Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For	the 2	2018 calendar	r year, or tax year beginning	, 2018, and en	ding		, 20
В	Chec	ck if ap	pplicable	C Name of organization	a MCD	D Emp	loyer ident	tification number
Ц	Addı	ress cl	hange	AMVETS POST 11 "NEVER FORGET"	<u>rmer</u>			90-0121480
Ц	Nam	e char	nge	Number and street (or PO box, if mail is not delivered to str	eet address)	Room/ E Telep	phone numi	ber
Ц	Initia	al retur	rn					
Ц	Final	l returi	n/terminated	951 S HERMON RD STE 2			(9	<u>07) 376-7820</u>
Ц	Ame	nded	return	City or town, state or province, country, and ZIP or	foreign postal code	F Grou	p Exemptio	n
Ш	Appl	icatio	n pending	WASILLA AK 99654			ber ▶ 2	
G	Acc	ountii	ng Method			. H Check ▶	✓ If the org.	anızatıon ıs not
			· ▶ <u>N/A</u>			·	attach Sch	
_				neck only one) 501(c)(3) X 501(c)(19) ◀ (insert no		27 (Form 990,	990-EZ, or	990-PF)
			organization	☐ Corporation ☐ Trust ☐ Association				
				b to line 9 to determine gross receipts. If gross recei		more, or if total as		154 055
		_		\$500,000 or more, file Form 990 instead of Form 99			<u>▶ \$</u>	154,255
Ŀ	art		-	Expenses, and Changes in Net Assets		ICES (see the ins	tructions foi	r Part I)
_	-1			organization used Schedule O to respond to any que	stion in this Part I		1.1	22,224
	-	1		s, gifts, grants, and similar amounts received	•		1	22,224
	-	2		vice revenue including government fees and contract	S		2	1,536
	-	3	•	dues and assessments	•	• •	3	1,336
_	-	4	Investment in	nt from sale of assets other than inventory	اجما		4	10
2019		5a b		other basis and sales expenses	5a 5b			
		C) from sale of assets other than inventory (Subtract III	L			
0		6		fundraising events	ne so nom ine saj		30	
			•	e from gaming (attach Schedule G if greater than				
ַ יַב	<u> </u>	-	\$15,000)		6a	30,9	0.5	
ר		b		e from fundraising events (not including \$	L	ontributions		
ED SEP	<u> </u>			sing events reported on line 1) (attach Schedule G if				
SCANNED				gross income and contributions exceeds \$15,000)	. 6ь			
Z		С	Less direct e	expenses from gaming and fundraising events	6c	3,9	24	
3		đ	Net income o	or (loss) from gaming and fundraising events (add lin	es 6a and 6b and su	ubtract	_	
ふ			line 6c)			•	6d	26,981
	ł	7a	Gross sales o	of inventory, less returns and allowances	7a	96,5	74	
	}	b	Less cost of	goods sold	7b	41,4	35	
		C	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from	n line 7a) .	•	7c	55,139
	ł	8	Other revenu	ie (describe in Schedule O)			8	3,000
_		9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	9	108,896
		10	Grants and si	imilar amounts paid (list in Schedule O)		 1	10	13,516
	.	11	Benefits paid	I to or for members	RECE	IVED	· 11	1,238
	Ses	12		er compensation, and employee benefits			12	56,786
	sasuadxa	13		fees and other payments to independent contractors	MAY 2	n znia 🎁	13	405
Č	<u> </u>	14		rent, utilities, and maintenance	E MAY 2	0 2019 0 20	14	41,113
		15	0.,	lications, postage, and shipping	0005		15	564
		16	•	ses (describe in Schedule O) .	OGDE	N, UI	16	93
	-+	17	•	ses. Add lines 10 through 16			17	113,715 -4,819
	္ဌ	18 19		eficit) for the year (Subtract line 17 from line 9) r fund balances at beginning of year (from line 27, co	lumn (A)) (must ser	aa wuth	18	-4,019
	20	13		figure reported on prior year's return)	ionin (A)) (inust agri	SC ANITI	19	54,488
•	Net Assets	20	· ·	es in net assets or fund balances (explain in Schedul	e ())		20	253
ž	ž	21	•	fund balances at end of year. Combine lines 18 thro	•	1	20	49,922
_			. 101 403013 01	into salarious at originary gair Compilie intes 16 tille	, agri 20 .	,	_ 41	37,742

