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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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

Dep	artment o	f the Treasury		social security numbers of		-	<i>ዝ//</i>	Open to Public
Inter	nal Rever	nue Service		w.lrs.gov/Form990 for instru			צערן	Inspection
<u>A</u>	For the	2018 calend	dar year, or tax year beg			iding JUNE		, 20/9
В	Check if	f applicable C	Name of organization	<u> JERICAN VETERA</u>	NS OF WOR	LD WAR ZI	D Employe	r identification number
	Address	change		OOX If mail is not delivered to street		<i>MAL II</i> n/suite	43-	0188998
	E Telephone							
	Initial ref	turn	1475 018	TRICH DAKE	<u> </u>		314-	779-6210
	Final retu	ım/terminated	City or town, state or province	ce, country, and ZIP or foreign po	stal code		•	
	Amende	d return	MANCHEST	FR -MO. 6300	₹/		G Gross rec	ceipts \$
	Applicat	tion pending F	Name and address of princip	val officer DONALD L	- STREAM	H(a) Is this a gr	oup return for su	bordinates? Yes No
			475 DIETRICH	OAKS-MANCHE	STER-630	ス/ H(b) Are all s	subordinates	included? Yes No
ī	Tax-exe	mpt status		501(c) (19) ◀ (insert no.)		~		list (see instructions)
J	Website	e: ▶			†	רדי	exemption n	number > 9506
ĸ	Form of	organization [Corporation Trust	Association ☐ Other ►	L Year of for	mation:	M State c	of legal domicile.
. P	art I	Summa	ry					
70	1	Briefly des	cribe the organization's	s mission or most significa	nt activities:	TO HE	LP	
	1		ERANS AS		FAMILIES		F	
Governance	1		at sittie U.X. at i	18. A		(0,0)	```	
⊬ E	2	Check this	box ▶☐ if the organiz	ation discontinued its ope	rations or dispose	d of more than	25% of it	s net assets.
Š	3				//CN		<i>````</i> ≥ 1 (<i>```</i>)	14
	4	Number of	independent voting me	embers of the governing b	odvePart VI. Jine	1b) 1 2010	19	14
Activities &	5	Total numb	per of individuals emplo	e governing body (Part VI, embers of the governing b oved in calendar vear 2018	(Park V. tine 2a) 3			
. ig	6		per of volunteers (estim	,	1. 2. 1 VA	RUTT	6	250
Ş	7a			from Part VIII, column (C),	line 12 (6)	CELL	7a	200
	b			come from Form 990-T, li	ne 38	OGDEN D	7b	<u> </u>
. —	5	IVEL UTILETA	ted business taxable in	come nom rom 330 r, iii		Prior Ye		Current Year
t	8	Contributio	ons and grants (Part VII	l line 1h)		8803		8447.00
ne Ine	9		ervice revenue (Part VII			0000	100	0777100
Revenue	10	_	-	mn (A), lines 3, 4, and 7d)		174,	23	272,23
æ	11		•	A), lines 5, 6d, 8c, 9c, 10c				
	12					30762		28499.00
				h 11 (must equal Part VIII, o		39739	-37	37218,23
	13		· · · · · · · · · · · · · · · · · · ·	(Part IX, column (A), lines	1-0)			
	14	•	-	Part IX, column (A), line 4)		0/0/		1201 11
ses	15	•		loyee benefits (Part IX, colu	• •	8696	,00	8396.00
eï	16a		-	t IX, column (A), line 11e)				
Expenses	b		- · ·	X, column (D), line 25) ►		26050	211	2/000
_	17	•	•	(A), lines 11a-11d, 11f-24e		36059		<u> 26889, 14</u> 35385-14
	18	•		(must equal Part IX, colum		44755	*********	25 402.77
	19	Hevenue is	ess expenses. Subtract	line 18 from line 12		5016 - 3 Beginning of Cu	5.5)	1933 - 09 End of Year
3 or						<u> </u>	+	
Sset	20		ts (Part X, line 16) .			133 185	5.19	158286.03
Net Assets	21		ties (Part X, line 26)			15550		100001 17
				tract line 21 from line 20	· · · · ·	155785	5.19	<u> 158286.03</u>
	art li	 	re Block		<u>.</u>			
				ed this return, including accompa her than officer) is based on all inf				y knowledge and belief, it is
		2	Tonold 2.	Stream		F	-EBRUI	ARY 13, 2020
Sig	gn	Signat	ure of officer			Đa	te	
He	ere	1 170	DNALD L.	STREAM	F	INANCE	OF	FICER
		Type o	or print name and title					
D-	aid	Print/Type	preparer's name	Preparer's signature		Date	Check	PTIN
	nu epare	ar]		1	self-empl	
FI	Chair	51 						

