efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492131021017 **Short Form** OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 **B** Check if applicable D Employer identification number C Name of organization American Veterans Post 63 ☐ Address change 51-0590563 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 4757 Wildwood Lane ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Jonesboro, AR 72401 F Group Exemption ☐ Application pending Number ▶ 0838 Check ▶ ☐ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►NA **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(19) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization \square Corporation \square Trust \square Association \square Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 52,384 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 16,773 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d35.611 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 35,611 10 10 Grants and similar amounts paid (list in Schedule O) 1,250 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 24,990 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 3,308 17 Total expenses. Add lines 10 through 16 17 29,548 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,063 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 9,145 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 15,208 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

-orm 990-EZ (2016)							Page 2
	ce Sheets (see the instructions			Dt II			
Спеск	f the organization used Schedule	O to respond to any q	luestion in this				(B) End of year
22 Cash, savings, ar	nd investments		1	(A) D	eginning of year 9,145	22	(B) End of year 15,208
· ·	gs				0	-	0
24 Other assets (des	scribe in Schedule O)		[0	24	0
25 Total assets .					9,145	25	15,208
	(describe in Schedule O)		;		0		0
	und balances (line 27 of column ment of Program Service A	· · ·			9,145	27	15,208
Part III State: Check :	(Re	Expenses equired for section 501(c)					
What is the organizat	(3)	and 501(c)(4)					
measured by expens	ation's program service accomplis es In a clear and concise manne relevant information for each pro	r, describe the service					ganizations, optional for ners)
28 See Additional Data		· 5. · · · · · · · · ·					
See Additional Data	<u> </u>						
(Grants \$)	If this amount	t ıncludes foreign gran	its check here		. ▶ □	28a	
29	II tills amoun	t includes foreign gran	its, check here	•	. , .	29a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
30						30a	
(Grants \$)	If this amoun	t ıncludes foreıgn gran	its, check here		. ▶ □		
31 Other program se	ervices (describe in Schedule O)						
(Grants \$)		t ıncludes foreıgn gran			. ▶ 🗆	31a	
	service expenses (add lines 28a						
Part IV List of	Officers, Directors, Trustees, f the organization used Schedule	and Key Employees	(list each one ev	en if not co	mpensated — see the	e instru	ictions for Part IV)
CHECK	T the organization used Schedule	O to respond to any q	descion in this	raic iv.		•	
(a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-) (d) Health ben- contributions to er benefit plans, deferred compen							(e) Estimated amount of other compensation
Michael Horton		10 00		0			0 0
Post Commander							
					<u> </u>		
							+

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in the	9			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆			
			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		No		
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		No		
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		No		
ь	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				
	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		No		
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		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	50				
ь	Did the organization file Form 1120-POL for this year?	37b		No		
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		No		
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter	1				
а	Initiation fees and capital contributions included on line 9 39a					
ь	Gross receipts, included on line 9, for public use of club facilities	1				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1				
	section 4911 ▶, section 4912 ▶, section 4955 ▶					
Ь	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 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	40b				
С	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 sections4912, 4955, and 4958					
d	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	40e		No		
41	transaction? If "Yes," complete Form 8886-T		l			
42a	The organization's books are in care of ▶ Advantage Financial Professionals Telephone no ▶	(901) 6	52-8229			
	Located at ▶ 3181 Poplar Avenue Ste 215 Memphis, TN ZIP + 4 ▶	3811	.1			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No.		
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
	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 U S ?	42c		No		
	If "Yes," enter the name of the foreign country 🕨					
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here					
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43					
			Yes	No		
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No		
	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		No		
	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
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		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
	Form 990-EZ (see instructions)	45b		No		

