٠ _	Q	90	Return of Or	ganization E	Exempt	From I	Inco	me Tax		OMB No 1545-0047
			Under section 501(c), 527, or	r 4947(a)(1) of the In	ternal Reve	nue Code (e	except	private foun	dations	2019
	ev Janua		▶ Do not enter soci				-			'
		of the Treasury enue Service	► Go to www.irs.	.gov/Form990 for in	structions	and the late	est info	ormation.	ZDXI	Inspection
A	For th	e 2019 calen	dar year, or tax year beginnin	g Jul	1 , 20	19, and end	ding	Jui	301	, 20 2 0
8	Check	f applicable	C Name of organization AMVET	S DEPARTMENT	OF MIC	HIGAN			D Emplo	yer identification number
	Addres	s change	Doing business as						23-70)74249
] Name o	change	Number and street (or P O box	of mail is not delivered	to street addr	ess)	Room	•	•	none number
Ļ	Initial re		106 THORPE AVE.						(989)	821-1552
$\mathcal{V}_{ec{ec{ec{ec{ec{ec{ec{ec{ec{ec$		lurn/terminated ed return	City or town, state or province, ROSCOMMON, MI 48		eign postal co	ode 			G Gross	receipts \$ 128,106.
\mathcal{N}^{\square}	Applica	tion pending	F Name and address of principal of					=		or subordinates? Yes No
4-			BOB GREEN, 106 THO			, MI 48				es included? Yes No
Λ÷		empt status	501(c)(3) X 501(c) (19) ◄ (insert no)	4947(a)(1) or 1 527	7			st (see instructions)
$b \hat{\bar{r}}$		e: ► N/A	Corporation Trust Assoc	iation	- +	L Year of for				number ▶ 0838
	arti	Summa		iation Unter -	+	L Tear Of for	mation	1947	w State	of legal domicile MI
<i>/</i>)	1		cribe the organization's mis	sion or most signi	ficant activ	uties to aver	ט מעג בע	אביבר אסה האווידדו פעב	אנ כחק פרער	מבייות היפטאת אווי פונג אוויבטאו וויבטעו
بو (1 -	Briony doo	oneo mo organization o mio	idion of mode sign	mount doj.	THE TOTAL	105 110 5	MINOCAN THILITIES	11.0 101 1	העוכעו על העווס בווס יו פיע בגידורים
Sovernance										
$\mathcal{N}_{\bar{\mathbf{p}}}$	2	Check this	box ▶ ☐ if the organization	n discontinued its	operations	or dispose	ed of r	more than 2	5% of	its net assets.
\	З		voting members of the gov		-	•			3	16
∕`∞	4		independent voting member				lb) .		4	0
cfivities	5	Total numb	per of individuals employed	ın calendar year 2	019 (Part \	/, line 2a)			5	3
` `	6	Total numb	oer of volunteers (estimate i	f necessary)					6	100
⁄/≼	7a	Total unrel	ated business revenue from	Part VIII, column	(C), line 12	·			7a	6,757.
\sim	b	Net unrela	ted business taxable incom	e from Form 990-1	Γ, line 39	<u></u>	· · ·		7b	<u>6,757.</u>
							<u> </u>	Prior Year		Current Year
~ e	8		ons and grants (Part VIII, line				ļ	32,7	752.	36,180.
<u>)</u> §	9	-	ervice revenue (Part VIII, line				-	100,0)92.	91,926.
Revenue C	10		t income (Part VIII, column (<u> </u>		8.	
SC	11		nue (Part VIII, column (A), Iir							
\mathcal{C}^{-}	12		ue-add lines 8 through 11 ((A), line 12)		132,8	352.	128,106.
ANNET	13		d similar amounts paid (Part				-		-+	
<u>z</u> .	14 15		aid to or for members (Part l her compensation, employee			lines 5–10)		65	142	64 026
Se 🖳	16a		al fundraising fees (Part IX,					65,4	143.	64,926.
Expense	b		raising expenses (Part IX, co			0.				
. :	17		enses (Part IX, column (A), lu					66,4	169	107,027.
	18	•	nses. Add lines 13-17 (mus	•	•	ne 25)		131,9		171,953.
. 4	19	•	ess expenses. Subtract line	•					940.	-43,847.
p.	ę l				DEAL	11) (5-5-	Begi	nning of Currei		End of Year
Net Assets or	20	Total asset	s (Part X, line 16)		RECE	IVED.		104,3	334.	18,657.
—-₩.	21	Total liabili	ties (Part X, line 26)	x	inate to			4,5	574.	10,053.
2	22		ties (Part X, line 26) or fund balances. Subtract	line 21 from 😥 2	0 NU.V 1	6 2020	PI.	99,7	760.	8,604.
P	art II	Signatu	re Block				8			
Uı	nder pena	Ities of perjury,	I declare that I have examined this Declaration of preparer (other tha	return, including accor	0092	edules and st	atemen	ts, and to the b	est of m	ly knowledge and belief, it is
	Je, correc	t, and complete	Declaration of preparer (other tha	n officer) is bas ed on a	и инопиации	or-writeri brep	arennas	any knowledy	-	
Ç;	gn		- 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	,					
	_	1.7	ure of officer	all ?				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	~).	2020
П	ere		ZOGRAFOS, FINANCE r print name and title	OFFICER			_	117,	1-1	
_			preparer's name	Property constant			Date			N PTIN
	aid	Morrio	, ,	Preparer's signature	in re) CPA, I	MST		Check L	_ if PIIN loyed P00965246
	epare	;	CPA, PLLC					1		
Us	se Onl	y Firm's nam	ne ► NORRIS CPA, PL ress ► 28 S Washingto		Ovfor	d, MI 4	271			17-0272420 18)236-0754
M	v the II		his return with the preparer				<u> </u>		.5 124	X Ves No

