Form 990

Return of Organization Exempt From Income Tax

2016

OMB No 1545-0047

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.

Open to Public

Form 990 (2016)

Interr	al Revenu	ie Service		► Informa	ition about For	m 990 and its in	structions	is at ww	w.irs.gov/	form99	0.		Inspection
A	For the	2016 calend	lar year, or	tax year beg	inning			, 2016	6, and end	ling			, 20
В	Check if a	pplicable	C Name of c	organization AMV	ETS MEMORI	AL PARK, I	NC.					D	Employer identification no
$\overline{}$	Address c		Doing bus									5	6-0842689
=	Name cha	-			box if mail is not delive	vered to street addres	s)			Room/su	te	E	Telephone number
$\overline{}$	Initial retui		l .	OX 234			-,						336) 956-7773
\equiv					co country and 7ID o	or foreign postal code						1	94,706
\equiv		n/terminated	•	•		i loleigii poszi code						١	Gross receipts\$
$\overline{}$		inded return LEXINGTON, NC 27293 F Name and address of principal officer H(a) is this a group return H(b) is this a group return to the same and address of principal officer H(b) is the same and									_		
Ц	Application	n pending	F Name and	d address of princi	pal officer					1			
	-		1	[7]						^{M(D)} A			
	Tax-exemp		501(c)(3)	△ 501(c) (19	9) ((insert no)	4947(a)(1)	or 🔲 t	527		┨			t (see instructions)
		► N/A	1				1			H(c)	Group exem		
		rganization X		Trust A	ssociation Oth	er 🕨	<u> </u>	Year of forn	nation		M State	of legal do	omicile NC
Pa	ırt I	Summar	•										
	1	Briefly descr	ibe the orga	anızatıon's miss	sion or most sign	nificant activities	Comm	unity	service	<u> </u>	ongres	sion	ally chartered
e		veterans	organi	zation.			_						
ä						,							·
E													
Activities & Governance	2	Check this b	юх 🕨 🗌 ıf	the organization	n discontinued if	ts operations or o	disposed of	f more thar	n 25% of its	s net as	sets		
S.	3	Number of ve	oting memb	ers of the gove	erning body (Parl	t VI, line 1a)						3	10
S	4	Number of in	ndependent	voting membe	rs of the govern	ng body (Part VI,	line 1b)				[4	10
į	5	Total number	r of individu	ıals employed ı	n calendar year 2	2016 (Part V, line	2a)					5	0
Ė	6	Total number	r of voluntee	ers (estimate if	necessary)							6	
ĕ	7a	Total unrelate	ed business	s revenue from	Part VIII, colum	n (C), line 12					[7a	0
					e from Form 990							7b	0
										Pr	or Year		Current Year
	8	Contributions	s and grant	s (Part VIII, line	e 1h)								0
ě	1		_	ie (Part VIII, lin	-						2.	561	2,188
Revenue	10	•			37							737	7,274
ě	11											69,553	
Œ	12											79,015	
	_										63,	363	79,015
	13					lines 1-3) · ·						200	
	14	· · · · · · · · · · · · · · · · · · ·			IX, column (A), li	•					···· / ,	000	3,500
es	15					IX, column (A), I							0
Expenses	16a		-	• •	• •	: 11e) · · · ·			├─				0
<u>p</u>	. b		• ,	•	olumn (D), line 2				} — ⊢				
ũ	17	Other expen	ises (Part I)	X, column (A),	lines 11a-11d, 11	(f-24e) · ·	· · · · · · · · · · · · · · · · · · ·	31.	<i>!</i> · · ⊢			023	47,235
	18	Total expens	es Add In	ies 13-17 (mus	st equal Part IX, o	column (A), line		۶)»۔ ۱۶	3,∵ ⊢			023	50,735
	19	Revenue les	s expenses	Subtract line	18 from line 12			• • • • §	<u> </u>		19,	562	28,280
Net Assets or	Se					[o] c	R 28	5011 /	<u> </u>		of Current '		End of Year
sets	<u>e</u> 20	Total assets	(Part X, line	e 16))왕FI	L.U. P	لينسنس	,. ∮. ├	_	<u>1,233,</u>	526	1,261,806
t As	물 21	Total liabilitie	es (Part X, I	ıne 26) · ·		· · · \\21\'	روبر مروبر کارس	1 7 95	ـــا ۱۰۰ــــــ				0
					t line 21 from line	e 20 .j	1, 3/1	.>			1,233,	526	1,261,806
	art II		ire Bloci)							
						mpanying schedules all information of which				nowledge	and belief,	ıt ıs	
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Sig	yn	Signatu	re of officer	C_{0}	\ i.i	_	G	\sim				Date	, , , , , ,
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		Type or	print name an	title									
		Print/Type or	eparer's name)	Preparer's signa	W . 1		Date		7	heck X	ıf PT	N
Pa	id		y W Goi:		A of	1/ 000	· · ·	02-02-	2017	s	elf-employe	d	P00328809
	eparer			Goins	PA PLIC			<u> </u>		Firm's El			· · · · · · · · · · · · · · · · · · ·
	e Only				West First	Avenue	•			Phone no			
		, imis addle:	~		ton NC 2729							6-24	9-2176
May	the IRS	discuss this	return with		shown above? (s								· · 🛛 Yes 🗌 No

