		X
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			ł
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ŀ	Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1-10		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		\vdash
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	230		<u> </u>
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25h		X
26	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or	0.0		_V
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١,,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			١,,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b				١
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			۱
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		X
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		Х
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		<u> </u>
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х
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O17) AMVETS POST #9 92-0140562

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V	·			ᄔ					
			O PREADUR	Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1b (1203	<u> </u>						
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and									
	reportable gaming (gambling) winnings to prize winners?	, I I	1c	C-27 207	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1						
	Statements, filed for the calendar year ending with or within the year covered by this return			30.2	MAR					
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	X	2.43					
	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	X						
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S		3b_	X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				l ,,					
	over, a financial account in a foreign country (such as a bank account, securities account, or	other financial account)?	4a	. 6. 445	X					
р	If "Yes," enter the name of the foreign country	(50.5)	E S	34	J. C					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir			200	25.3					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		Х					
С	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, ar		1_		, <i>,</i>					
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	<u> </u>	X					
b	If "Yes," did the organization include with every solicitation an express statement that such co		l							
	gifts were not tax deductible?	N/А	6b	2.6761	1/24					
7	Organizations that may receive deductible contributions under section 170(c).	at t		4 AF	1					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and process of \$75 made partly as a contribution and \$75 made partly as a contributi	artly for goods	70	2	- Alle					
	and services provided to the payor?		7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·	7b		ļ					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wi	nich it was	7.		v					
_	required to file Form 8282?	7d ^	7c	972	X					
d	If "Yes," indicate the number of Forms 8282 filed during the year		_ Switch	2002	L					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e 7f	-	X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of the second state of the		_		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7g 7h		X					
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund n		There	3.314	12 is					
8	sponsoring organizations maintaining donor advised ratios. Did a donor advised fail of sponsoring organization have excess business holdings at any time during the year?	lamaned by the	8	*******	X					
9	Sponsoring organizations maintaining donor advised funds.	•	1 8 m	الخيا						
э a	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 per	·son?	9b		X					
10	Section 501(c)(7) organizations. Enter	3011	5 15	2 14 14	3.30					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1 T	1.60					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			2.40					
11	Section 501(c)(12) organizations. Enter			277	31					
	Gross income from members or shareholders	11a		1	112					
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.4	100	1					
-	against amounts due or received from them)	11b	1	35.1	1					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	L	12a	Section.	X					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	i i	197	1,250	*(506)					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			3	200					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	<u> </u>	X					
_	Note. See the instructions for additional information the organization must report on Schedul	e O	y * *,5	£54.X	18 E					
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	强级						
-	the organization is licensed to issue qualified health plans	13b	3.00	数						
С	Enter the amount of reserves on hand	13c	7	100						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	· ·	14a		X					
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	Schedule O N/A	14b		<u></u> -					
				000						

.Form 990 (2017) AMVETS POST #9 92-0140562 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year 1a 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 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a 8b Χ Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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		Χ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		**	100	語が
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	N/A	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	A/A	12c		
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by		- X	715	37.6
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		三岩		
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		3.00	375	374
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		迷		
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		720	電車	1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	銀河	
	organization's exempt status with respect to such arrangements?	N/A	16b		L

Section C. Disclosure

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 only)
	available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website Don 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 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 #3

Yes

No

Part VII 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)	(C) Position (do not check more than one						(D) Reportable	(E)	(F) Estimated
Name and Title	Average hours per week		(do not box, un officer a	less pe	rsonıs	both an		compensation	Reportable compensation	amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMES EGBERT	1.00			X				0	0	0
PRESIDENT	0.00			x						2
KEITH HUNT	1.00			^				0	0	0
VICE PRESIDENT	0.00			x	x			0 304	0	0
MARK SIEFERT SECRETARY/TREASURE	2.00		,					9,394	U	U
GARY LINDHOLM	1.00	x						0	0	0
3RD VICE	0.00								Ŭ	•
DINO BELIGOTTI	1.00	x						0	0	0
DIRECTOR										
MATT MATHEWS	1.00	x						0	0	0
DIRECTOR										
·										

Form 990 (2017)

