

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



SCANNED DEC 18 2014.

Department of the Treasury

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.

2013

Open to Public Inspection

OMB No. 1545-0047

rmation about Form 990 and its instructions is at www its gov/form990

			de Service				o air	a its instructions									
				ndar year, or tax					, 20	13, and endir				20			
B C≀	eck	ıf ap	plicable	C Name of organ	nization 2	AMVETS PO	ST	#9 			D Employer identification number						
L Ad	dres	s ch	nange	Doing Busines	s As			<u>,</u>			92-01	<u>40562</u>	2				
Na	me c	han	ige	Number and stree	et (or P.O b	ox if mail is not de	livered	d to street address)		Room/suite	E Telepi						
Ini	tial re	etur	n	1591 CRES	STE FO	ORIS					(907)	376-2	2999				
Te	rmina	atec	d	City or town, s	tate or pro	ovince, country,	and	ZIP or foreign pos	tal cod	de	G Gross						
M An	nend	ed r	eturn	WASILLA A	K 99	654					receip			291,004			
H _A	plica	ition	1 pending			f principal office	er			H(a) Is this a	group return	forsubore	linates?	Yes X No			
LJ '	•		,							H(b) Are all s	-			Yes No			
		VAL	npt status	501(c)(3)	(501(c)(19) ∢ (insert n		4947(a)(1) or	527	1 ` ′	attach a list.		rtions)	, .55 🗀			
			·► N/A		<u>y 501(6)(</u>	I J Insert n	9, 1	4547 (4)(1) 01	1 527	H(c) Group e			JJ.,				
				Corporation	Trust	Association	70.6	er 🕨	1 ٧00	r of formation	1993	1	of logal do	micile AK			
		_	ganization		Trust	ASSOCIATION	Join	er 🗾	L Tea	ir or formation	1993	IVI State	or regar do	miche AK			
Ра	rt I		Sumn														
	1			scribe the organiza													
Α	PI	30	VIDE	VIDE SERVICES FOR VETERANS, THEIR FAMILIES AND THE COMMUNITY													
A C G	_																
1.0	_	2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.															
GOVERNANCE	2		Check the	s box 🕨 📙 if the i	organizatio	on discontinued	d its o	perations or dispo	sed of	more than 25	5% of its ne	t assets.					
ŤΝ	3		Number o	of voting members	of the go	verning body (F	art V	'i, line 1a)				3					
E A	4		Number o	of independent vot	ing memb	ers of the gove	erning	body (Part VI, line	e 1b)			4					
E N	5		Total num	nber of individuals	employed	l ın calendar ye	ar 20	13 (Part V, line 2a))			5	· ·	6			
	6	i	Total num	ber of volunteers	(estimate	If necessary)						6		15			
&	7	'a	Total unre	elated business re-	venue fror	n Part VIII, colu	ımn (0	C), line 12		•		7a	-				
							-	• •				7b		-15,034			
	+	b Net unrelated business taxable income from Form 990-T, line 34									Prior Year	1.2	Curre	nt Year			
Ŗ	a	t	Contributi	ions and grants (F	art VIII lir	ne 1h)				ļ		,320		77,180			
REVENUE	9		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)											,			
			_	•													
Ü	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							<u> </u>	115	,030		117,737				
Ε								· ·		<u> </u>							
		12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									103	,350		194,917			
	1:					1				•				75,546			
Ε	14	4		ald to or for mem				/ 4 (,745					
EXPERSES	1	5	Salaries,	other compensation	on, employ	/ee benefits (Pa	art IX,	column-(A), lines	5–10)		40	,789		64,676			
E	16	6a	Professio	nal fundraising fee	es (Part IX,	, coխ n (A), իր	19 136	N ∩ nta · ·									
N		b	Total fund	draising expenses	(Part IX, c	olumen (D), line	25)	2014									
Ĕ	1	7	Other exp	enses (Part IX, co	lumn (A),	lines 1 ta-11d,	111-2	24e)			 58	,876	-	42,107			
S	11	8	Total exp	penses (Part IX, co enses Add lines 1	3-17 (mu	st equal Part 1X	Lebiu	ımın (A)√lıne 25)			159	,410		182,329			
	19			less expenses. Su				· · · · · · · · · · · · · · · · · · ·			3	,940		12,588			
N O	В									Beginn	ning of Curre	nt Year	End o	of Year			
のよれいる のことにも のことにも	<u>ک</u> ا 2	0	Total asse	ets (Part X, line 16)					. –		,923		97,989			
Ş F	AZC 2	1		ilities (Part X, line 2								,297		145,383			
F N	E 2	2		s or fund balance		t line 21 from li	ne 20					,374		-47,394			
	rt I			ture Block								·					
					avamined i	this return include		ompanying schedules									
corre	ct, ar	ıd c	omplete. De	sclaration of preparer	(other than	officer) is based i	on all ir	nformation of which p	reparei	has any knowle	dge.	my knowie	oge and be	iles, it is true.			
			T														
Sig	n		S10	nature of officer	1 1	1											
Her			J Sig		112.	Ven							ate	OV 14			
1161	C			ura am	nd with								1 18	00 1			
				e or print name a		1-											
Pai	4		1	t√Type preparer's		Rrepare	rs sig	gnature	Da		Check		PTIN				
		٠	. —	NETTE RUC		1'10	ine	ue luck	◢	41711		mployed					
Pre	-		. 1		AND R			·			Firm's EIN	▶800	3267	73			
Use	e U	nıy	<u> </u>			PARKS					Phone no.						
					99654						907376	<u> 3</u> 555		_			
May	the	IRS	S discuss	this return with the	preparer	shown above?	(see	instructions)					X	Yes No			