Forn	n 990 (2016) AMVETS MEMORIAL PARK, INC.	56-0842689	Page 2
	art III Statement of Program Service Accomplishments		
	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		
	Community service - Congressionally chartered veterans organization.		
		<u> </u>	
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	K 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?	· · · · U Yes	K 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, as measured		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported		
4-	(O-d-) (Firmana A) (O-d-) (
4a	(Code) (Expenses \$ including grants of \$) (Revenue)
	Community Service - Congressionally chartered veterans organization.		
		-	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
			— <i>'</i>
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	Other and the second of the se		
4d	, ,		
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		000 (0010)
EEA		Form	990 (2016)

56-0842689

Part V

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Χ 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 Χ 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. 5 Χ 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 6 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 Χ debt negotiation services? If "Yes," complete Schedule D. Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 for any foreign organization? If "Yes," complete Schedule F. Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х

Part IV

Checklist of Required Schedules (continued)

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 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 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? 24c 24d 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 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 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 Χ 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 Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ 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 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V. line 2 35b Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization?if "Yes," complete Schedule R, Part V, line 2 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. Χ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38

Part 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 No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 ь Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c 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 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 Χ 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 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 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 chantable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Section 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 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website W 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 interest policy, 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 records

DANNY A CROTTS (336) 956-7773, PO BOX 234, LEXINGTON, NC 27292

		_	
Form 990 (20		56-0842689	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
•	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed Report compensation for the calendar year ending with or within t tax year	he	_
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of an in Enter -0- in columns (D), (E), and (F) if no compensation was paid	nount of	
• List all	of the organization's current key employees, if any See instructions for definition of "key employee"		
who received	organization's five current highest compensated employees (other than an officer, director, trustee, or key empreportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from trind 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

EEA

Check this box if neither the organization nor any related	organization	compe	nsat			urrent	offic	cer, director, or trus	itee	
(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both a	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JIM GATHING COMMANDER	5.00_			Х				C	0	0
COMMANDER (2) DANNY K BREWER 1ST VICE COMMANDER	5.00_			X				o	-	0
(3) DANNY A CROTTS FINANCE OFFICER/ADJUTANT	_ 5.00_			Х				o	0	0
(4)										
(5)										
<u>(6)</u>										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										·
(13)										
(14)										-

Form 990 (2016)

	90 (2016) AMVETS MEMORIAL PA									56-0842	<u> 89</u>		Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	and I			Comp	ens	ated Employees	(continued)			
		(B)			(C Pos	ition			(D)	(E)		(E)	
	(A) Name and title	Average	' '		eck m	ore th	nan one		Reportable	Reportable	_	(F)	
	Name and tipe	hours per	E .		-		both an	1	compensation	compensation from	1	stimate mount o	
		week (list any			1	i	<u> </u>		from	related	İ	other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	1	npensa from the	
		organizations	dual	non	~	employee	st cc	, a	(W-2/1099-MISC)		or	ganızatı	ion
		below dotted line)	trust	ta		yee	mpe					nd relati janizatio	
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(15)													
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(16)													
(17)									· · = · · · · · · · · · · · · · · · · ·				
7.7/													
(18)													
(19)													
(20)													
(21)													
7-7/													
(22)													
(23)													
(0.4)													
(24)													
(25)													
<u>\-</u> /													
1b	Sub-total							•					
С	Total from continuation sheets to Part VII, Section	on A · ·						•					
d	Total (add lines 1b and 1c)							▶	0	0			0
2	Total number of individuals (including but not limited	to those listed	d above	e) wl	ho re	eceiv	ed mo	re th	an \$100,000 of				
	reportable compensation from the organization									0		1	
3	Did the organization list any former officer, director,	ar truotaa ka	v omn	lavos		biak		mno	nootod			Yes	No
3	employee on line 1a? If "Yes." complete Schedule J			-		_		•	nsaled 		3		Х
4	For any individual listed on line 1a, is the sum of repo											 	
•	organization and related organizations greater than \$												
	Individual										4		X
5	Did any person listed on line 1a receive or accrue co	mpensation f	rom an	y un	relat	ted o	organiz	zatior	or individual				
	for services rendered to the organization? If "Yes," co	omplete Sche	dule J	for:	suct	pe	rson				5		X
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensate												
	compensation from the organization Report compen	sation for the	calen	dar y	ear	endi	ng with	h or v	within the organiza	tion's tax			
	year (A)								(B)			(C)	
	Name and business address								Description of	services		pensatio	on.
									 				