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

Pa	ařt II	Balance Sheets (see the instruction Check if the organization used Sched		augustion in this Bost II			Г
		Check if the organization used Sched	idle O to respond to any	·	inning of year	<u> </u>	(B) End of year
22	Cash	, savings, and investments		(A) Deg	57,869	22	53, 453
23		and buildings .	•			23	00,100
24		r assets (describe in Schedule O)				_	
25		l assets .			57,869	1-7	53,453
26		I liabilities (describe in Schedule O)	•		3,381	I I	3,531
27		•	Jump (P) must serve with	·	54,488		49,922
_	net a	ssets or fund balances (line 27 of co Statement of Program Sei				27]	Expenses
Wh. Des	at is the scribe th measure sons be	Check if the organization used Schorganization's primary exempt purpos ee organization's program service accord by expenses. In a clear and concise inefited, and other relevant information ATTACHMENT #2	edule O to respond to an e? SEE ATTACHI mplishments for each of i manner, describe the se	y question in this Part III MENT #1 ts three largest programs	ervices	50 org	equired for section 1(c)(3) and 501(c)(4) panizations, optional others)
29	(Grants	s\$) If this an	nount includes foreign gra	ants, check here	>	28a	
30	(Grants	s\$) If this an	nount includes foreign gra	ants, check here	> []	29a	
	(Grants	•	nount includes foreign gra	ants, check here	•	30a	1
31		program services (describe in Schedule	•		. 🗆		
	(Grants		nount includes foreign gra	ints, check here	<u> </u>	31a	· · · · · · · · · · · · · · · · · · ·
		program service expenses (add lines			<u> </u>	32	
Pa	art IV	List of Officers, Directors, Truste			compensated s	ee th	e instructions for Part IV)
		Check if the organization used Sch	edule O to respond to an	T	·		•
		(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099 - MISC) (if not paid, enter -0-)	(d) Health benef contributions to employee benefit p and deferred comper	lans,	(e) Estimated amount of other compensation
SE	E A	TTACHMENT #3					
			-				
					:		
		-					
							
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			ـــــــــــــــــــــــــــــــــــــــ
			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	33		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	24		v
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		<u>X</u>
JJa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v
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	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	335		- 21
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
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?	38a		Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a]		
b	Gross receipts, included on line 9, for public use of club facilities			
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess		-	٠.
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401-		v
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d				
_	reimbursed by the organization .			
е	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	40e		Х
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 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		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank			
_	and Financial Accounts (FBAR)	420	- 1	,. V
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country.	42c		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			ьГ
10	and enter the amount of tax-exempt interest received or accrued during the tax year . • 43		•	٠ ـ
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	'		;
	completed instead of Form 990-EZ	44a		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	44b		Χ
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Χ
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
b	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	45b		_X