Firm's EIN ▶

Yes No Form **990** (2018)

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name ▶

Firm's address ▶

Use Only

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					~	
tc.	(Code:) (Expe	nses \$	including grants of	of \$) (Revenue \$	<u> </u>
	(0000)		interesting granter		/ ('
4d	Other program services (
	(Expenses \$	including grants of	\$) (Revenue \$	<u> </u>	
4e _	Total program service ex	penses ► D				
						Form 990 (2018)



Part IV Checklist of Required Schedules

			Yes	No
r	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	res	$\overset{\mathbf{\tilde{x}}}{\nabla}$
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		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, 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		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
C	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 167 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		\overline{X}
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	区
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		X
12a	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$ \gtrless$
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	S. V.P.		990	(2018)

Part i	V 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		Д
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\times
25 a	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, 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	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		X
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		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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	×
	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? If "Yes," complete Schedule R, Part V, line 2	36	ļ	
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		X
38 Bost	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. V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Part	Check if Schedule O contains a response or note to any line in this Part V			. 🗇
	Chock is conceded to contain a respectice of flate to any into in the fact of the first of the f	<u> </u>	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. 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		
		For	m 99 0	(2018)

Part ^e	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7	N.	7.7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	ļ <u></u>	17	~ 2.7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	<u>i` </u>	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	 	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30	 	\
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Ì	lΧ
b	If "Yes," enter the name of the foreign country:	1 - 1	, ,	<u> </u>
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	lί.). 	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	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			
	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	1	ł	
_	gifts were not tax deductible?	6b		ļ.,
7	Organizations that may receive deductible contributions under section 170(c).	, .	1.3	er.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	<u> </u>	
b	and services provided to the payor?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<u> </u>	トフ
Ŭ	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	; — <u>, -</u> ; -	["	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f		X
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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		لننا
	sponsoring organization have excess business holdings at any time during the year?	8	7 -	; 7 A
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	لتنا	التنبا
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	\vdash
10	Section 501(c)(7) organizations. Enter:	1,0		7.
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ. ,	[(i.,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b],	, ₁	[-]
11	Section 501(c)(12) organizations. Enter:] - u .	300	8 4
а	Gross income from members or shareholders	اغويا	, 1	-
b	Gross income from other sources (Do not net amounts due or paid to other sources	,	ļ, .`	
10-	against amounts due or received from them.)	100	ļ	ļrd
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	<u> </u>	त्त्रच
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	,	الد العا
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	***
	Note. See the instructions for additional information the organization must report on Schedule O.	[7]	(F
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	الري	1	200
С	Enter the amount of reserves on hand	1		أوأنا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	\succeq
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	
	If "Yes," complete Form 4720, Schedule O.		<u> </u>	
		For	n 990	(2018)