	Total number of independent contractors (including h	uit not limited	to the		-1		vo) ··-						
4	Total number of independent contractors (including be received more than \$100,000 of compensation from			>C S	SICU	auu	ve) Wil	U		}			

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (D) Related or Unrelated Revenue excluded from tax under sections 512-514 Total revenue exempt function business revenue Contributions, Gifts, Grants and Other Similar Amounts c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) · · f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 2,188 2,188 2a Member Dues f All other program service revenue g Total. Add lines 2a-2f 2,188 Investment income (including dividends, interest, 7,274 7,274 Income from investment of tax-exempt bond proceeds (ı) Real 6a Gross rents 4,075 **b** Less rental expenses · · · · c Rental income or (loss) · · · | 4,075 d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ 4,075 4,075 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) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a 73,895 ${f b}$ Less cost of goods sold \cdots ${f b}$ c Net income or (loss) from sales of inventory · · · · · · · ▶ 58,204 58,204 Miscellaneous Revenue **Business Code** 11a INTEREST INCOME 7,924 7,924 b UNREALIZED MARKET LOSS (650 (650 d All other revenue e Total. Add lines 11a-11d · · · · · · · · · · · · · · · ▶ 7,274 12 Total revenue. See instructions · · · · · · · · · · · ▶ 79,015 79,015 0 Form 990 (2016) EEA

56-0842689

AMVETS MEMORIAL PARK, INC.

	rt IX Statement of Functional Expenses				
Sect	on 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other organiza	ations must complete c	olumn (A)	
•	Check if Schedule O contains a response or note to a	iny line in this Part IX			[
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
<i>8b</i> , 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	Benefits paid to or for members	3,500	3,500		
5	Compensation of current officers, directors,	3,500	0,555		
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include		-		
•	section 401(k) and 403(b) employer contributions				
0	Other employee benefits				
9	Payroll taxes			-	
10	· · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees) Management				
a	Legal				
b	Accounting	0.115		0.115	
С.	<u> </u>	2,115	-	2,115	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	15,565	15,565		
12	Advertising and promotion				
13	Office expenses	-			
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel	740	740		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,577	3,577		
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,397	2,397		
24	Other expenses litemize 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)				
а	STATEMENT 1 & 2	22,841	15,672	7,169	
b					1-1
С					
đ					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	50,735	41,451	9,284	0
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)				
					•

Form 990 (2016) AM
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	• • • •	· · · · · · · · <u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	15,414
	2	Savings and temporary cash investments	998,200	2	1,008,038
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees			
		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			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
	iva				
		other basis Complete Part VI of Schedule D · · · · 10a 225,854 Less accumulated depreciation · · · · · · · · · · 10b	222 226	10c	005 054
	b 14	Investments - publicly traded securities	222,826	11	225,854
	11	· · ·		12	
	12	,		-	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,500	15	12,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,233,526	16	1,261,806
	17	Accounts payable and accrued expenses		17	
	18			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,			
billi		trustees, key employees, highest compensated employees, and			
Lia	•	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	
	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ş		Organizations that follow SFAS 117 (ASC 958), check here and		1	
ည		complete lines 27 through 29, and lines 33 and 34.			
alai	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	27	
ĕ	28	Temporarily restricted net assets		28	
ŭ,	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🗓 and			
o s		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	1,233,526	32	1,261,806
_	33	Total net assets or fund balances	1,233,526	33	1,261,806
	34	Total liabilities and net assets/fund balances	1,233,526	34	1,261,806

Form		-0842689		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· 🔲
Ť	Total revenue (must equal Part VIII, column (A), line 12)	1		<mark>79,0</mark>	15_
2	Total expenses (must equal Part IX, column (A), line 25)	2		50,7	35
3	Revenue less expenses Subtract line 2 from line 1	3		28,2	280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	33,5	26
5	Net unrealized gains (losses) on investments	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			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,2	61,8	306_
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			• •	<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 in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				ļ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		
	the Single Audit Act and OMB Circular A-133?	[3a		X
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		
EEA			Form	990 (2	2016)

. . .