orm	990-EZ	(2018)								Pa	age 4	Į	
										Yes	No	_	
46	Did the	organization engage, directly or indirectly, in p	olitical camp	aign act	ivities on t	pehalf of o	r ın opposi	tion					
	to cand	idates for public office? If "Yes," complete Sch	nedule C, Pa	rtl.					46		X		
Pa	rt VI	Section 501(c)(3) organizations	only										
		All section 501(c)(3) organizations must ans	wer question	ns 47-49	b and 52,	and comp	lete the tal	bles for lines					
		50 and 51									_		
		Check if the organization used Schedule O	to respond	to any qi	uestion in 1	this Part VI	·						
										Yes	No	,	
17	Did the	organization engage in lobbying activities or h	ave a sectio	n 501(h)	election in	n effect du	ring the tax						
	year? If	"Yes," complete Schedule C, Part II							47			_	
18	Is the o	rganization a school as described in section 1	70(b)(1)(A)(ıı)? If "Yes	s," comple	te Schedu	le E		48				
19a	Did the	organization make any transfers to an exempt	non-charita	ıble relat	ed organız	inization? . 49a							
b	If "Yes,	was the related organization a section 527 or	ganızatıon?					•	49b				
50	Comple	ete this table for the organization's five highest	compensate	d emplo	yees (othe	r than offic	cers, directi	ors, trustees, an	d key				
	employ	ees) who each received more than \$100,000 o			the organ	nization If			"				
		(a) Name and title of each ampleurs	(b) Averag		(C) Repor	rtable tion (Forms	່ `uໂເons to ຄ	benefits, contrib- employee benefit	(e) Estima			Í	
		(a) Name and title of each employee	devoted to p			9-MISC)	plans, a com	and deferred pensation	other co	mpensa	tion	_	
ION	1E												
												_	
												_	
f		umber of other employees paid over \$100,000	· -										
51	•	ete this table for the organization's five highest	•			ntractors w	ho each re	ceived more tha	an				
	\$100,00	00 of compensation from the organization. If the	ere is none,	enter "N	one "							_	
	(a) N	ame and business address of each independent contra	ctor		(b) Type	of service		(c) c	ompensation	1			
IOV	ır.		-									_	
IOV.	Λ <u>ι</u>												
						<u> </u>					-	_	
-												-	
												-	
												-	
d	Total nu	umber of other independent contractors each	receiving over	er \$100,0	00	. •						-	
52		organization complete Schedule A? Note: All				must atta	ch a						
	comple	ted Schedule A							▶ ∏ Ye	s \square	No		
Jnde	penalties	of perjury, I declare that I have examined this return, ii	ncluding accom	panying s	chedules an	d statement	s, and to the	best of my knowle	dge and beli	ef, it is		_	
rue, c	orrect, an	d complete Declaration of preparer (other than officer) is based on al	ll informat	on of which	preparer ha	is any knowle	edge					
		Joseph Q Spragane							5-15	- 19			
Sig	ո	Signature of officer							Date	· ·	_		
Her		JOSEPH SPRAGUE			F	INANC	E OFF	ICER			_		
		Type or print name and title											
		Print/Type preparer's name Prepare	er's signature			Date	1	Check If	PTIN			_	
Paid	t	NANETTE RUCKER \(\sigma\)	Shu	W		5/13	119	self-employed	P0003	<u>27</u> 5	0		
Pre	parer	Firm's name ► HRB TAX GROUP	INC						18718			-	
Jse	Only	Firm's address ▶ 391 E PARKS						Phone no 90	7-376-3	3555		_	
May	the IRS o	discuss this return with the preparer shown ab	ove? See ins	structions					▶ Ve	<u>. </u>	No	_	

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

2018

Name of the organization						unication number
<u>AMVETS POST 11 "NEV</u>	ER FORGET	r"			90-0	121480
Part I Fundraising Activi	ties. Complete if	the organ	ization ar	nswered "Yes" on Form 9	990, Part IV, line 17.	
Form 990-EZ filers are n						
1 Indicate whether the organization	n raised funds thro	ough any o	of the follo	wing activities Check al	I that apply	
a Mail solicitations		е	Solic	itation of non-governme	nt grants	
b Internet and email solicitations	3	f	Solic	itation of government gra	ants	
c Phone solicitations		g	Spec	al fundraising events		
d In-person solicitations			_			
2a Did the organization have a writte	en or oral agreem	ent with ai	ny individ	ual (including officers, di	rectors, trustees,	
or key employees listed in Form !	990, Part VII) or e	ntity in cor	nection v	vith professional fundrais	sing services?	∏ Yes 🔀 No
b If "Yes," list the 10 highest paid in	ndividuals or entiti	es (fundra	ısers) pur	suant to agreements und	der which the fundraiser i	
compensated at least \$5,000 by	the organization					
(A Name and address of radiovalual			fundraiser	(:-) (:	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		ustody itrol of	(iv) Gross receipts	(or retained by) fund-	(or retained by)
or entity (fundraiser)			utions?	from activity	raiser listed in col (i)	organization
		Yes	No			
1						
2						
3						
4						
5		1	}			
6		}				
7						
		ļ				
8		1				
		<u>.</u>				
9						
10						
	<u> </u>					
			_			
Total	•• • •	• •			l	
 List all states in which the organizer 	zation is registered	d or licens	ed to solu	cit contributions or has b	een notified it is exempt f	rom registration

