Short Form Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public.

2016

OMB No 1545-1150

Department of the Treasury

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

Open to Public

Inspection

		nue Service Filmonthalant about 101111 333-22 and its illiational is at www.ii.a.gov/filmassa.					
ΑF	or the	2016 calendar year, or tax year beginning 6-01 , 2016, and ending	5/31	, 20 17			
Вс	heck if ap	oplicable C Name of organization D Emp	loyer id	lentification number			
	Address c	hange AMVETS 7 FOUNTAIN HILLS POST SONS OF AMVETS PARTIES	461758261				
$\overline{}$	Vame cha		E Telephone number				
=	nitia) retui	17030 ENTERNINGE DR	(4	80)837-9934			
=	Final return/terminated Amended return City or town, state or province, country, and ZIP or foreign postal code			roup Exemption			
=	Applicatio	mber 1	0838				
G A	ccount	ting Method ✓ Cash ☐ Accrual Other (specify) ► H Check	▶ 🔽	if the organization is not			
	Vebsite			tach Schedule B			
J Tax-exempt status (check only one) — ☐ 501(c)(3) ✓ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF)							
		organization Corporation Trust Association Other					
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets					
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ ∢	.			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ction	s for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I		•			
	1	Contributions, gifts, grants, and similar amounts received	1	7149			
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3				
	4	Investment income	4				
	5a	Gross amount from sale of assets other than inventory . 5a	-				
	b	Less: cost or other basis and sales expenses	-				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events	- 30	ECEIVED			
		Gross income from gaming (attach Schedule G if greater than					
ō	а	445,000)	1	1			
Revenue	_	1 94	(S)	JUL 0 6 2018			
ě	a	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the	881				
ď		non lundraising events reported on line 1) (attach or leading the	\ i_	OGDEN. UT			
	_		-14	OGULIVI			
	C	Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	And the same of				
	d	line 6c)					
		·	6d				
	7a	Gross sales of inventory, less returns and allowances	- '				
	b	Less: cost of goods sold	<u> </u>				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule O)	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	7149			
	10	Grants and similar amounts paid (list in Schedule O)	10	4985			
	11	Benefits paid to or for members	11				
Expenses	12	Salaries, other compensation, and employee benefits	12				
	13	Professional fees and other payments to independent contractors	13				
	14	Occupancy, rent, utilities, and maintenance	14	867			
ш	15	Printing, publications, postage, and shipping	15				
	16	Other expenses (describe in Schedule O)	16	1576			
	17	Total expenses. Add lines 10 through 16	17	7428			
र	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-279			
se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Net Assets		end-of-year figure reported on prior year's return)	19	6865			
<u>e</u>	20	Other changes in net assets or fund balances (explain in Schedule O)	20				
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	6586			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

Cat No 10642I

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedul	e O to respond to a	ny question in this		<u> </u>	<u> </u>
	t .			(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments		. [6865	+	6586
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets .			6865	-	6586
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of colum			6865	27	6586
Par	t III Statement of Program Service Accom	•		·		Expenses
	Check if the organization used Schedul		ny question in this	Part III 🔽	(Rea	uired for section
	It is the organization's primary exempt purpose?	SEE SCHEDULE O			501(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomp neasured by expenses. In a clear and concise r cons benefited, and other relevant information for e	manner, describe th			orga othe	nizations, optional for rs)
	FUNDRAISING	<i>F</i> 9			<u> </u>	
	(Grants \$) If this amoun	it includes foreign gra	ants, check here .	▶ □	28a	
29						
		· · · ·				
	(Grants \$) If this amoun	it includes foreign gr	ants, check here .	▶ □	29a	
30						
		t includes foreign gra	ants, check here	<u> ▶ □</u>	30a	
31	Other program services (describe in Schedule O)					1
		t includes foreign gra			31a	ļ
	Total program service expenses (add lines 28a			<u> </u>	32	(5 ())
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul					_
	Check if the organization used Schedul		(c) Reportable	Part IV		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employ benefit plans, and	0	Estimated amount of ther compensation
JER	RY ZIELHOFER	25				
CON	MANDER	25		0	0	
MAR	K EDWARDS	20				
	COMANDER	20		0	0	C
	BERT TRULSON	10			ļ	
FINA	NCIAL OFFICER	,,,		0	0	0