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organizations	Complete Fait III			
Nam	e of organization			Employer	identification number
AM	VETS MEMORIAL PARK, INC.			56-0842	
Pa	rt I-A Complete if the organ	ization is exempt under sect	on 501(c) or i	s a section 527 orga	anization.
1	Provide a description of the organization's	direct and indirect political campaign act	ıvıtıes ın Part IV (s	ee instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (se	ee instructions)		· · · · · · · • • • • • • • • • • • • •	
3	Volunteer hours for political campaign acti				
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 4955		· · · · · · •	
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?			· Yes No
4a	Was a correction made?				· Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly expended by the				
	activities			▶ \$	
2	Enter the amount of the filing organization	•			
	527 exempt function activities			· · · · · · • \$	
3	Total exempt function expenditures Add III				
	line 17b				
4	Did the filing organization file Form 1120-	POL for this year?			. 🗌 Yes 🛛 No
5	Enter the names, addresses and employe	r identification number (EIN) of all section	n 527 political orgai	nizations to which the filing	
	organization made payments. For each organization	ganization listed, enter the amount paid fi	om the filing organ	ızatıon's funds Also enter	
	the amount of political contributions receiv	ed that were promptly and directly deliver	ed to a separate po	olitical organization, such	
	as a separate segregated fund or a political	al action committee (PAC) If additional s	pace is needed, pro	ovide information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	dule C (Form 990 or 990-EZ) 2016 AMVETS MEMORIA	LL PARK, INC			56-0842	589 Page 2
Pa	rt II-A Complete if the organization	is exempt u	nder section 50	O1(c)(3) and file	d Form 5768 (elec	ction under
	section 501(h)).			 		
Α ·	Check ► ☐ If the filing organization belongs to ar			• .	nber's	
_	name, address, EIN, expenses, and		,	•		
В	Check ► ☐ if the filing organization checked box			/		
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me		•		organization's totals	group totals
1a	Total lobbying expenditures to influence public opini					
Þ		• •	•			
С.	,					
đ	, , , ,					
e	Total exempt purpose expenditures (add lines 1c an	• • • • • • • •				
f	Lobbying nontaxable amount Enter the amount from					
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amour	nt is:		
	Not over \$500,000	20% of the am	ount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000		
ļ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line 11)				
h	Subtract line 1g from line 1a If zero or less, enter -0)				
h i	Subtract line 1g from line 1a If zero or less, enter -0 Subtract line 1f from line 1c If zero or less, enter -0					
	-					
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year?	h or line 1ı, did the	e organization file Foi	m 4720		☐ Yes ☐ No
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year?	h or line 1i, did the	organization file Foi	m 4720 section 501(h)		
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a sec	h or line 1i, did the	e organization file Foi 	rm 4720 section 501(h)	ll of the five colum	
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a sec	h or line 1i, did the	e organization file Foi 	m 4720 section 501(h)	ll of the five colum	
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a sec	h or line 1i, did the	e organization file Foi 	rm 4720 section 501(h)	ll of the five colum	
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a sec	h or line 1i, did the 	e organization file Foi 	rm 4720 	ll of the five colum	
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a section section 4911 tax for this year?	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a second See to Lobbyin Calendar year (or fiscal year	h or line 1i, did the 	e organization file For 	rm 4720 	ll of the five colum	
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a section section 4911 tax for this year?	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a see See t Lobbyin Calendar year (or fiscal year beginning in)	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
i j	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a second See to Lobbyin Calendar year (or fiscal year	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
i j	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a see See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
j j 2a	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a see See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
j 2a b	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a sec See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
j 2a b	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a see See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
2a b	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a sec See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
2a b c	Subtract line 1f from line 1c if zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a see See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
2a b c	Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a see See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.
2a b c	Subtract line 1f from line 1c if zero or less, enter -0 If there is an amount other than zero on either line 1 reporting section 4911 tax for this year? (Some organizations that made a see See t Lobbyin Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount	h or line 1i, did the	e organization file Formula organization file Formula organization do not has estructions for line	section 501(h) ve to complete a nes 2a through 2	ll of the five colum	ns below.