		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))
Revenue	1	Gross receipts .				
æ	2	Less Contributions . Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes .				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary Add lines 4 thr Net income summary Subtract line 10 fr			.	
Pa	rt I	Gaming. Complete if the organization	tion answered "Yes" on	Form 990, Part IV, line 19,	or reported more	
Revenue		than \$15,000 on Form 990-EZ, line 6	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
æ	1	Gross revenue		26,425	4,480	30,905
m	2	Cash prizes				
enses						
kpens	3	Noncash prizes .			1,991	1,99
rect Expenses	3	Noncash prizes . Rent/facility costs .			1,991	1,99
Direct Expens				1,933		
Direct Expens	4	Rent/facility costs	Yes 9		1,991 X Yes 100 % No	
Direct Expens	4 5	Rent/facility costs Other direct expenses	No To	6 X Yes <u>100</u> %	X Yes100 %	1,93
Direct Expens	5	Rent/facility costs Other direct expenses Volunteer labor	ough 5 in column (d)	6 X Yes 100 % No	X Yes100 %	3,92
Direct	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thr	ough 5 in column (d)	% X Yes 100 % No	X Yes100 %	1,993 1,933 3,924 26,983
Direct	4 5 6 7 8 En ls i	Other direct expenses Volunteer labor Direct expense summary Add lines 2 thr Net gaming income summary. Subtract liter the state(s) in which the organization of the organization licensed to conduct gamin	ough 5 in column (d) ne 7 from line 1, column onducts gaming activities	No 100 % No	X Yes 100 % No	3,92
Direct	4 5 6 7 8 En ls i	Other direct expenses Volunteer labor Direct expense summary Add lines 2 thr Net gaming income summary. Subtract liter the state(s) in which the organization of the organization licensed to conduct gamin	ough 5 in column (d) ne 7 from line 1, column onducts gaming activities in each of the	No 100 % No	X Yes 100 % No	1,93 3,92 26,98

Sched	ule G (Form 990 or 990-EZ) 2018 AMVETS POST 11 "NEVER FORG 90-0121480		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	⊠ No
12 '	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_	
•	formed to administer charitable gaming?	Yes	⊠ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	100.00	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records		
	Name ▶ SEE ATTACHMENT #5		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	⊠ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 12,263 and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party		
	Name ▶ Address ▶		
16	Gaming manager information		
	Name ▶ SEE ATTACHMENT #6		
	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?	X Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	_	_
	spent in the organization's own exempt activities during the tax year ▶\$ 13,516		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	art III, lines	9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMVETS, POST 11 "NEVER FORGET"

Employer identification number

90-0121480

PART 1 LINE 8 - RENT INCOME

PAGE 1 LINE 10 - GRANTS AND DONATIONS TO COMMUNITY ORGANIZATIONS, AND NEEDY INDIVIDUALS

PART 1 LINE 20 - PRIOR PERIOD ADJUSTMENTS - CHANGE IN CURRENT LIABILITIES AND ROUNDING

PART 1 LINE 26 - ACCOUNTS PAYABLE, CREDIT CARDS AND CURRENT LIABILITIES