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form **990** (2019)

REV 06/02/20 PRO

Form 99	Page 2
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: TO ENHANCE AND SAFEGUARD ENTITLEMENTS FOR AMERICAN VETERANS AND THEIR FAMILIES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ including grants of \$) (Revenue \$) PROGRAMS TO RAISE MONEY FOR ORGANIZATION
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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	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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	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		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	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	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^
c	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?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
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		×
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	[7 65	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		×

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	<u> </u>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		必要在	18.00g
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			養養
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	- Sendania S
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	35 % S		440
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	كتشبك كالمناء
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	×	\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		 ^	
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶	5.38	2320	Air
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	A A A A A A A A A A A A A A A A A A A	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Orgánizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	366	1000	W. W.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 1		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	03.38z	* 20/5-01
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			442 22
	sponsoring organization have excess business holdings at any time during the year?	8	www.com	Michiel .
9	Sponsoring organizations maintaining donor advised funds.			Pavas
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	Cart.	Care
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		医	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	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	<u> </u>	المستناسية
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	表/数		*************
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	ACC. CALLACT	nes junguan rua
_	Note: See the instructions for additional information the organization must report on Schedule O.	(1) No.	\$1844	
b	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		70° 30°	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	100		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes " complete Form 4720. Schedule O		OP SM	4314111

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	
Secti	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 16	7 8 45 75 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	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 on Schedule O.		1000 X	
b	Enter the number of voting members included on line 1a, above, who are independent			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1		<u> </u>
ra	one or more members of the governing body?	7a		×
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	23/8/36	X (7 Signalar 6
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а	the year by the following. The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u>Cooti</u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_ <u>×</u> _
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	***************************************	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	16. %.c	Section	<u>TM</u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>×</u> _
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100		
12	describe in Schedule O how this was done	12c	_	×
13 14	Did the organization have a written document retention and destruction policy?	14	-	×
15	Did the process for determining compensation of the following persons include a review and approval by		(1994)	S 30
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	8601.7 No. 1	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	#13 X 18.		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cc -+:	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Upon request Other (explain on Schedule O)	⊦ (Sec	tion 5	(C) TU
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est n	olicy
	and financial statements available to the public during the tax year.			oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	oras		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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. See instructions for the order in which to list the persons above.