For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form 990 (2013)

	990 (2013) AMVETS POST #9 92-0140562	1 age Z
Part	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	PROVIDE SERVICES FOR VETERANS, THEIR FAMILIES AND THE COMMUNITY	
		·
	Did a series of the series of	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	· · ·	M 140
	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
		M 110
	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 \$	<i>'</i>
41.		
40	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		 .
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	· Total program service expenses ▶	

	990 (2013) AMVEIS POSI #9 92-0140562			age J
2art	IV 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,"		,,	l
_	complete Schedule A	1	X	
	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			V
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.,		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II . N/A	4	i	
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		X
1	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	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1,,
_	complete Schedule D, Part III	_ 8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1	<u> </u>	Ì
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,	40		1,,
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,	ĺ	İ	l _
_	or X as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	١		,
_	D, Part VI	11a	-	X
D	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more 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 of its total			_V
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		├^
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
1 20	Schedule D, Parts XI and XII	120		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		X
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		+~
-	business, investment, and program service activities outside the United States, or aggregate foreign investments			İ
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance	<u> </u>		+
	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	<u> </u>	i	 ```
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			Ť
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Γ
	If "Yes," complete Schedule G. Part III	119	Ιχ	ł

20a $\,$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H $\,$

20a

20b

.N/A

Form 990 (2013) AMVETS POST #9 92-0140562

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any domestic organization or 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 and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? 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 through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . N/A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes."	}		
	complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former			
	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	}	Х
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 entity or family member of	1		
	any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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).	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		200		1
	Part IV	28b	,	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an		<u> </u>	
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		<u> </u>	
	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,	 		1
	Part I.	31	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3.		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	 	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	 3	-	
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	332		^
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	j	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	555	 	 ^
	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	30	 	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
FDA	13 9904 BWF 990 Form Software Copyright 1996 - 2014 HRB Tax Group Inc.	Form	990 /	(2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		-	
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6		-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-,	-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	}		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country		1	-
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	Ì		Ì
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			}
_	gifts were not tax deductible?	6b	 	
7	Organizations that may receive deductible contributions under section 170(c).			ŀ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		
•-	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		X
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	 	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	╬	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	<u> </u>	\dagger	1
_	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8]	X
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	1	† · · ·
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	· · · ·	X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 -		
11	Section 501(c)(12) organizations. Enter.	1		ŀ
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	1
	against amounts due or received from them.)			[
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L_	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which]
	the organization is licensed to issue qualified health plans	1		}
С	Enter the amount of reserves on hand	<u> </u>	1	
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	1	

Part	VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr	uctions	6	_
	Check if Schedule O contains a response or note to any line in this Part VI			Ш.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		1	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		- [
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1 Tr 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	· .	,	
	officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
_	or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
Ū	by the following:			
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O .	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			Λ.
OCOLIN	on b. 1 onores (This Section B requests information about policies not required by the internal nevenue code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If 'Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
_	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		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	120		Λ
_	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	120		
·	describe in Schedule O how this is done	12c		
13	Did the organization have a written whistleblower policy?			
14	Did the organization have a written document retention and destruction policy?	13		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
а	The organization's CEO, Executive Director, or top management official	45-	_	,,
b	Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-		ľ
100	mate a secretar and the second of the second			,,
ь		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		-	1
Cooti	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK Section 5104 requires an acceptation to make the Form 1990 (and 1994 the reliable).			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the second section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the second section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the second section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990-T (Section 1024 if applicable), 990-T (Section 1024 if applicable),	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon 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, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ► SEE ATTACHMENT #1			