Part	VII Section A. Officers	, Director	s, Trust	ees, K	ey En	nploye	es, and	Highe	est Compensated E	mployees (continue	d)
	(A) Name and title	(B)		box, ur	Posi t check nless pe	more therson is	both an		(D) Reportable	(E) Reportable	(F) Estimated amount of
	ivanie aliu ilie	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	and a d	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1b	Sub-total .							>	9,394		
С	Total from continuation sh		ırt VII, S	Section	n A		• •	•	0.204		
d	Total (add lines 1b and 1c)					:	•	<u> </u>	9,394		<u> </u>
2	Total number of individuals				to tho:	se iiste	d above) wno	received more than	\$100,000 01	
	reportable compensation fro	ım ine orga	mization					-			Yes No
3	Did the organization list any	former of	ficer, dir	ector,	or trus	tee, ke	ey emplo	yee, o	r highest compensat	ed	Tes No
	employee on line 1a? If "Yes	s," complet	e Sched	lule J 1	for suc	h indiv	/idual				. 3 X
4	For any individual listed on I	ıne 1a, ıs tl	ne sum (of repo	ortable	comp	ensation	and o	other compensation f	rom the	Fig
	organization and related org		_								4 X
5	Did any person listed on line									ındıvıdual	المنتاحة الثناء
	for services rendered to the		n? If "Y	es," co	mplete	e Sche	edule J f	or suc	h person .		5 X
	On B. Independent Contracto		+ 00====	nests	مامماء	D024-	nt cont	noto	that rooms of more 4	222 \$100 000 04	
1	Complete this table for your compensation from the orga										tay waar
	compensation from the orga	(A)	eport cc	nipen	Salion	ioi tile	Calcilu	ai yeai	(B)	Title organizations	(C)
	Name and	רא) business ל	address						Description of se	ervices	Compensation
	14MIIC din			-							
	·							t			
-									-··-		
2	Total number of independer	nt contracto	rs (ınclı	iding t	out not	limite	d to thos	e liste	d above) who	T.	- 19 m
	received more than \$100,00										
FDA	17 9908 BWF 990 F	orm Softwar	e Copyrig	ht 1996	3 - 2018	HRBT	ax Group,	Inc			Form 990 (2017)

Form 990 (2017) AMVETS POST #9
Part VIII Statement of Revenue

		Check if Schedule O cor	itains a resp	onse or	note to any line in th	ıs Part VIII	•		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns		1a		MINISTER STATE		THE STATE OF	
ir Vun	ь	Membership dues		1b	•				
S,G		Fundraising events		1c	_			4	
ar t		Related organizations		1d	20,508				
S, C	e	Government grants (contrib	utions) -	1e					
ΘΩ		All other contributions, gifts	-						
the the		similar amounts not include	d above	1f	•		10 mg 10 mg 12		14.45
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	ın lines 1a–1f	\$					
ပ္ပ နို	h	Total. Add lines 1a-1f				20,508			
					Business Code				
ģ	2a						_		<u> </u>
Σ	ь								
Program Service Revenue	С								
am Ve	d					•			
ρœ	e								
4	f	All other program service re	evenue						
	g	Total. Add lines 2a-2f						新州市	
	3	Investment income (includi	ng dividend	s, interes	st, and	`			
]	other similar amounts)							
	4	Income from investment of	tax-exempt	bond p	roceeds				
~	5	Royalties	•		>	Warm Dart C. Walker and It File	1755 Mar a Mar 1965 Car L Edding	ARAPPEL SYNEMS SALE ATE	a secretary constraints
		,	(ı) Re	al	(II) Personal				
	6a	Gross rents	· · · ·						
	ı	Less rental expenses							
	1	Rental income or (loss)		L					
	ď	Net rental income or (loss)	• • • •		H 188 H Steph Handberry	220074512995645272527	THE RESIDENCE OF THE PROPERTY OF	ELECTRICAL CHESTS CHESTS	
	7a	Gross amount from sales	(ı) Secu	ities	(II) Other				
		of assets other than							
	١ .	Inventory							
	6	Less cost or other basis							
		and sales expenses Gain or (loss)	-						
		Net gain or (loss)	<u> </u>					Maria Harain	
	l	Gross income from fundrais	eina evente	٠					477655564
4.	l oa	(not including \$	sing events						
Ę		of contributions reported or	n line 1c)						
šve		See Part IV, line 18		а					
Ě	Ь	Less direct expenses		b					
Other Revenue	l	Net income or (loss) from fi	undraising e		▶	MINING MANAGEMENT		ACTION OF THE PROPERTY.	CONTRA SUBSEMENTAL SERVING
0	l	Gross income from gaming					20 17 18 18 18 18 18 18 18 18 18 18 18 18 18	*********	1111
		See Part IV, line 19		а	68,463				
	Ь	Less direct expenses		b	25,584				
	ı	Net income or (loss) from g	aming activ	ities	▶	42,879		42,879	
		Gross sales of inventory, le	_				MEN LOUIS		
	İ	returns and allowances		а	188,588			建筑	
•	Ь	Less cost of goods sold		. b	68,277				
	С	Net income or (loss) from s	ales of inve	ntory	•	120,311		120,311	
		Miscellaneous Rev	enue		Business Code 1			THE STATE OF THE S	
	11a								
	b								
	С								
	d	All other revenue		• •			Nue oret	Mary and the same	
	е	Total. Add lines 11a-11d			•		CAMP AND	利斯克斯斯	是指語為地域類
	12	Total revenue. See instruc	tions			183,698		163,190	