Officer this box in fletther the organization no	ally relate	l	ailiz		C)	ompe	1130	/		trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office lndividua	unles er an	Pos neck	mor erson	e tha both Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHARLES PETCH	16.00	-	_		╁╌		├			
COMMANDER	1	1		×				0.	0.	0.
(2) RICHARD DEVOE VICE COMMANDER	8.00			×				0.	0.	0.
(3) ROBERT WISNIEWSKI VICE COMMANDER	8.00			×				0.	0.	0.
(4) BARRY ABSHIRE VICE COMMANDER	8.00			×				0.	0.	0.
(5) TOM ZAGROFOS FINANCE	8.00			×				0.	0.	0.
(6)								1		
(7)										
(8)		-						,		```
(9)										
(10)										-
(11)										
(12)										
(13)			-							
(14)									_	

Parameter Par	s (continued
Name and title	(E)
Nours Perweek Perwe	(F) timated amount
Per week Gist any Gist any Per week	of other
Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such person that received more than compensation from the organization or Report to Compensation from the organization or the calendar year ending with or within the organization from the organization. Report compensated independent contractors that received more than compensation from the organization. Report compensated independent contractors that received more than compensation from the organization. Report compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the organization from the organization. Report compensation for the calendar year ending with or within the organization compensation from the organization. Report compensation for the calendar year ending with or within the organization (A) (A)	compensation
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(21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 7 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than compensation from the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization.	_
(22) (23) (24) (25) 1b Subtotal	
(23) (24) (25) 1b Subtotal	
(24) 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A)	
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1b Subtotal	
1b Subtotal	
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	
d Total (add lines 1b and 1c)	0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	
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 employee on line 1a? If "Yes," complete Schedule J for such individual	Yes No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than compensation from the organization. Report compensation for the calendar year ending with or within the organization.	3 ×
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<u> </u>
for services rendered to the organization? If "Yes," complete Schedule J for such person	4 ×
Complete this table for your five highest compensated independent contractors that received more than compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B)	5 ×
compensation from the organization. Report compensation for the calendar year ending with or within the organization (A)	
Name and business address Description of services Comp	(C) pensation
2 Total number of independent contractors (including but not limited to those listed above) who	

Par	t VIII	Statement of Re Check if Schedule			esnor	ise or note to a	ny line in this F	Part VIII		·
		:	0 00		<u> </u>	ico or rioto to d	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants llar Amounts	1a b c d	Fundraising events Related organizatio	 ns .		1a 1b 1c 1d	36,180.				
Contributions, Gifts, Grants and Other Similar Amouกts	e f g		ns, gi ot incl ons in	fts, grants, uded above icluded in 		\$			gradien Vereignes Springer Springer Springer	
Program Service C Revenue	2a	PKOGRAMS ADVERTISING	-1f .			Business Code 531110 541800	36,180 85,169 6,757		0. 6,757.	0.
Prog	f g	All other program se Total. Add lines 2a-	-2f .	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		91,926	(Thirting Grand Transport	man in the month of the control of t	Minima Winner Minima
	3 4 5	Investment income other similar amoun Income from investrict Royalties	its) .		npt bo	•	9			
Revenue	6a b c d 7a	Gross rents Less rental expenses Rental income or (loss) Net rental income o Gross amount from sales of assets	- 6c			(ii) Other			Control of the Contro	The state of the s
	b c d	other than inventory Less cost or other basis and sales expenses Gain or (loss) . Net gain or (loss)	7a 7b 7c							
Other Re		Gross income froi events (not including of contributions rep 1c). See Part IV, line	\$ ported 18	d on line	8a 8b			and the second s	and the state of t	Secretary of the secret
` '	9a -	Less: direct expense Net income or (loss) Gross income f activities. See Part I' Less: direct expense	from rom V, line	fundraisin gaming e 19 . 	g eve					
		Net income or (loss) Gross sales of in returns and allowand Less: cost of goods Net income or (loss)	ivento ces sold	ory, less	10a 10b		panget provides the manner	profit Memini, Tipunda, C	ang gamata Timong Musulla	all off, molarity, family accommon
Miscellaneous Revenue	11a b c	•				Business Code			72.00	
		Total. Add lines 11a Total revenue. See	_		•	<u>P</u>	128,106.	85,169.	6,757.	0.