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	s, and Highest Comp	ensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	I Officer and a director/trustee) ((D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other	
	(list any hours for related organizations below)	TACCT-C-OZ-	-ZO+-+C+-0Z∢ - ₩ - ₩ - ₩ - ₩ - ₩ - ₩ - ₩ - ₩ - ₩ -	OFFICER	KEY LOYEE	#####################################	F OR MER	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
DAVID JONES	34.00			X				16,289			
PRESIDENT GARY LINDHOLM VICE PRESIDENT	10.00		•	x							
ARRON CALDWELL SECRETARY	10.00			x							
LARRY TIMMONS TREASURER BILL LYLE	10.00			x							

Part	VII Section A. Officers	, Directors	i, iruste	es, K	ey ⊑n	ipioye	es, and	nigne	est Compensated E	inployees (continue	<u> </u>		
	(A)	(B)			(C) ition			(D)	(E)		(F)	
	Name and title	Average		(do not box. un	check	more th	an one both an		Reportable compensation	Reportable compensation		mated ount o	
		hours per week	I T D	officer	and a d	rector/	trustee)	F	from	from related		ther	•
		(list any	ופא	.ZS.U)F F	K E E M Y P	I OM GMP	O R	the	organizations		ensati	on
		hours for related	DUR ISE VTC	#UST ##	L C	L	HPL	M E	organization	(W-2/1099-MISC)		m the	
		organiza-	BEÖ	- T E E	C E R	O Y E E	S N Y T S E A E T	R	(W-2/1099-MISC)		_	nızatıc relate	
		tions below)	U R A O L R	-0z4-		-	Ť				1	neiate	
				£			E D						
		!											
		1											
				}									
		1										•	
1b	Sub-total	<u> </u>	L	<u> </u>	<u> </u>	<u>. </u>	,, ,	>	16289		-		
c	Total from continuation sh	neets to Pa		Section	n A			•					
<u>d</u>	Total (add lines 1b and 1c)								16289		<u> </u>		
2	Total number of individuals from the organization ▶	(including	but not l	ımıted	to tho	se liste	ed above) who	received more than	\$100,000 of reporta	ble comp	ensati	on
									,			Yes	No
3	Did the organization list any						ey emplo	yee, c	or highest compensa	ted employee			,
4	on line 1a? If "Yes," completed for any individual listed on l						ensation	and i	other compensation	· · from the	3	<u> </u>	X
7	organization and related org										4		X
5	Did any person listed on line												
	services rendered to the org		If "Yes,"	' comp	olete S	chedu	le J for s	uch p	erson		5		X
Sectio 1	n B. Independent Contractor Complete this table for your		ct comp		d mde				that recoved more t	han \$100,000 of			
•	compensation from the orga										tax vear		
		(A)	<u> </u>						(B)			C)	
	Name and	d business	address	3					Description of s	ervices	Compe	ensatio	n
				-					· · ·				
								L					
2	Total number of independer \$100,000 of compensation f				but no	t limite	d to thos	e liste	ed above) who receive	ed more than			
	12 0009 PW5 000	TOTAL UTE OF	yarıızadı	,ıı P									

AMVETS POST #9 92-0140562 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Related or exempt function Unrelated Revenue excluded from tax under sections 512-514 Total revenue business revenue OT HER 1a Federated campaigns . **b** Membership dues . 1b c Fundraising events 1c 77,180 d Related organizations 1d e Government grants (contributions) 1e BANTS f All other contributions, gifts, grants, & similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 77,180 ▶ h Total. Add lines 1a-1f ... **Business Code** P R ö\$ Ε RRR All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . o c Gain or (loss) T d Net gain or (loss) Н 8a Gross income from fundraising Ε R events (not including \$ of contributions reported on line 1c). R See Part IV, line 18 . E b Less direct expenses ٧ E c Net income or (loss) from fundraising events Ν 9a Gross income from gaming activities See Ų 75,694 Part IV, line 19 20,618 b Less direct expenses . . c Net income or (loss) from gaming activities . 55,076 ▶ 10a Gross sales of inventory, less returns and allowances 138,130 75,469 b Less cost of goods sold . . . 62,661 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a d All other revenue ... e Total. Add lines 11a-11d