			ļ		_	
	·				-	
					_	
	,					
			 		-	
				1		
		 			+	
					1	
		 		 	\dashv	
			 	 		
	<u></u>					
			 		-	
	~ 					
				 	+	
	/	•••	1			

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this				
	Instructions for Fair V) Officer if the organization used Schedule O to respond to any question in this	rart	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u></u>			
b	Did the organization file Form 1120-POL for this year?	37b		1	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
39	Section 501(c)(7) organizations. Enter.				
a b	Initiation fees and capital contributions included on line 9	-			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► ; section 4912 ► , section 4955 ►				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		i		
J	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√	
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ Telephone no. ▶		- 		
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V	NI.	
ŭ	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO	
	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ►	42c	-	✓	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ì	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	162	NO ✓	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	explanation in Schedule O	44d		\	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	45.			
	Form 990-EZ (see instructions)	45b		✓_	

	90-EZ (2016)			·		Yes	Page
46	Did the organization engage, directly or	indirectly, in political of	campaign activities on	behalf of or in oppos	ition [1.00	···
	to candidates for public office? If "Yes,"		, Part I		. 46		✓
Part	VI Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51.		estions 47–49b and	52, and complete th	ne tables i	for lin	es
	Check if the organization used S	chedule O to respond	d to any question in t	his Part VI			
						Yes	No
47	Visit II Was I samplete Calculula C. Dart II				tax 47		/
48	-(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)			48		✓	
49a	Did the organization make any transfers if "Yes," was the related organization as			zation? .	. 49a	 	✓
50	Complete this table for the organization			er than officers, direct	. 49b		d ke
	employees) who each received more that	an \$100,000 of compe	nsation from the organ	nization. If there is nor	ne, enter "N	Vone."	<u>.</u>
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimat	ed amou	unt of
			,	compensation			
		_					
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization from	n's five highest comp	ensated independent one, enter "None "	contractors who eac	h received	more	tha
	(a) Name and business address of each independent	ndent contractor	(b) Type of serv	rice (c	(c) Compensation		
							_
					 		
		v.					
			1				
							-
			1				
d	Total number of other independent cont	~	·				
52	Did the organization complete Sched completed Schedule A	dule A? Note: All se	ection 501(c)(3) orga	nizations must attac	ha ' ▶	r	No
Under p	penalties of perjury, I declare that I have examined this irrect, and complete. Declaration of preparer (other the	s return, including accompan an officer) is based on all info	ying schedules and stateme	ents, and to the best of my k has any knowledge			ıt ıs
				6.29	18		
Sign	Signature of officer			Date		-	
Here		OFFICER 602-980-2681					
	Type or print name and title						

Preparer's signature

Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Firm's address ▶

Paid

Preparer Use Only Date

▶ ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

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

Open to Public

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. Inspection Employer identification number

Name of the organization		Employer identification number				
AMVETS 7 FOUNTAIN HILLS POST SONS OF AMVET		46-175826				
CODY OO ET DADT 4 LINE 44 COOLIDANOV DENT LITHUTES AND M	IAINITENIANOE					
FORM 990-EZ PART 1 LINE 14 OCCUPANCY, RENT, UTILITIES AND M	AINTENANCE					
Colony Drive Mini Storage (Storage Unit)	\$867					
Charly bitte till a clarage (clarage only						
FORM 990-EZ PART 1 LINE 16 OTHER EXPENSES						
Bank Fee	\$ 55.					
CPA Tax Prep Prior Year	\$ 500					
Meetings	\$ 43 .					
Meetings						
AZ Memberships	\$ 918.					
Office Expense	\$ 60					
TOTAL	\$1576					
IOTAL						
						