



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2013**Open to Public Inspection**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-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
AMVETS POST 11 "NEVER FORGET"

D Employer identification number
90-0121480

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
951 HARMON ROAD

E Telephone number
907-376-7820

City or town, state or province, country, and ZIP or foreign postal code
WASILLA, AK 99654 **19**

F Group Exemption Number ▶ **221111**

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).

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

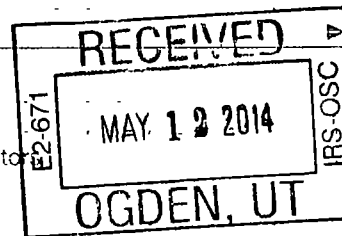
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

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. ☐

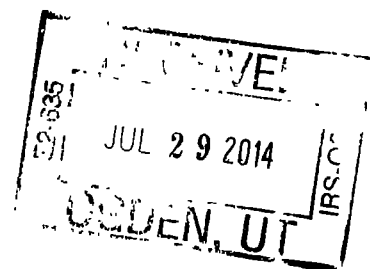
Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	14309	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	1476	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	31008		
6b	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	4900		
6c	Less: direct expenses from gaming and fundraising events	6c	11787		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	24122		
7a	Gross sales of inventory, less returns and allowances	7a	131585		
7b	Less: cost of goods sold	7b	55755		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	75830		
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115737		
10	Grants and similar amounts paid (list in Schedule O)	10	13461		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	48343		
13	Professional fees and other payments to independent contractors	13	2075		
14	Occupancy, rent, utilities, and maintenance	14	36624		
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16			
17	Total expenses. Add lines 10 through 16	17	100503		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15234		
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	31455		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	46689		



CAUSE EXPLANATION

FORGOT TO CHECK LINE H ON 990EZ.

SORRY!



0425867059
July 03, 2014 LTR 2695C 0 R
90-0121480 201312 67
00031945

AMVETS POST 11 "NEVER FORGET"
951 HERMON ROAD
WASILLA AK 99654



037254

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Eugene Zolt
Signature of officer or trustee
COMMANDER
Title

7/29/14
Date