194,917

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must complete all colu	ımns. All other organ	zations must comple	ete column (A)	
	Check if Schedule O contains a response or note to any li	ine in this Part IX .			·
Do not	include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b <u>,</u>	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	75,546	75,546	·	1. :
2	Grants and other assistance to individuals in			E	-
	the United States. See Part IV, line 22			-	· -
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16 .			, ,	
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees	16,28	9 16,28	9	
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	40,53	6 40,53	6	
8	Pension plan accruals and contributions (include section				· · ·
•	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,8	7,85	1	
11	Fees for services (non-employees)				
	Management				1
a	Legal				
b	Accounting	9:	8	91	88
c d	Lobbying				
	Professional fundraising services. See Part IV, line 17			8,7	
e f	Investment management fees			, 4 <u>, 2</u> , 2	
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
10	Advertising and promotion				
12 13	Office expenses				
	Information technology				
14	3.3			 	
15	Royalties	19.4	<u>1</u>	19,40	11
16	Occupancy	15,1	<u> </u>	19,40	
17			<u> </u>		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	9,6	5	9,60	5
20	Interest	3,0	 	3,00	-
21	Payments to affiliates .	4,4	7	4,4	17
22	Depreciation, depletion, and amortization			4,4,	
23	Insurance	<u> </u>			
24	Other expenses. Itemize expenses not covered above.			•	· -
	(List miscellaneous expenses in line 24e. If line 24e	-			-
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)				
a	CANTEEN EXPENSE	6,0			
b	LICENSES & PERMITS		30		0
C	MISCELLANEOUS	1,4	φ∠ 	1,4	
d	AB				
е	All other expenses	100	10	<u> </u>	
25	Total functional expenses. Add lines 1 through 24e	182,3	146,2	66 36,0	5
26	Joint costs. Complete this line only if the organization				1
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.		1		
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)	1	1	I	[

BWF 990

Form 990 (2013) AMVETS POST #9 92-0140562 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 11,077 4,542 Cash -- non-interest-bearing . . . 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net . . 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 5 . . 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 Α organizations (see instructions). Complete Part II of Schedule L 6 s S Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 140,666 53,754 84,381 **b** Less accumulated depreciation 86,912 10b 10c 11 Investments -- publicly traded securities 11 12 Investments -- other securities. See Part IV, line 11 12 13 Investments -- program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 88,923 16 Total assets. Add lines 1 through 15 (must equal line 34) 97,989 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 В 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and Т disqualified persons Complete Part II of Schedule L 22 134,448 Secured mortgages and notes payable to unrelated third parties 23 23 129,548 Ε S Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 14,849 of Schedule D 25 15,835 Total liabilities. Add lines 17 through 25 149,297 26 145,383 Organizations that follow SFAS 117 (ASC 958), check here ▶ | and complete lines 27 through 29, and lines 33 and 34. N E T 27 Unrestricted net assets . U 27 ND Temporarily restricted net assets 28 Permanently restricted net assets . ASSETS 29 В Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🛛 and L complete lines 30 through 34. Capital stock or trust principal, or current funds .

33

N

С

0

Ř

31 Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances . .

Total liabilities and net assets/fund balances

32 Retained earnings, endowment, accumulated income, or other funds

-47,394

-47,394

97,989

30

31

32

33

-60,374

-60,374

88,923

Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш_
1	Total revenue (must equal Part VIII, column (A), line 12)	1			917
2	Total expenses (must equal Part IX, column (A), line 25)	2			329
3	Revenue less expenses. Subtract line 2 from line 1	3			588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		-60,	374
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			
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		-47,	394
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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		-		
	Schedule O.			ļ	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			-	,
	reviewed on a separate basis, consolidated basis, or both		۲.		
	Separate basis Consolidated basis Both consolidated and separate basis		'		-
b	Were the organization's financial statements audited by an independent accountant? .		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		1		;
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to lines 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?	N/A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1		
	Schedule O.		'		
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	N/A	3b		
DA	13 99012 BWF 990 Form Software Copyright 1996 – 2014 HRB Tax Group, Inc		Form	990 (2013)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 2013

