Form	99	990 Return of Organization Exempt From Income Tax							OMB No 15			
*			Under section 50	1(c), 527, or 49	47(a)(1) of the In	ternal Revenue	Code (ex	cept priva	te fou	ndations	J ZW.	16
Dana	tmont of	f the Transum:	(security number						Open to	Public
Intern	al Reven	f the Treasury nue Service	▶ Infor	nation about F	orm 990 and its	instructions is	at www.ii	rs.gov/for	m990.		Inspec	ction
A	or the	2016 calen	dar year, or tax ye		JULY		, and end		- 4	: 30	,20 /フ	
В	Check If	applicable C	Name of organization	MERK	AN VETER	RANS OF	WORLD	WARZ	7	, ,	er identification	
	Address	change	Doing business as	BMERICA	N VETER	ANS OF U	ary	WAR I		 _	-0768	998
	Name ch	hange	Number and street (or PO box if mail	is not delivered to	street address)	Room/s	suite	f	ETelephon	e number	
	nıtıal ret	turn	14/5	NE	RILI	U115			_			
	ınal retu	m/terminated	City or town, state of	r province, countr	<u>```</u>	n postal code	7 /		ı			
_		ed return	MANUE	162/6/	2-/90.	0300	7/	-		Gross re		
□.	Applicat	ion pending F	Name and address		CON A		TRES9/		-	•	ubordinates? 🔲 \Upsilon e	
			1475 DIE			N CHESTE		H(b) A			included? [] Ye	
		mpt status	<u></u> 501(c)(3)	501(c) ((insert no) 4947(a)(1) or	r L 527					10115) 144
	Nebsite	organization	Corporation Tru	st Association	on Other ▶		ear of form		aroup e		number > 7	MI
_	rt I	Summa		StASSOCIATE	on Other P		ear or lonn	ation		W State	or legal domicile	170
L C	1		cribe the organia	ration's mission	n or most sign	ificant activitie	is	72	46	LP	 	
يو	•	INFI	FMANG	AMO	THEIR	54 M		<u> </u>			e	
anc		.W.Laf.		e Je XIII			1.41.	·				
Activities & Governance	2	Check this	s box ▶ ☐ if the	organization d	scontinued its	operations or	disposed	of more	than 2	25% of I	ts net assets	
Ŏ.	3		f voting member							3	14	
8	4		f independent vo	_		-	VI, line 1b	o)		4	14	
ies	5		ber of individuals	-	_					5	0	
tivit	6		ber of volunteers		-					6	250	2
Ac	7a	Total unre	lated business re	venue from P	art VIII, column	(C), line 12				7a	0	
	b	Net unrela	ted business tax	able income f	rom <u>Form</u> 990-	T, line 34 .				7b		
								Pr	ıor Yea	r	Current	Year
o.	8	Contribution	ons and grants (I	Part VIII, line 1	h)			776	0.	00	759	2,00
nua	9	Program s	service revenue (l	Part VIII, line 2	g)							
Revenue	10		it income (Part V					22	<u>8.</u>	9/	32/	101
и,	11	Other reve	enue (Part VIII, co	olumn (A), lines	5, 6d, 8c, 9c,	10c, and 11e)		4915	<u> </u>	86	<u> 30073</u>	104
	12		nue-add lines 8				line 12)	5715	11/	ZZ	<i>37986</i>	.05
	13		d sımılar amount					ļ				
	14		aid to or for men								- 255	
nses	15		ther compensatio		*	• •	es 5–10)	93	44.	00	8392	100
eus	16a		nal fundraising fe			11e)		ļ				
Expe	b		raising expenses			/ED			<i>//=</i>		30/	
-	17		enses (Part IX, c			27e)		5/2	<u>72.</u>	28	<u> </u>	107
	18		enses. Add lines				25) •	605	<u>7/</u>	22	7/778	109
	19	Revenue I	ess expenses S	ا العالمان ubtract	trom liney 22		· · - <	377	5.	8/	(396 ₀	1.04
Net Assets or Fund Balances	00	Total	de /Dent V III - 4	1-1		THS	•	Beginning	77/	200	End of Y	20 2
Sse	20		ts (Part X, line 16	· •	OGDEN	HT 1		104	2/2	77ء	16222	10,0
Vet A	21		ities (Part X, line		OCIETE!	20		12 22	37/	20	112 12	20
	22		or fund balance	s. Subtract lin	e 21 from line	20		10%	15	.27	16453	0.3
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-			9-10	7 1	to a ma					<u>, , , , , , , , , , , , , , , , , , , </u>	1-201	7
Sig	n	Signal	ture of officer	A. W	ewii)				Date		CACI	

Here Print/Type preparer's name Preparer's signature Date Check I if self-employed Paid **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address
May the IRS discuss this return with the preparer shown above? (see instructions) Phone no 🗌 Yes 🗌 No Form **990** (2016) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

orm 990		Page 2
Part I		-
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
		,
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☐ Yes ☑ No
	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?	☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	
	the total expenses, and revenue, if any, for each program service reported.	ations to others,
	the total expenses, and revenue, if any, for each program estimes repensed.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	GRAINTS AND DONATIONS ARE MADE	,
	THROUGHOUT THE YEAR TO VARIOU	3
		-
	NEEDY GROUPS INDIVIDUALS.	·
		·
4b	(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 \$)	
	Total program service expenses ▶	