Form 99	90 (2018)		Page	6
Part		•		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scho	edule O. See	instructions.	
<u>, </u>	Check if Schedule O contains a response or note to any line in this Part VI		🗷	Y
Secti	on A. Governing Body and Management			_
40	Enter the number of voting members of the governing body at the end of the tax year 1a	14	Yes No	7
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		I
	if the governing body delegated broad authority to an executive committee or similar	13	, l' 🗼 .	1
	committee, explain in Schedule O.			ı
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	7	Ŀ
	any other officer, director, trustee, or key employee?		2 ×	> >
3	Did the organization delegate control over management duties customarily performed by or under the			
	supervision of officers, directors, or trustees, or key employees to a management company or other person		3	>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4 8	>
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5 6	_
6	Did the organization have members or stockholders?	· · ·	<u>, K</u>	-
7a	one or more members of the governing body?	7	'a X	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) m stockholders, or persons other than the governing body?		/b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during		1
	the year by the following:	<u>ٿ</u>		j
a	The governing body?		Ba Bb	_
ь 9	Each committee with authority to act on behalf of the governing body?		**************************************	1
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		XIIe	
Secti	on B. Policies (This Section B requests information about policies not required by the Intern		Code.)	4
			Yes No	_
10a	Did the organization have local chapters, branches, or affiliates?	ļ	0a X	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such c			
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purportions that the organization provided a complete copy of this Form 990 to all members of its governing body before filing to		0b / \ 1a / \	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Ì
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1;	2a	4
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts? 12	2b 🔀	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"		_
	describe in Schedule O how this was done	<u> 1</u> 2	2c	_
13	Did the organization have a written whistleblower policy?		3	_
14	Did the organization have a written document retention and destruction policy?	-	4	7
15	Did the process for determining compensation of the following persons include a review and app independent persons, comparability data, and contemporaneous substantiation of the deliberation and d			
a	The organization's CEO, Executive Director, or top management official		5a	_
b	Other officers or key employees of the organization	· · · 15	5b	7
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar with a taxable entity during the year?	16	6a 🔀	,] ==
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	juard the 🔼		
	organization's exempt status with respect to such arrangements?	16	6b	_
	on C. Disclosure			_
17	List the states with which a copy of this Form 990 is required to be filed			. <u>.</u> .
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule Companies).	•	section 501(d	;)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, corfinancial statements available to the public during the tax year.			d
20 	State the name, address, and telephone number of the person who possesses the organization's book on the company of the person who possesses the organization's book of the person of the person who possesses the organization of the person of the p			

								0
Part [®] VII	Compensation of	Officers, Directors,	, Trustees, Key	Employees,	Highest Co	mpensated E	mployees,	and
-	Independent Con	tractors						

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.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unies	Pos leck is pe	rson irect	h is of employee	ee)	(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) POUG JOHNSON COMMAN DER	20			X		<u>a</u>		0	0	3600.00
COMMANDER (2) LARRY WILLIAMS 15T VIEE	10			X				0	0	3600.00
(3) JACK DOWNS	5			X			·	0	0.	0
(4) PONDUD L. STREAM FINANCE OFFICER	10			X				0	0	0
(5)										
(6)										
(7)								,		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (contin	ued)	
`	(A) Name and title	(B) Average hours per week (list any	officer and a director/trustee) compensation compensation			(E) Reportab compensatior related	on from am		F) nated unt of ner				
		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)	organizatio (W-2/1099-M	ons	compe fron organ and re	nsation isthe ization elated zations
(15)							_						
(16)				-									
(17)								-					
(18)			_					-					
(19)				_				-					
(20)				_	 			_					
(21)					-			\vdash					
(22)					_			_					
				_				-					
(23)			ļ <u>-</u>							:			
(24)													
(25)							1 -						
1b c d	Sub-total	VII, Sectio		•				>	0	0		3600	0,00
2	Total number of individuals (including bur reportable compensation from the organi	t not limited	to th	ose	list	ed	above V <i>E</i>	e) w	ho received m	ore than \$1	00,00	0 of	
3	Did the organization list any former of	•	tor, c	or tr				emp	oloyee, or high	est compe	nsate	d T	Yes No
4	employee on line 1a? If "Yes," complete for any individual listed on line 1a, is the							-	nd other comr			3	
•	organization and related organizations individual	greater th	an \$1	150,	,000	? /	f "Ye	s, "	complete Sch				
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	un (related organiz			al 5	
Section	on B. Independent Contractors		,5.						, a o				
1	Complete this table for your five highest compensation from the organization. Re year.												n's tax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensa	ition
								-					
								-					
							:				***********		
2	Total number of independent contractor received more than \$100,000 of compens									ove) who			Part of B