Open to Public Inspection

Name of the organization

Employer identification number

<u>ΑΜ\</u>	VETS POST #9		1140562		
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similiar	Funds or	Accounts.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.				
	(a) Donor advised funds	(b) F	unds and other a	ccounts	
1	Total number at end of year .				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a	dvised			_
	funds are the organization's property, subject to the organization's exclusive legal control?		. 🗌	Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can	be used or	nly		_
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes	ose conferri	ng		_
	ımpermissible private benefit?		. [Yes	No
Par	t II Conservation Easements.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g., recreation or education)	ation of an	historically import	tant land	area
	Protection of natural habitat Present	ation of a c	ertified historic sti	ructure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	orm of a con	servation		
	easement on the last day of the tax year.				
			Held at the End	of the Ta	x Year
а	Total number of conservation easements	. 2a			
b	Total acreage restricted by conservation easements	. 2b			
С	Number of conservation easements on a certified historic structure included in (a)	. 2c			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic				
	structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the organiz	ation during the t	ax	
	year •				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of violation	s, and		
	enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemen	its during th	e year 🕨 🗀	_	_
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during	ring the yea	r > \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)	(1)		
	and section 170(h)(4)(B)(ii)?		[Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expe	ense stateme	ent, and	_	_
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	ements that	describes		
	the organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of Art, Historical Treasures,	or Other	Similar Ass	ets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue sta	atement and	l balance sheet w	orks of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in fin Part XIII, the text of the footnote to its financial statements that describes these items.	furtherance	of public service,	provide,	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem	nent and ba	lance sheet work	s of art,	
	historical treasures, or other similar assets held for public exhibition, education, or research in furth the following amounts relating to these items:	erance of p	ublic service, pro	vide	
	and the state of t				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X		s		
2	If the organization received or held works of art, historical treasures, or other similar assets for final	ncial gaın, p	rovide the		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$		
b	Assets included in Form 990, Part X		. > \$		

Par											inued)
3	Using the organization's acquisition	on, accession	, and otl	her records, che	ck any	of the following th	at are	e a significant use of	its collecti	on	
	items (check all that apply)										
а	Public exhibition			d	d∏Lo	an or exchange p	rogra	ms			
b	Scholarly research			e	-	her					
С	Preservation for future general	tions			- []		•	14.8			
4	Provide a description of the organ		ections a	and explain how	they fu	rther the organiza	tion's	exempt purpose in			
•	Part XIII.			and explain near		,					
5	During the year, did the organizat	tion solicit or	receive (donations of art	historic	eal treasures or of	ther s	ımılar			
J	assets to be sold to raise funds ra								Ye		∏No
Par					1110 019	gariizadori o conco		·			11
[Fai	Complete if the organizat		-		t IV line	e 9 or reported a	n amo	ount on Form 990. Pa	rt X line :	21	
1a			•								
· a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
b	If "Yes," explain the arrangement	in Part XIII ai	od comp	lete the following	n tahle				□.,	,,,	□
b	ii res, explain the arrangement	in rait Ain ai	na comp	iere rue ionownić	y lable.	ſ		Δm	ount		
_	Beginning balance						1c	Alli			
c d	Additions during the year					·	1d				
e	Distributions during the year	•••			• • •	ŀ	1e				
f	Ending balance	•	•	•		,	1f				
	Did the organization include an a	 mount on Eo		Bort V. lina 212		ι	- 11	<u> </u>	. Ye		No
2a b	If "Yes," explain the arrangement				tion ha	s boon provided i	n Dar	 • VIII	. 🗆 ''	;5	H"
b Do:	t V Endowment Funds		JIECK HE	ie ii the explana	ulon na	s been provided i	ПГа	(Aiii		<u> </u>	
Fai	Complete if the organizat		d "Voo" t	o Form 000 Port	+ 1\/_lun	0.10					
	Complete if the organization					(c) Two years bac	nt (d) Three wassa back	(a) Four		- hack
10	Paginging of year balance	(a) Current y	/ear	(b) Prior year	U	(C) TWO years Dad	<u> </u>	d) Three years back	(e) Four	years	Dack
1a _	Beginning of year balance . Contributions				-+		\dashv				
b	}				-		\dashv		<u> </u>		
С	Net investment earnings,										
	gains, and losses				-+		-				
ď	Grants or scholarships										
е	Other expenditures for										
	facilities and programs .										
f	Administrative expenses								<u> </u>		
g	End of year balance										
2	Provide the estimated percentage		nt year e	end balance (line	e 1g, co	olumn (a)) held as	:				
a	Board designated or quasi-endo	wment > -		%							
D	Permanent endowment		%								
С	Temporarily restricted endowmer			_ %							
٥-	The percentages in lines 2a, 2b,		-								
3a	Are there endowment funds not i	in the posses	sion of ti	ne organization t	that are	held and admini	sterec	for the			
	organization by								<u> </u>	Yes	No
	(i) unrelated organizations	•		• •				• •	3a(i)	+	+
ı.	• •		 					• • • •	3a(ii	<u> </u>	┼
ь	If "Yes" to 3a(II), are the related of	_		•					3b	Щ.	
4	Describe in Part XIII the intended				nt fund:	<u> </u>					
Ра	rt VI Land, Buildings,										
	Complete if the organiz						_		(1) 5		
	Description of property			or other basis	` `	Cost or other	(C) Accumulated	(d) Bo	ok valı	ле
			(ın	vestment)	b	asis (other)		depreciation			
1a	Land				 	49,000					000
ь	Buildings				<u> </u>	57,660	ļ	28,863		28	3,797
C	Leasehold improvements				<u> </u>	21.255					
d	Equipment				<u> </u>	34,006		24,891		9	7,115
e	Other				<u> </u>						
Tota	I. Add lines 1a through 1e. (Colum	nn (d) must e	qual For	m 990, Part X, co	olumn (B), line 10(c).)				86	5,912