Part	V Checklist of Required Schedules		177	T 51-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		Ž
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_		\succeq
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_		X
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		X
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
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 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, VIII, IX, or X as applicable.	•	104	100
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	25	X
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		X
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		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		$\stackrel{>}{\times}$
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\approx
14 a		14a		X
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		X
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		X
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		X
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		X
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		X
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		X
		For	n 990	(201

محسر	Checklist of Required Schedules (continued)	- 1		
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		()
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		\triangle
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	Ì	X
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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, 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 "Yes," complete Schedule L, Part II	26		X
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 any of these persons? If "Yes," complete Schedule L, Part III	27	(X
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)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	•	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		\bigvee
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			X
38	Part VI	37		

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	j		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
	reportable gaming (gambling) winnings to prize winners?	1c		
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 2		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	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		\times
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			\setminus
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			X
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶			
	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		>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\succ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	L,	
6a`	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization 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).			
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		\times
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		'	N/
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	\geq
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		$\boldsymbol{\times}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u></u> .
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			
11 .	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	ŀ
	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>	
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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans]		ł
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		\bowtie
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, management, and Disclosure For each "Yes response to lines 2 through 76 below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	iee iiis	ucu	ons.
Section	on A. Governing Body and Management		•	
Secur	MI 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 /4			
	If there are material differences in voting rights among members of the governing body, or	1		
	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	_		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		X
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		X
	· · · · · · · · · · · · · · · · · · ·			
4 5	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		\bigcirc
6	Did the organization become aware during the year of a significant diversion of the organization is assets:	6		
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]	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		V	
	stockholders, or persons other than the governing body?	7b 4	Δ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-		
а	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 the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O.</i>	9		ΙX
Conti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	_	oda i	
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a_		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>_</u>	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	\times	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		7	, ₹
16a	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	100		
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		7	
	organization's exempt status with respect to such arrangements?	16b	-	İ
Secti	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 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501((c)(3)s	only
	☐ 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 in	terest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	PONALD E. STREAM-1475 DIETRICH DAKS -		- 001	10010
/	MANCHESTER-MO. 63021.	Fort	n 99 0	(2016

Form 990 (2016)

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

compensated employees; and former such persons.

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 List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one Name and Title Reportable Reportable Estimated Average box, unless person is both an compensation compensation from hours per amount of officer and a director/trustee) eek (list any related from other employee hours for nstitutional trustee Key employee the organizations compensation ighest compensated related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC organization below dotted and related l trustee organizations 20 3600,00 0 0 10 0 0 0 0 0 (6) (7) (9) (10) (13)

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bot officer and a director/trus				ıs both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation f related		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		n d
(15)												
(16) .												
(17)						-						
(18)												
(19)												
(20)								-				
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total	· · · · · · · · · · · · · · · · · · ·	on A	•	· ·			>	0	0	3600 3600	.ac
d	Total (add lines 1b and 1c)							▶	who received m	ore than \$10		.00
	reportable compensation from the organ						2/1				Yes	No
3	Did the organization list any former or employee on line 1a? If "Yes," complete							emį	ployee, or high 	nest compen	sated 3	×
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	con ,000	npe D? <i>I</i>	nsatio If "Ye	on a es,"	and other complete Sch	pensation from the second seco	such 4	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe c <i>omp</i>	nsa lete	tion Sci	fro hed	m any ule J	y ur for	nrelated organi such person	zatıon or indi	vidual	
Section	on B. Independent Contractors									-		
1	Complete this table for your five highest compensation from the organization Re year											tax
_	(A) Name and business add	dress							(B) Description of s	services	(C) Compensation	
2	Total number of independent contract received more than \$100,000 of compensations.							o ti	hose listed ab			
											Form 99	0 (201)

