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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use part of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AmVets Post #9		<b>D</b> Employer identification number 92-0140562
	Number & street (or P.O. box, if mail is not delivered to street addr.)		<b>E</b> Telephone number
	Room/suite		(907) 376-2999
	City or town, state or country, and ZIP + 4 Wasilla AK 99654		<b>F</b> Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(19) (insert no.) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 195,464

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	87,811
b	Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c	53,981	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	33,830	
7a	Gross sales of inventory, less returns and allowances	7a	102,671	
b	Less: cost of goods sold	7b	38,129	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	64,542	
8	Other revenue (describe in Schedule O)	8	4,982	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	103,354	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	2,101
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	52,649
	13	Professional fees and other payments to independent contractors	13	1,443
	14	Occupancy, rent, utilities, and maintenance	14	35,085
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	8,377
	17	<b>Total expenses.</b> Add lines 10 through 16	17	99,655
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,699
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-67,937
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	380
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-63,858

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

SCANNED SEP 05 2012

<b>Part II</b>	<b>Balance Sheets.</b> (see the instructions for Part II.)
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Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments .....	5,488	22	9,571
23	Land and buildings .....	89,982	23	88,195
24	Other assets (describe in Schedule O) .....	0	24	0
25	<b>Total assets</b> .....	95,470	25	97,766
26	<b>Total liabilities</b> (describe in Schedule O) .....	163,407	26	161,624
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	-67,937	27	-63,858

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	(Grants \$ ) If this amount includes foreign grants, check here	28a	
29	(Grants \$ ) If this amount includes foreign grants, check here	29a	
30	(Grants \$ ) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	0

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV.)

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

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ AK		
42a The organization's books are in care of ▶ See attachment #3 Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

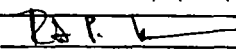
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		8/15/12
	Signature of officer	Date
	ROBERT P. HERREN 1st VICE COMMANDER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Nanette Rucker	Nanette Rucker	8/11/12		P00032750
	Firm's name	Firm's EIN	Phone no.		
	H&R Block				
	Firm's address				
	391 E PARKS STE C				

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>REVENUE</b>				
1 Gross receipts .....				
2 Less: Charitable contributions .....				
3 Gross income (line 1 minus line 2) .....				
<b>DIRECT EXPENSES</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....				
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
11 Net income summary. Combine line 3, column (d), and line 10 .....				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
<b>REVENUE</b>				
1 Gross revenue .....		83,220	4,591	87,811
<b>DIRECT EXPENSES</b>				
2 Cash prizes .....				
3 Noncash prizes .....			2,287	2,287
4 Rent/facility costs .....				
5 Other direct expenses .....		51,694		51,694
6 Volunteer labor .....	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( 53,981 )
8 Net gaming income summary. Combine line 1, column d, and line 7 .....				33,830

9 Enter the state(s) in which the organization operates gaming activities: AK

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O**  
**(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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

AmVets Post #9

Employer identification number

92-0140562

Part 1, Line 8 - Unidentified Deposits-\$4982

Part 1, Line 10 - Donations to community groups and  
for needs of veterans - \$2101

Part II, Line 26 - Building loan and payroll taxes - \$163809

## 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization AmVets Post #9		Employer Identification Number 92-0140562

### Primary Purpose

Provide services for veterans, their families and the community.



# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2011 or tax period beginning , and ending		
Name of Organization AmVets Post #9				Employer Identification Number 92-0140562
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
RICK FORT 1591 Creste Foris Wasilla, AK 99654	Commander	0	0	0
KATHY SCHIMMEL 1591 Creste Foris Wasilla, AK 99654	Finance Officer	0	0	0
KURT SCHIMMEL 1591 Creste Foris Wasilla, AK 99654	1st Vice	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization <b>AmVets Post #9</b>		Employer Identification Number <b>92-0140562</b>
<b>Part V - Line 42a</b>		

Individual Name ..... Jim Egbert  
or  
Business Name:

Street Address ..... 1591 N Creste Foris Drive

U.S. Address:

Zip code 99654 City Wasilla State AK  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (907) 376-2999

Fax Number .....

## 990 SCHEDULE OF OTHER DEDUCTIONS

Attachment 1: page 1 - 990-T Page 1, Part II, Line 28

[illegible]

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No. 1545-0172

**2011**Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return  
AmVets Post #9Business or activity to which this form relates  
FOR FORM 990-EZ LINE 14Identifying number  
92-0140562**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	500,000

6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 .....	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011 .....	17	3,728
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> .....		

**Section B -- Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property See Statement						71
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions .....	22	3,799
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

**7-YEAR ASSETS PLACED IN SERVICE DURING 2011  
USING GENERAL DEPRECIATION SYSTEM**

AmVets Post #9  
92-0140562

19c. Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
Equipment	12-19-2011	1,297	7	MQ	200 DB	46
Freezer Compressor	12-16-2011	595	7	MQ	200 DB	21
Tables	12-09-2011	120	7	MQ	200 DB	4
<b>Total</b>						<b>71</b>

## 2011 DETAIL STATEMENTS

AmVets Post #9  
92-0140562

Page 1

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### STATEMENT #1 - Other revenue (990-EZ PG 1 Line 8)

Other Income.....	4,982
TOTAL CARRIED TO 990-EZ PG 1 Line 8.....	4,982

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### STATEMENT #2 - Salaries, Other Compensations (990-EZ PG 1 Line 12)

Payroll Expenses.....	47,899
Workmen's Comp.....	4,750
TOTAL CARRIED TO 990-EZ PG 1 Line 12.....	52,649

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### STATEMENT #3 - Professional Fees (990-EZ PG 1 Line 13)

Tax Preparation.....	1,443
TOTAL CARRIED TO 990-EZ PG 1 Line 13.....	1,443

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### STATEMENT #4 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

Building R&M.....	2,152
Utilities.....	14,548
Insurance.....	3,448
Mortgage Interest.....	11,138
TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	31,286

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### STATEMENT #5 - Other expenses (EOEZ Pg 1 Line 16)

Canteen Expenses.....	3,822
Membership Dues.....	1,072
Miscellaneous.....	1,349
Permits and Fees.....	1,712
General Supplies.....	422
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	8,377

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### STATEMENT #6 - Assets included (SCH D, PG 1 Line 2b)

Prior Period Adjustments.....	-1,805
TOTAL CARRIED TO SCH D, PG 1 Line 2b.....	-1,805

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2011 990 - ADDITIONAL DETAIL STATEMENTS

AmVets Post #9  
92-0140562

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FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562

3,799