Part, IX Statement of Functional Expenses

000.	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other org	anizations must com	plete column (A)	
-	Check if Schedule O contains a response or note to	any line in this Part			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			MAKE STATES	对强力的
	and domestic governments See Part IV, line 21	45,478	45,478	THE STATE OF THE S	为证金的
2	Grants and other assistance to domestic			并对于"一"	正常深思的
	individuals See Part IV, line 22	5,660	5,660	经验证	S. S
3	Grants and other assistance to foreign organizations,			WIND TO	
	foreign governments, and foreign individuals				
	See Part IV, lines 15 and 16			网络大学	RE THE RESERVE AND A SECOND CO.
4	Benefits paid to or for members			日の山田や水江の観	draffineswe
5	Compensation of current officers, directors,				
	trustees, and key employees .	9,394	9,394		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages · · ·	34,567	34,567		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,257	5,257		
11	Fees for services (non-employees)				ı
а	Management				
b	Legal				
C	Accounting	1,122		. 1,122	
d	Lobbying · · ·				
е	Professional fundraising services See Part IV, line 17		治行常是影響就能	好。為指於中國語法	<u> </u>
f	Investment management fees				
g	Other (if line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses .	654		654	
14	Information technology .				
15	Royalties				
16	Occupancy .	27,347		27,347	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			5 061	
20	Interest	5,261		5,261	
21	Payments to affiliates .	2,480			
22	Depreciation, depletion, and amortization	3,600		3,600	
23	Insurance .			Enta I Lagrant was an a constitution	- track to be to give a large at the
24	Other expenses Itemize expenses not covered	解析器	THE TANK		
	above (List miscellaneous expenses in line 24e. If	THE PARTY OF THE P	[SOME COMP.	以此。是并非	医影響的學習或
	line 24e amount exceeds 10% of line 25, column			"是我们	
	(A) amount, list line 24e expenses on Schedule O.)	3 5 (A. M. B. C. B.	County will be	24.7.18.35.75.25	TOP SAFETURES OF
а	CANTEEN EXPENSES	6,942	6,942		
b	MISCELLANEOUS	737	737		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	148,499	110,515	37,984	
26	Joint costs. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶ If following SOP 98-2 (ASC 958-720)				

AMVETS POST #9 92-0140562 Page 11 Form 990 (2017) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 18,199 27,172 Cash -- non-interest-bearing . 1 2 Savings and temporary cash investments . 2 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 154,905 **b** Less accumulated depreciation 10b 69,198 10c 85,70 Investments -- publicly traded securities 11 12 Investments -- other securities See Part IV, line 11 12 13 13 Investments -- program-related See Part IV, line 11 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 95,667 16 112,879 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,279 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities ... Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 97,071 74,924 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 99,350 26 77,696 Total liabilities. Add lines 17 through 25