FDA

13 990D3

BWF 990

Form Software Copyright 1996 - 2014 HRB Tax Group, Inc.

Schedule D (Form 990) 2013

Part VII-	Investments — Other Securities			
	Complete if the organization answered "Y		11b. See Form 990, Part X, line 12.	
(a)	Description of security or category	(b) Book value	(c) Method of valua	ition.
	(including name of security)		Cost or end-of-year ma	arket value
(1) Financial d				
•	eld equity interests			
(3) Other				····
(A)				
(B)				
(C)				······································
(D)				
(E)				·····
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col (B) line 12.)	<u>▶</u>		···
Part VIII	Investments — Program Relat		44 B F B -W	
	Complete if the organization answered "Y		<u> </u>	.
(a) Description of investment type	(b) Book value	(c) Method of valua	
(1)			Cost or end-of-year m	arket value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	>	- 22 - 3	
Part IX	Other Assets.			
	Complete if the organization answered "Y	es" to Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) I	ine 15.) .		
Part X	Other Liabilities.			
	Complete if the organization answered "Y	es" to Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1.	(a) Description of liability	(b) Book value	41	•
	ncome taxes		· ·	
	OLL LIABILITIES	15,835	<u>5</u>	
(3)			1	
(4)]	
(5)				
(6)				
(7)			_}	
(8)			4	
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)	▶ 15,835		
∠.⊔ability for (uncertain tax positions. In Part XIII, provide t	he text of the footnote to the	organization's financial statements that	reports the
organization's	liability for uncertain tax positions under FIN	48 (ASC 740). Check here	if the text of the footnote has been provi	/ided in Part XIII

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Openíto Public Inspection

Name of the organization AMVETS POST #9				Employer iden 92-01405	tification number	
Eundralaine Activit	ios Completa	f the exercises on	anuscad "Vee" to Corn		02	
Part-I Form 990-EZ filers are no			iswered Yes to Form	990, Part IV, line 17.		
1 Indicate whether the organization			wing activities. Check a	II that apply.		
a Mail solicitations			tation of non-governme			
b Internet and email solicitations		—	tation of government gr			
c Phone solicitations			al fundraising events	~···•		
d In-person solicitations		a □ ebeer	<u> </u>			
2a Did the organization have a writte	n or oral agreem	ent with any individu	ial (including officers, d	rectors, trustees		
or key employees listed in Form 9					Yes 🛛 No	
b If "Yes," list the ten highest paid ii		=		=		
to be compensated at least \$5,00			-			
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to	
or entity (fundraiser)		have custody	from activity	(or retained by) fund-	(or retained by)	
		or control of contributions?		raiser listed in col (i)	organization	
		Yes No	· ·			
1						
2						
3						
4						
	 					
5						
				ļ	-	
6	1					
7		-				
7	1					
8		-		 		
Ü	1					
9		 		<u></u>		
_						
10		1		-		
						
Total .		▶ :				
3 List all states in which the organiz	ation is registere	d or licensed to solid	cit contributions or has l	been notified it is exempt	from	
registration or licensing						
		 				
						
						