candidates for candid	nization engage, directly or indirectly or public office? If "Yes," complete ion 501(c)(3) organization ection 501(c)(3) organizations if the organization used Schedule inization engage in lobbying activition plete Schedule C, Part II exation a school as described in section in the related organization a section is table for the organization's five heavily more than #100,000 of company than #100,000 of company in the related more than #100,000 of company in the relat	s only must answer questi O to respond to any q es or have a section 50	ions 47-49b and 52 juestion in this Part Vi		mplete the tabl	46 es for lu		No No and 51	
candidates for Candidates for Check All se Check To Did the organ If "Yes," com Is the organia Judy The Organia The Tree of Candidates for Complete this who each recomparts.	ion 501(c)(3) organization ection 501(c)(3) organizations of the organization used Schedule inization engage in lobbying activiting plete Schedule C, Part II exation a school as described in seconization make any transfers to an other related organization a section is table for the organization's five his	s only must answer questi O to respond to any q es or have a section 50	ions 47-49b and 52 juestion in this Part Vi		mplete the tabl	es for lu		and 5	
7 Did the organ If "Yes," com 8 Is the organ 9a Did the organ b If "Yes," was 0 Complete this who each rec	ion 501(c)(3) organization ection 501(c)(3) organizations of the organization used Schedule inzation engage in lobbying activiting plete Schedule C, Part II cation a school as described in seconization make any transfers to an other related organization a section is table for the organization's five his	must answer question to to respond to any question so the section of the section	ions 47-49b and 52 juestion in this Part Vi 01(h) election in effec	, and co	mplete the tabl	es for lu		and 5	
All se Check 7 Did the organ If "Yes," com 8 Is the organiz 9a Did the organ b If "Yes," was 0 Complete this who each rec	ection 501(c)(3) organizations if the organization used Schedule nization engage in lobbying activiting plete Schedule C, Part II attended in securization make any transfers to an other related organization a section is table for the organization's five his	must answer question to respond to any question see or have a section section 170(b)(1)(A)(II)?	Juestion in this Part Vi	t during t	mplete the tabl	es for lu		and 5	
7 Did the organ If "Yes," com 8 Is the organi 9a Did the organ b If "Yes," was 0 Complete this who each rec	nization engage in lobbying activiti plete Schedule C, Part II . zation a school as described in sec nization make any transfers to an o the related organization a section s table for the organization's five h	es or have a section 50 tion 170(b)(1)(A)(II)?	O1(h) election in effec	t during t				П	
If "Yes," com 8 Is the organia 9a Did the organ b If "Yes," was Complete this who each recommend	plete Schedule C, Part II zation a school as described in seconization make any transfers to an of the related organization a section is table for the organization's five h	tion 170(b)(1)(A)(II)?		_			Yes	No	
If "Yes," com 8 Is the organia 9a Did the organ b If "Yes," was Complete this who each recommend	plete Schedule C, Part II zation a school as described in seconization make any transfers to an of the related organization a section is table for the organization's five h	tion 170(b)(1)(A)(II)?		_					
19a Did the organb If "Yes," wasi0 Complete this who each rec	nization make any transfers to an o the related organization a section s table for the organization's five h	exempt non-charitable	TS !!\\ !! C-	-	•	47			
b If "Yes," was Complete this who each rec	the related organization a section stable for the organization's five h	·	ir res, complete Sci	nedule E		48			
b If "Yes," was Complete this who each rec	the related organization a section stable for the organization's five h	·	related organization?			49a			
Complete this	s table for the organization's five h	527 organization? .				49b			
	awad mara than #100 000 of cam	-	mployees (other than	officers,	directors, trustees	and key	employ	vees)	
(a) Name (pensation from the org	janization If there is	none, ent	er "None "				
	and title of each employee	(b) Average hours per week	(c) Reportable compensation	contrib	Health benefits, utions to employe		timated er comp		
		devoted to position	(Forms W-2/1099- MISC)		nefit plans, and red compensation				
				1					
f Total number	er of other employees paid over \$	100,000			· · · •_				
	s table for the organization's five he n from the organization. If there is		ndependent contractor	s who ead	ch received more	than \$10	0,000 o	f	
<u> </u>) Name and business address of e		actor	(b) Typ	e of service (c) Comp	ensation	<u> </u>	
								—	
d Total numb	er of other independent contractor	s each receiving over	\$100,000		· · · • _				
52 Did the org	ganization complete Schedule A? N	IOTE. All Section 501(c	c)(3) organizations m	ust attach	ıa				
completed	Schedule A					► □ Ye	s 🔽 I	٩o	
	perjury, I declare that I have exam								
nowledge and belle as any knowledge	ef, it is true, correct, and complete	Declaration of prepai	rer (other than officer) is based	on all informatio	n or whic	n prepa	rer	
 	·*			,	017-05-10				
ign	ture of officer								
	Michael Horton Post Commander Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date		PTIN				
	Georgia L Horn			7-05- 1 1		54680			
reparer	Firm's name ► Advantage Financial Professionals Firm's EIN ► 20-59719								
lse Only	Firm's address ▶ 3181 Poplar Avenue S	uite 215		P	hone no (901) 652-	8229			
	Memphis, TN 38111								
				1					