ਲ	21
Balar	28
Fund	29
ō	
Assets	30
Asi	31

ě

Sec

Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🏻 and complete lines 30 through 34. Capital stock or trust principal, or current funds ... Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here

complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

		29	
d			
		30	
		31	
	-3,683	32	35,183
	-3,683	33	35,183
	95,667	34	112,879

27

28

Total net assets or fund balances

Page	1	2

C -	haa	(00.47)	
⊢orm	990	(2017)	•

AMVETS POST #9 92-0140562

1 0111	1990 (2017) AMVETS FOST #5 52 0140302				. ~9	
Par	t XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			183,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			148,	
3	Revenue less expenses Subtract line 2 from line 1	3				199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-3,	683
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments .	8			3,	667
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			35,	183
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		•	_		
					Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 📗 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			Ι΄		
	Schedule O.					,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1	
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				الد مد	
b	Were the organization's financial statements audited by an independent accountant?			2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			-	-	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		A/A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			~ . //-		أسسا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		Χ
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		
FDA	17 99012 BWF 990 Form Software Copyright 1996 - 2018 HRB Tax Group, Inc			Form	990 (2017)

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	/ETS POST #9			2-0140562		
Pa	t I Organizations Maintaining Donor	r Advised Funds or Othe	er Similar Fund	s or Accounts.		
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line 6				
		(a) Donor advised fu	nds	(b) Funds and other	accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year) .					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv	visors in writing that the assets h	eld in donor advised	l -	-	_
	funds are the organization's property, subject to the	-			Yes	∐No
6	Did the organization inform all grantees, donors, and	d donor advisors in writing that g	rant funds can be us	sed		
	only for charitable purposes and not for the benefit o	of the donor or donor advisor, or	for any other purpos	se r	_	
			• • •		Yes	No
Pai	t II Conservation Easements.					
	Complete if the organization answered "Yes"			 -		
1	Purpose(s) of conservation easements held by the or	- · · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (e.g., recreation	on or education)	—	of a historically impor		area
	Protection of natural habitat		Preservation of	of a certified historic s	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contrib	oution in the form of a			
	easement on the last day of the tax year.			Held at the En	d of the T	ax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements	•		2b		
С	Number of conservation easements on a certified his		•	2c		
d	Number of conservation easements included in (c) a	acquired after 7/25/06, and not o	n a			
	historic structure listed in the National Register		• •	_2d		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or	terminated by the or	ganization during the		
	tax year					
4	Number of states where property subject to conserva	_				
5	Does the organization have a written policy regarding		tion, handling of	Г	٦.,	п.,
	violations, and enforcement of the conservation ease			L	_ Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, insp	specting, handling of violations, a	nd enforcing conser	rvation easements du	ring the y	ear
_	<u></u>					
7	Amount of expenses incurred in monitoring, inspecting	ing, handling of violations, and ei	ntorcing conservation	n easements during t	ne year	
_	S	8/-IV - I		(A)(D)(.)		
8	Does each conservation easement reported on line 2	2(d) above satisty the requirement	hts of section 170(n)((4)(B)(I) [٦٧	Пы
_	and section $170(h)(4)(B)(ii)^2$			[_] Yes	∐No
9	In Part XIII, describe how the organization reports co		*			
	balance sheet, and include, if applicable, the text of t		inanciai statements	s mai describes me		
Des	organization's accounting for conservation easement		Francisco or O	thar Similar Acc	note -	
Par	Organizations Maintaining Collect Complete if the organization answered "Yes"	·	ireasures, or O	ulei Sillilai As:	sets.	
	If the organization elected, as permitted under SFAS		ite revenue statemer	t and halance sheet		
14	works of art, historical treasures, or other similar asse					
	public service, provide, in Part XIII, the text of the foo					
b	If the organization elected, as permitted under SFAS	5 116 (ASC 958), to report in its re	evenue statement an	nd balance sheet		
	works of art, historical treasures, or other similar asse	ets held for public exhibition, edu	ucation, or research i	n furtherance of		
	public service, provide the following amounts relating	g to these items		▶ €		
	(i) Revenue included on Form 990, Part VIII, line 1	•	• •	\$		
_	(ii) Assets included in Form 990, Part X .	ariaal transcures are atheresees to co	anada fas basansal er	▶ \$		
2	If the organization received or held works of art, histo	•	-	ain, provide the		
_	following amounts required to be reported under SF/		se tems	b ¢		
	Revenue included on Form 990, Part VIII, line 1	• • • •		▶ \$ ▶ \$		-
D	Assets included in Form 990, Part X	• • • • •	•	₽ ⊅		