						

	rt II			Farm 000 E7 line		nted more
		than \$15,000 of fundraising event coi	ntributions and gross inc	one on Form 990-EZ, line	es 1 and 6b. List events	with
	_	gross receipts greater than \$5,000.	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
R			(event type)	(event type)	(total number)	(add col. (a) through col (c))
R E V			(oroni typo)	(even. type)	(iota nomeon	00, (0)/
E	1	Gross receipts				
Ü	2	Less. Contributions				
_	3	Gross income (line 1		-		
		minus line 2)			,	
,	4	Cash prizes			-	
ם – תו	5	Noncash prizes			-	
RECT	6	Rent/facility costs				
EXP	7	Food and beverages				
E N	8	Entertainment				
S E S	9	Other direct expenses				
,	10	Direct expense summary. Add lines 4 thr				
Pa	rt II	Net income summary. Subtract line 10 fr Gaming. Complete if the organiza			or reported more	L
		than \$15,000 on Form 990-EZ, line 6		· · · · · · · · · · · · · · · · · · ·	·	
E Z E Z E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col (c))
Ä	1	Gross revenue		75,694		75,694
D I R E C T	2					
		Cash prizes				
x	3	Cash prizes				
XPEZSI	3	·				
EXPEZSES		Noncash prizes		20,618		20,618
X P E Z S E S	4	Noncash prizes	Yes %	 - 	Yes %	
X	4 5	Noncash prizes	No No	Yes50 % No		
XPEZOEO	4 5 6	Noncash prizes	ough 5 in column (d)	X Yes50 % No	No .	
9 a	4 5 6 7 8 Er Is	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three Net gaming income summary. Subtract lines the state(s) in which the organization of the organization licensed to operate gaming the organization of the organization licensed to operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organiza	ough 5 in column (d) ne 7 from line 1, column perates gaming activities in each of the	X Yes	No .	20,618
9	4 5 6 7 8 Er Is	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three Net gaming income summary. Subtract lines the state(s) in which the organization of the organization licensed to operate gaming the organization of the organization licensed to operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organization licensed the operate gaming the organiza	ough 5 in column (d) ne 7 from line 1, column perates gaming activities	X Yes	No .	20,618
9 a	4 5 6 7 8 Er Is If '	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three Net gaming income summary. Subtract linese the state(s) in which the organization of the organization licensed to operate gaming "No," explain	No ough 5 in column (d) ne 7 from line 1, column perates gaming activities ig activities in each of the es revoked, suspended	Yes 50 % No (d) AK ese states? or terminated during the ta	No	20,618
9 a b	4 5 6 7 8 Er Is If '	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 three Net gaming income summary. Subtract lineter the state(s) in which the organization of the organization licensed to operate gaming "No," explain ere any of the organization's gaming license.	No ough 5 in column (d) ne 7 from line 1, column perates gaming activities ig activities in each of the es revoked, suspended	X Yes 50 % No	No	20,618 55,076 X Yes No

ched	ule G (Form 990 or 990–EZ) 2013	Page 3
11	Does the organization operate gaming activities with nonmembers?	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?	⊠ No
13	Indicate the percentage of gaming activity operated in.	
а	The organization's facility	
b	An outside facility	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books	
	and records	
	Name ► SEE ATTACHMENT #3	_
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	⊠ No
þ	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 ►	
	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?	No 🔀 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 ▶ \$	
Part	IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	s 9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization AMVETS POST #9 Employer identification number

92-0140562

PART I, LINE 13 - DONATIONS MADE FOR BENEFIT OF VETERANS AND COMMUNITY GR PART VI, LINE 11 - RETURN IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

Form Software Copyright 1996 - 2014 HRB Tax Group, Inc.

990 BOOKS ARE IN CARE OF

ATTACHMENT	1: FORM 99	0 PAGE 6,	PART VI,	SECTION C,	LINE 20	
OPEN TO PUBLIC						
INSPECTION	For calendar year 20	13, or tax period beg	nning	, an	d ending	•
Name of Organization						er Identification Number
AMVETS POST	<u>#9</u>				92-01	.40562
Part VI - Line 20				<u> </u>		
Individual Name				MARK SEIFE	RT	
or						
Business Name.						
						
				1501 11 000	000 D00 T0	DD 7110
Street Address				1591 N CRE	STE FORIS	DRIVE
U.S. Address.						
O.G. Address.						
Zip code 9	9654	City WASI	T T 7\		State AK	
or 2 p code 3	79034	City WASI	דידיע		State AIL	
Foreign Address						
r oreign Address						
City						
 ,	• •					
Province or S	tate					
				·	-··	·
Country						•
Postal code						
Phone Number	er					(907) 376-2999
Fax Number						

Preliminary

Form

OMB No 1545-0172

Form **4562**

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

2013

Attachment Sequence No 179

lame(s) show	vn on retu	rn
2TTVM	POST	# (

► See separate instructions.