Additional Data

Software ID: Software Version:

EIN: 51-0590563

Name: American Veterans Post 63

Expenses

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's services, as measured by e number of persons benefite	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 Donated to various local organ	ızatıons and ındıvıduals which assisted the needy and promoted veterans awareness	28a	
(Grants \$ 1,250)	If this amount includes foreign grants, check here $\ . \ . \ . \ lacktriangle$		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492131021017 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** American Veterans Post 63 51-0590563 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Cat No 50083H

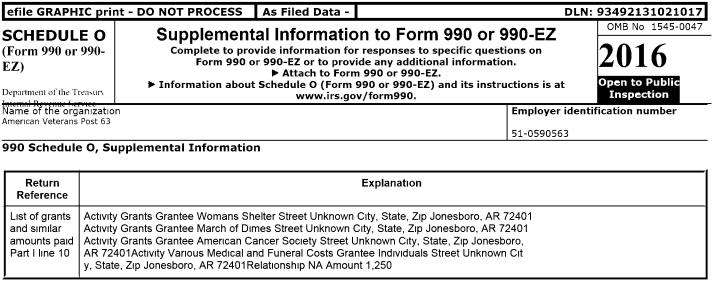
Schedule G (Form 990 or 990-EZ) 2016

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than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events (add col (a) through (event type) (event type) (total number) col (c)) Revenue 1 Gross receipts. 2 Less Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes_____% Yes % 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities AR ☑ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No If "Yes," explain _

Sche	dule G (Form	990 or 990-EZ) 201	6							- 1	Page 3
11	Does the org	ganızatıon conduct <u>c</u>	jaming a	ctivities with nonmembe	ers?				Yes	✓ No	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?							☐Yes			
13	Indicate the	percentage of gam	ng activi	ty conducted in							
а	The organiza	ation's facility						13a		100	0 %
b	An outside f	acılıty						13b			%
14	Enter the na	me and address of	the perso	on who prepares the org	ganızatıon's (gamıng/special events bool	ks and re	cords			
	Name 🕨	Advantage Financ	ial Profe	ssionals							
	Address ►	3181 Poplar Ave Memphis, TN 38									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?								□Yes	☑ No	
b	,										
	amount of g	amount of gaming revenue retained by the third party ▶ \$									
С	If "Yes," ent	If "Yes," enter name and address of the third party									
	Name 🟲										
	Address ▶										
16	Gaming mar	nager information									
	Name ▶	Michael Horton									
		nager compensation	▶ \$								
	Description (of services provided	>								
	☑ Director	/officer		☐ Employee		☐ Independent contracto					
17	Mandatory d	listributions									
а	•		ler state	law to make charitable	distributions	from the gaming proceeds	s to				
	retain the state gaming license?							✓ Yes	□No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent										
				es during the tax year							
Pai	III, I	plemental Infor ines 9, 9b, 10b, 1 mation (see instr	l5b, 15d	c, 16, and 17b, as ap	ations requoplicable. A	ired by Part I, line 2b, lso complete this part t	column: o provid	s (III) a le any	nd (v); a additiona	nd Part I	
	Retu	rn Reference				Explanation					

Schedule G (Form 990 or 990-EZ) 2016



Return Explanation
Reference

990 Schedule O, Supplemental Information

Description Description AmountAdvertising 344Other Costs 466Permits and License 134Sanitation 1,172Supplies 1,192 of other expenses Part I line 16