Par	t III Organizations Mainta						(conti	nued)
3	Using the organization's acquisition,	accession, and o	ther records, chec	k any of the following t	hat are a significant use o	its		
	collection items (check all that apply	·)		_				
а	Public exhibition		d	Loan or exchange p	programs			
b	Scholarly research		e	Other				
С	Preservation for future generation	าร						
4	Provide a description of the organiz	ation's collections	and explain how t	hey further the organiz	ation's exempt purpose in	Part		
	XIII							
5	During the year, did the organization	solicit or receive	donations of art, h	istorical treasures, or o	ther sımılar	_		
	assets to be sold to raise funds rath	er than to be mair	ntained as part of t	he organization's collec	ction?	∐ Ye:	5	∐ No
Par	t IV Escrow and Custodi	al Arrangeme	nts.	1				
	Complete if the organization	answered "Yes"	on Form 990, Part	IV, line 9, or reported a	an amount on Form 990, F	Part X, line 2	21.	
1a	Is the organization an agent, trustee	, custodian or oth	er intermediary for	contributions or other	assets not			
	included on Form 990, Part X? .			•		Ye	s	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the following	table				
					Ar	nount		
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year			•	1e			
f	Ending balance				1f			
2a	Did the organization include an amo	unt on Form 990,	Part X, line 21, for	escrow or custodial ad	count liability?	Ye	s	No
b	If "Yes," explain the arrangement in	Part XIII Check h	ere if the explanation	on has been provided	on Part XIII			
Pai	t V Endowment Funds.							
	Complete if the organization	answered "Yes"	on Form 990, Part	IV, line 10.				
	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four	years !	back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings,							
	gains, and losses							
d	Grants or scholarships							
е	Other expenditures for							
	facilities and programs							
f	Administrative expenses .							
g	End of year balance					T		
2	Provide the estimated percentage o	f the current year	end balance (line 1	ig, column (a)) held as				
а	Board designated or quasi-endown	nent 🕨	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment	>	%					
	The percentages on lines 2a, 2b, an	d 2c should equa	100%					
3a	Are there endowment funds not in t	he possession of t	the organization the	at are held and admini	stered for the			
	organization by						Yes	No
	(i) unrelated organizations					3a(ı)		
	(ii) related organizations		•	•		3a(ii)	<u> </u>	
b	If "Yes" on line 3a(ii), are the related	organizations list	ed as required on	Schedule R?	• • •	3b		
4	Describe in Part XIII the intended us	es of the organiza	ation's endowment	funds.				
Pa	rt VI Land, Buildings, ar	nd Equipment						
	Complete if the organization	on answered "Ye	s" on Form 990, Pa	art IV, line 11a. See For	m 990, Part X, line 10			
	Description of property	(a) Cos	t or other basis	(b) Cost or other	(c) Accumulated	(d) Book	c value)
		(ır	vestment)	basis (other)	depreciation			
1a	Land			49,000				,000
b	Buildings .			57,660	34,775		22,	,885
С	Leasehold improvements							
d	Equipment			48,245	34,423		13,	,822
<u>e</u>	Other .							
Tota	I. Add lines 1a through 1e (Column (d) must equal For	m 990, Part X, colu	ımn (B), line 10c)			85,	,707

r a	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	ide per riciarii.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	·	-	-
	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		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	7	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	'	
	Other (Describe in Part XIII.)	4b		
	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 S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		, , , , , , , , , , , , , , , , , , ,	
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-	
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Par	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa			
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional informati	on	
			<u>'</u>	
	- · · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Inspection Internal Revenue Service Go to www.irs.gov/Form990 for the latest instructions. **Employer identification number** Name of the organization AMVETS POST #9 92-0140562 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 Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Special fundraising events С Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (vi) Amount paid to (iii) Did fundraiser (v) Amount paid to (i) Name and address of individual (iv) Gross receipts have custody (or retained by) fund-(or retained by) (ii) Activity or control of from activity or entity (fundraiser) raiser listed in col (i) organization contributions? Yes No 1 2 3 5 6 9 10