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Part	VIII	Statement of Revenue			a any lina in thia	Port VIII		
	,	Check if Schedule O con	ntains a res	porise or note i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns .	. 1a					
iran oun	ь	Membership dues		7592.00	1			-
S, G	С	Fundraising events .	1c]			'
ar,	d	Related organizations .	. 1d		}			
ω, E.	е	Government grants (contribu	utions) 1e		}			١
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, and similar amounts not included	d above 1f	30073.04				- !
ontr od C	g	Noncash contributions included in	n lines 1a-1f \$					
	h	Total. Add lines 1a-1f	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> • </u>	37665.04			
Program Service Revenue	<u> </u>			Business Code		~		
eve	2a					 		
e œ	b			}				
Š	C			 	 			
Sel	ď			f	 			
E.	e			<u> </u>			ļ	
60.	f	All other program service	revenue.		<u> </u>		<u> </u>	
<u> </u>	9	Total. Add lines 2a-2f .	 .	<u> </u>			,	
	3	Investment income (inc		_	221 01			
		and other similar amount		•	321.01			
	4	Income from investment of		ond proceeds ►	ļ			
	5	Royalties		<u>, , , ▶</u>				
)	<u></u>	(ı) Real	(ii) Personal	<u> </u>			.(U →
}	6a	Gross rents]		i	in
	b	Less rental expenses		L	[[ĺ	<u>.</u> '
	C	Rental income or (loss)		<u> </u>	1 1			-
	d	Net rental income or (loss		<u> ▶</u>				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				1
•	Ь	Less cost or other basis and sales expenses					ş ,	* 1
	С	Gain or (loss) .]			· * * *
	d	Net gain or (loss)		>]			
enue	8a	Gross income from fundrevents (not including \$	aising					Harris 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19
Other Reve		of contributions reported o	on line 1c)	{				,
Ě	ь	Less. direct expenses	b		1 1			
J	1	Net income or (loss) from			1 1			
		Gross income from gamin See Part IV, line 19	ng activities.					***** · ·
	b	Less: direct expenses . Net income or (loss) from						
		Gross sales of inventering and allowances	itory, less					
	L	Less. cost of goods sold	· a		1 1		,	7,
	b	Net income or (loss) from			-	-		- 4:
	_ <u>c</u>	Miscellaneous Rever		Business Code	 			
	11a			20311633 0006	 	- —		· · · · · · · · · · · · · · · · · · ·
	1			}	 			
	b				 			
	C	All other revenue			 			
	d	All other revenue			 		 	
	12	Total. Add lines 11a-11d			2790/			
	12	Total revenue. See instr	ucuons	<u> P</u>	2/700.0		<u> </u>	5. 000 %
								Form 990 (2016)

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	n 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. A	ll other organizatio	ns must complete c	olumn (A).
	Check if Schedule O contains a respon				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(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				
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				27
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8392.00			
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 8	Other salaries and wages				
9 10	Other employee benefits				
11 a b	Fees for services (non-employees) Management				
c d	Accounting				
e f	Professional fundraising services See Part IV, line 17 Investment management fees			I HAVE	ENCLOSED
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				SE YEAR
12	Advertising and promotion	0/22 30		TO DATE	FINANCIAL
13	Office expenses	3623.22		STATEME	NT THAT
14 .	Information technology			BREAKS	DOWN ALL
15	Royalties				XPENDITURE
16	Occupancy				EPARATE
17 18	Travel			CATOO	FORIES
19 20	Conferences, conventions, and meetings . Interest	9839.53			
21	Payments to affiliates	3680.00			
22	Depreciation, depletion, and amortization .		-· ·		
23	Insurance				
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 b					
C				 	ļ
d	A			 	
е	All other expenses	1110110		-	
25	Total functional expenses. Add lines 1 through 24e	41948.09			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

FED-I.D. 43-0768998

كتاب	art A_	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	9293.3/	1	5231, 27
	2	Savings and temporary cash investments	153082.08	2	157199.57
-	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
ı		trustees, key employees, and highest compensated employees			V.
		Complete Part II of Schedule L		5	
	6	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			
ţ		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	. 9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			1, 4, 2
		other basis. Complete Part VI of Schedule D 10a			- A 4
	ь	Less accumulated depreciation 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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	162375.39	16	162530.8
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and	_		1
ap		disqualified persons. Complete Part II of Schedule L		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0.5	
				25	
	26	Total liabilities. Add lines 17 through 25		26	
ces	,	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	4." (} 2 mg/	**** *	THE STREET
<u>a</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
덜	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		•	, 19 (18)
ts	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ē	33	Total net assets or fund balances	162375,39	33	162530.84
		Total liabilities and net assets/fund balances	162375,39	34	

Form 99	90 (2016)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	37	98	76.	05
2	Total expenses (must equal Part IX, column (A), line 25)	41	<u>94</u>	8	09
3	Revenue less expenses Subtract line 2 from line 1	39	16	2.	04
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	76	23	75	-3
5	Net unrealized gains (losses) on investments	4	ZZ:	7	49
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	<u> </u>			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	مر		-	_
	33, column (B))	16	25	2	7/
Part	XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u>.</u> .	
		-		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	ın			
	Schedule O	1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		$\boldsymbol{\times}$
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			i
	reviewed on a separate basis, consolidated basis, or both:	}			1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	مرسد
b	Were the organization's financial statements audited by an independent accountant?		2b		\geq
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	. а			Ì
	separate basis, consolidated basis, or both:				
•	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig				
	of 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	ın			* .
	Schedule O.				لنن
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ın		i	
	the 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 in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	موو	(2016)

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AMERICAN VETERANS OF WORLD WAR II	Employer identification number 43-0768998
PART VI	
11-B: THE FINANCE COMMITTEE OF	- THE
DEPORTMENT REVIEWS THE	•
IT IS COMPLETED. IF TH	
SATISFIED WITH IT'S A	•
IS THEN SENT TO THE Z	_
19: ALL OF THE ORGANIZATIO	DN'S
GOVERNING DOCUMENTS, CO	ONFLKT OF
INTEREST POLICY AND FI	
STATEMENTS ARE AVAILABL	E FOR
INSPECTION AT THE CREAT	NIZATION'S
HEADQUARTERS DURING RE	GULAR
BUSINESS HOURS.	