Part	VIII	Statement of Revenue	A. A	D-41/00		_
(-	<u></u>	Check if Schedule O contains a response or no	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
च क	1a	Federated campaigns 1a				
ira Du	b	Membership dues 1b 8447	00	l	1	
S, G	C	Fundraising events 1c				
a it	d	Related organizations 1d				{
iE.	е	Government grants (contributions) 1e				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 11 28499.2	00			
들입	g	Noncash contributions included in lines 1a-1f: \$				ļ
<u>පි පි</u>	h	Total. Add lines 1a-1f	▶ 36946.00	<u> </u>		
Ē		Business Co	de	· 		<u> </u>
Program Service Revenue	2a					
a a	b					
ا څ	C					
Š	d					<u> </u>
E I	е				ļ	
ğ	f	All other program service revenue .				<u> </u>
<u>-</u>	9_	Total. Add lines 2a–2f	<u> </u>		- 	
İ	3	Investment Income (including dividends, intere				
		and other similar amounts)		········	 	
	4	Income from investment of tax-exempt bond proceeds			<u> </u>	
	5	Royalties				
	6-		" 			
	6a 5	Gross rents Less: rental expenses			ļ	
	b b	Rental income or (loss)	 			
Î	d		•	 		
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than Inventory				
	b	Less: cost or other basis and sales expenses .				
	C	Gain or (loss)				
	d	Net gain or (loss)	>		} 	
Other Revenue	8a	Gross income from fundraising				
€.		events (not including \$	l l			1
Ä		of contributions reported on line 1c).				Ì
her		See Part IV, line 18 a		,		
ŏ		Less: direct expenses b		- , , , , , , , , , , , , , , , , , , ,		ļ
		Net income or (loss) from fundraising events .	>			
	9a	Gross income from gaming activities. See Part IV, line 19	}	1	{	ľ
	L					
		Less: direct expenses b Net income or (loss) from gaming activities	-		<u></u>	
		Gross sales of inventory, less				
		returns and allowances a				
		Less: cost of goods sold b				
	_ c	Net income or (loss) from sales of inventory	A			
	-	Miscellaneous Revenue Business Co	DQB		<u> </u>	
	11a					
	Ь				 	
	C	All other revenue			-	
	d		•	 		
	12		> 372/8.23		 	
			- 13/9/DIKS	L	Ц	Form 990 (2018)

	0 (2018)	·			rage 10
Part		·····	<u> </u>	·	
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
•	Check if Schedule O contains a respon		ne in this Part IX	<u> </u>	
	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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8396.00			
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 11 a b c d e f g	Other employee benefits			T HAV	
13 14 15 16 17 18	Office expenses	2675,84			POWN ALL EXPENDITURES PARATE ORIES
19 20 21 22 23	Conferences, conventions, and meetings Interest	9/8/.44			
24 a	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.)	***		100	The state of the state of
b c d e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e 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)	35285.14			

33

Part' X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 314.92 Cash—non-interest-bearing 1 1 2 2 55470.27 Savings and temporary cash investments 56038.02 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 4ssets 6 7 7 8 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities 12 Investments-other securities. See Part IV, line 11 . . . 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 15 15 155785.19 16 158286.03 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustoes, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Pald-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds .

Form 990 (2018)

33

Part	XI Reconciliation of Net Assets					
	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)	1	3721			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3528	5.1	4	
3	Revenue less expenses. Subtract line 2 from line 1	3_	193	3,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1.557			
5	Net unrealized gains (losses) on investments	5	36)	<u>, 7,</u>	5_	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		150	01	4 2	
Dovi	33, column (B))	10	158	00	10)	
Part XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	•-	· · · · ·	Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		200	Kanna.		
•	If the organization changed its method of accounting from a prior year or checked "Other," exp	Jain		150		
·	-Schedule O	nan i				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Z	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp			5,33	1	
	reviewed on a separate basis, consolidated basis, or both:			, d		
	Separate basis Consolidated basis Both consolidated and separate basis					
b			. 2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a I			
	separate basis, consolidated basis, or both:		F 3.7			
	Separate basis Consolidated basis Both consolidated and separate basis				24.3	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant'i	? 2c			
	If the organization changed either its oversight process or selection process during the tax year, exp	olain	in 🔯			
	Schedule O.		2.0	1 P		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set i	orth			•	
	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 under		ne Зb			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits.	- J SD - For		(2018)	

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.

2018

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

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization A MERICAN VETERANS OF WORLD WAR I	Employer identification number 43-0768998
PART VI	
11-B: THE FINANCE COMMIT	TEE OF THE
DEPARTMENT REVIEWS	_
IT 15 COMPLETED.	
SATISFIED WITH IT'S	
19: ALL OF THE ORGAN	
GOVERNING DOCUMENTS INTEREST POLICY AND	,
STATEMENTS ARE AV	
INSPECTION AT THE	ORGANIZATION'S
HEAD QUARTELS DURI	NG REGULAR
BUSINESS HOURS.	
<u></u>	