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

		gross receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(avest tras)	(avent bins)	(total sumbor)	(add col (a) through col (c)
_			(event type)	(event type)	(total number)	- COI (C)/
Revenue	1	Gross receipts				
Re &						
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes .				
	3	Noncasti prizes .		-		
Se	6	Rent/facility costs .				
Direct Expenses	_					
ă	7	Food and beverages .				
lrect	8	Entertainment				
	9	Other direct expenses				
ļ	10	Direct expense summary Add lines 4 thre	ough 9 in column (d)		•	
	11	Net income summary. Subtract line 10 fr		• •	• • •	
Pa	ırt II	-		Form 990, Part IV, line 19,	or reported more	
		than \$15,000 on Form 990-EZ, line 6	6a.	T T		T
ue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
Revenue						
	1	Gross revenue .		60,633	7,830	68,463
	2	Cash prizes				
ses	_	,				
듰	3	Noncash prizes				
ĝ	ı			1		
	4	Rent/facility costs		1		
	4	Rent/facility costs				
	4 5	Rent/facility costs Other direct expenses				
	5	Other direct expenses	Yes%	IH ——— I	Yes%	The state of the s
			Yes %	Yes %	Yes %	The state of the s
	5	Other direct expenses	No	IH ——— I		The state of the s
	5 6	Other direct expenses Volunteer labor , Direct expense summary Add lines 2 three	ough 5 in column (d)		No No	
	5 6	Other direct expenses Volunteer labor ,	ough 5 in column (d)		No No	
Direct	5 6 7 8	Other direct expenses Volunteer labor , Direct expense summary Add lines 2 three	ough 5 in column (d) ne 7 from line 1, column	(d)	No No	
a Direct Expenses	5 6 7 8	Other direct expenses Volunteer labor , Direct expense summary Add lines 2 thro Net gaming income summary. Subtract lines	ough 5 in column (d) ne 7 from line 1, column onducts gaming activities	(d)	No No	68,46:
Direct	5 6 7 8 En ls t	Other direct expenses Volunteer labor , Direct expense summary Add lines 2 through the state (s) in which the organization contents the state (s) in which	No ough 5 in column (d) ne 7 from line 1, column onducts gaming activities ng activities in each of the	(d)	No No	68,46.
. a .	5 6 7 8 En ls t	Other direct expenses Volunteer labor Direct expense summary Add lines 2 through the direct line organization of the organization licensed to conduct gaming labor.	No ough 5 in column (d) ne 7 from line 1, column onducts gaming activities ng activities in each of the	(d)	No No	68,463

Sched	ule G (Form 990 or 990-EZ) 2017 AMVETS POST #9 92-0140562		Page 3
11 '	Does the organization conduct gaming activities with nonmembers?	Yes	X No
12	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?	Yes	⊠ No
13	Indicate the percentage of gaming activity conducted in		
а		50.00	%
b	An outside facility	50.00	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records		
	Name ▶ SEE ATTACHMENT #4		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address >	·	
16	Gaming manager information		
	Name ▶ SEE ATTACHMENT #5		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_
	retain the state gaming license?	🛛 Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶\$ 51,137		
Part		Part III, lines	9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

FDA

OMB No 1545-0047 ŝ (h) Purpose of grant Open to Public **Employer identification number** or assistance X 2017 ∏ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 92-0140562 noncash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN 1 (a) Name and address of organization or government AMVETS POST #9 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II Part I က

Schedule I (Form 990) (2017)

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BWF 990

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FDA

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(a) Tyr	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Informati	on. Provide the in	formation required in Pai	n I, line 2, Part III, columi	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ation

BWF 990

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2017

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization AMVETS POST #9

Employer identification number

92-0140562

TAX RETURN IS AVAILABLE UPON REQUEST PART VI LINE 11 -

PART VI LINE 19 - ALL GOVERNING DOCUMENTS, POLICY STATEMENTS AND FINANCIALS STATEMENTS ARE AVAILABLE UPON REQUEST

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

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