	t IX: Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	e in this Part IX . (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		1 187 m		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		- ' +		
5	Benefits paid to or for members		. •		
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	59,848.	<u> </u>	59,848.	` 0.
8,	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	\$	•	` ;
9 10	Other employee benefits	5;078.	0.	5,078.	, 0.
11 a	Fees for services (nonemployees): Management	•			,
b	Legal	 .		 	
c d	Accounting	1,111.	0.	1,111.	<u> </u>
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		\$,		
12	Advertising and promotion	. 293.	0.	293.	0.
13	Office expenses	26,263.	;	26,263.	
14	Information technology				
15	Royalties				
16	Occupancy	653.	· • 0.	653.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	5,730.	_ 0.	5,730.	0.
20	Interest	3,421.	0.	3,421.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .		<u> </u>		
23 -	'Insurance	13,765.	£ 0.	13,765.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If	Mar. (1981) (1981) (1981)	nga na muya mu		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	7. No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10			
· a	DUES, FEES, MEMBERSHIPS	716.	0.	716.	0.
b	UTILITIES & TELEPHONE	19,874. 701.	0.	19,874. 701.	0.
c d	PROGRAMS REPAIRS & MAINTENANCE	31,377.	0.	31,377.	0.
e	All other expenses	3,123.	0.	3,123.	. 0.
25	Total functional expenses. Add lines 1 through 24e	171,953.	0.	171,953.	0.
26	Joint costs. Complete this line only if the		3		.
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		'9	•-	

F	art X	•				
		Check if Schedule O contains a response or note to any line in the	his Pa	1	· ·	
		*		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		52,282.	1	8,135.
	2	Savings and temporary cash investments		52,052.	2	10,522.
	3	Pledges and grants receivable, net		,	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, directrustee, key employee, creator or founder, substantial contributor, or 3 controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defunder section 4958(f)(1)), and persons described in section 4958(c)(3)(6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a				
	ь	Less: accumulated depreciation 10b		9	10c	2000-00-00-00-00-00-00-00-00-00-00-00-00
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		104,334.	16	18,657.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	Loans and other payables to any current or former officer, direct trustee, key employee, creator or founder, substantial contributor, or 3 controlled entity or family member of any of these persons			22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties		4,574.	24	10,053.
	25	Other liabilities (including federal income tax, payables to related t parties, and other liabilities not included on lines 17–24). Complete Pa of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		4,574.	26	10,053.
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	•			
ala	27	Net assets without donor restrictions			27	
J.B.	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		99,760.	31	8,604.
*	32	Total net assets or fund balances		99,760.	32	8,604.
ž	33	Total liabilities and net assets/fund balances		104,334.	33	18,657.

Parl	Reconciliation of Net Assets							
	^f Check if Schedule O contains a response or note to any line in this Part XI		. 🗆					
1	Total revenue (must equal Part VIII, column (A), line 12)	128	3,106.					
2	Total expenses (must equal Part IX, column (A), line 25)	171	,953.					
3	Revenue less expenses. Subtract line 2 from line 1	-43	8,847.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	55	,913.					
Part	XII Financial Statements and Reporting		_					
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	<u> </u>					
		Y	es 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.		20 2023					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X 33 87 37					
	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.							
_	Separate basis Consolidated basis Both consolidated and separate basis	2b	2 2 3 3 3 3 3 3 3 3					
b		20 V8.2 %	SEE 52. 87.					
	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:	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Separate basis Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	منسيد بشنائه المستد	التكنية لاتن					
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on	N GO VE	R 654					
	Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Marinett 188	minite on Library					
ч а	Single Audit Act and OMB Circular A-133?	3a	×					
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 on Schedule O and describe any steps taken to undergo such audits.	3b						
	REV 06/02/20 PRO	Form 9	90 (2019)					

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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	•	Employer identification number
AMVETS DEPARTMENT OF MICHIGAN		23-7074249
Pt VI, Line 11b: ORGANIZATION'S PROCESS TO REVIEW FO	ORM 990	
Pt VI, Line 11b: NO REVIEW HAS OR WILL BE CONDUCTED		
Pt VI, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLA	NOITANA	
Pt VI, Line 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC	3	
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