Name(s) shown on return Business or activity to which this form relates							Identifying number		
	VETS POST #9	<u>-</u>	FOR						92-0140562
<u>Pa</u>	Election To Expe	nse Certain isted property, co	Property Un omplete Part V b	der So efore yo	ection 179 ou complete Part	I.			
1	Maximum amount (see instruction	ns)						1	
2	Total cost of section 179 property	placed in service	e (see instruction	ns)				2	
3	Threshold cost of section 179 pro	perty before redi	uction in limitatio	n (see II	nstructions)			3	
4	Reduction in limitation. Subtract I	ine 3 from line 2.	If zero or less, e	nter -0-				4	
5	Dollar limitation for tax year. Subt	ract line 4 from lii	ne 1 If zero or le	ess, ente	er -0 If married	filing separatel	y,		
	see instructions							5	500000
-6	(a) Description	of property		(b) Cos	t (busn. use only	(c) Elec	ted cos	t	
		·		, ,					
7	Listed property. Enter the amoun	t from line 29			7	,			
	Total elected cost of section 179		nounts in column	n (c) line	· · · · ·			8	- ′ ′
	Tentative deduction. Enter the si	• • •		. (0),				9	
				4560	• •			10	
	Carryover of disallowed deduction Business income limitation. Enter		•		than zoro) or lin	o 5 (coo instru	· ctions)	11	500000
					•	•	20115)	12	300000
	Section 179 expense deduction.		-					12	
	Carryover of disallowed deduction					<u> </u>			<u> </u>
	te: Do not use Part II or Part III be								
	art II Special Deprecia						ted prop	erty.)	(See instructions.)
14	Special depreciation allowance for		erty (other than ii	isted pro	pperty) placed in	service		l	
	during the tax year (see instruction	•				•	• • •	14	
	Property subject to section 168(f)		•		•		•	15	
_	Other depreciation (including AC							16	<u> </u>
Pa	art III MACRS Deprecia	ition (Do not in	clude listed prop	erty.) (S	ee instructions.)				
				Section	1 A				_
17	MACRS deductions for assets pl	aced in service ir	n tax years begin	ning be	fore 2013	•		17	3883
18	If you are electing to group any a	assets placed in s	service during th	e tax yea	ar into one or mo	ore	_		
	general asset accounts, check he	ere					<u> </u>	J	
	Section B A	Ssets Placed in	Service During	2013 T	ax Year Using t	the General D	eprecia	tion S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for c (business/investronly see instri	nent use	(d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
198	3-year property								
t	5-year property] _							
	7-year property SEE STA	TEMENT							499
	1 10-year property	-"		-					
•	15-year property] _ :							
	f 20-year property	1 :							
<u></u>	25-year property] :			25 yrs.		S/	L	
_					27.5 yrs.	MM	S/		
	property				27.5 yrs.	MM	S/		
	Nonresidential real	02-2013		2000		MM	S/		45
	property	02 2015		2000	, 33 yts.	MM	S/		7.7
	Section C As	cate Diacod in S	Service During	2012 Ta	y Voor Using th	<u> </u>			Sustan-
20		Sets Flaced III c	service During	2013 14	X rear Using th	e Alternative i			System
		1			 	 	S/		
		 			12 yrs.	 	S/		
_	art IV Summary (See Instr				40 yrs.	MM_	S	<u>L</u>	<u> </u>
_								T =:	T
	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12						ere		=
	and on the appropriate lines of y				ons see instru	ctions	· · · · ·	22] 4427
23	For assets shown above and pla		-	-				1	
	enter the portion of the basis att	noutable to section	on 263A costs .		23			1	

7-YEAR ASSETS PLACED IN SERVICE DURING 2013 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
CANTEEN COOLER BEER COOLERS	08-05-2013 01-18-2013	915 1,200	7	MQ MQ	200 DB 200 DB	98 300
FRYER AND COOLER	11-19-2013	2,843	/	MQ	200 DB	101
		:				
	1	L	<u> </u>	<u> </u>		

Total 499

990 GAMING/SPECIAL EVENTS BOOKS AND RECORDS

ATTACHMENT 3: SCH G PAGE 3, PAR	T III, LINE 14	
OPEN TO PUBLIC		
INSPECTION For calendar year 2013, or tax penod beginning	nning , ar	nd ending .
Name of Organization		Employer Identification Number
AMVETS POST #9		92-0140562
Part III - Line 14		
Individual Name	mark	Seifert
Business Name		
Street Address	1591 CREST	TE FORIS
U S. Address		
Zip code 99654 City $WASI$ or Foreign Address	LLA	State <u>AK</u>
City		
Province or State		
Country		· · · · <u> </u>
Postal code		