Schedule C (Form 990 or 990-EZ) 2016

EEA

AMVETS MEMORIAL PARK, INC. Schedule C (Form 990 or 990-EZ) 2016 56-0842689 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? е f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? a Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Carryover from last year 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2016

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization			Empl	oyer identification number		
<i>I</i> MA	ETS MEMORIAL PARK, INC.			5	6-0842689		
Pai	t I Organizations Maintaining Donor Advi	sed Funds or Oth	ner Similar Funds or A	ccounts.			
	Complete if the organization answered "Y	es" on Form 990, I	Part IV, line 6				
	-	(a) Dono	r advised funds	(b)	Funds and other accounts		
1	Total number at end of year		· ·				
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)				<u>., </u>		
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors	s in writing that the as	sets held in donor advised				
funds are the organization's property, subject to the organization's exclusive legal control?							
6	Did the organization inform all grantees, donors, and dor	nor advisors in writing	that grant funds can be use	d			
	only for charitable purposes and not for the benefit of the	donor or donor advis	or, or for any other purpose				
	conferring impermissible private benefit?					No	
Pai	t II Conservation Easements.	, -, -		-		_	
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organ	nization (check all that	apply)				
	Preservation of land for public use (e.g., recreation of	or education)	Preservation of a histor	cally importa	nt land area		
	Protection of natural habitat		Preservation of a certifi				
	Preservation of open space		_				
2	Complete lines 2a through 2d if the organization held a q	ualified conservation of	contribution in the form of a	conservation			
	easement on the last day of the tax year				Held at the End of the Tax \	Year	
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic	structure included in	(a)	2c			
d	Number of conservation easements included in (c) acqu						
				2d			
3	Number of conservation easements modified, transferred	d, released, extinguish	ed, or terminated by the org	anızatıon dur	ing the		
	tax year 🕨			•			
4	Number of states where property subject to conservation	easement is located	•				
5	Does the organization have a written policy regarding the	periodic monitoring, i	nspection, handling of				
	violations, and enforcement of the conservation easemer	-				No	
6	Staff and volunteer hours devoted to monitoring, inspecti	ng, handling of violatio	ons, and enforcing conserva	ition easemer	nts during the year	_	
	>						
7	Amount of expenses incurred in monitoring, inspecting, I	nandling of violations,	and enforcing conservation	easements d	uring the year		
	▶ \$						
8	Does each conservation easement reported on line 2(d)	above satisfy the requ	rements of section 170(h)(4	4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?				· · · · · · · · · · · · · · · · · · ·] No	
9	In Part XIII, describe how the organization reports conse	rvation easements in i	ts revenue and expense sta	tement, and			
	balance sheet, and include, if applicable, the text of the f	ootnote to the organiza	ation's financial statements t	that describe:	s the		
	organization's accounting for conservation easements						
Par				r Other S	imilar Assets.		
	Complete if the organization answered '	'Yes" on Form 990	, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116	(ASC 958), not to rep	oort in its revenue statement	t and balance	sheet		
	works of art, historical treasures, or other similar assets	held for public exhibition	on, education, or research in	n furtherance	of		
	public service, provide, in Part XIII, the text of the footnot	e to its financial stater	ments that describes these i	tems			
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report	in its revenue statement and	d balance she	eet		
	works of art, historical treasures, or other similar assets	held for public exhibition	on, education, or research in	n furtherance	of		
	public service, provide the following amounts relating to t						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical			ıın, provide th	e		
	following amounts required to be reported under SFAS 1	16 (ASC 958) relating	to these items				
a			• • • • • • • • • • • • • • • • • • • •		· ————————————————————————————————————		
b	Assets included in Form 990, Part X	-			▶\$		
Ear D	anerwork Reduction Act Notice, see the Instructions	for Earm 000					

	ule D (Form 990) 2016 AMVETS MEMORIA						56-08426		Page 2
Pa	rt III Organizations Maintaining							ets (cont	inued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its								
	collection items (check all that apply)								
а	Public exhibition d								
b	Scholarly research		er	• . •					
c	Preservation for future generations								
4	_	tions and explain how	they furth	er the orga	nization's exe	mpt purpos	se in Part		
•	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII								
5		news donations of art	historical	rescures	or other simil	ar			
,									
Pai	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
	990, Part X, line 21.								
4-									
1a								П.	
	included on Form 990, Part X? Yes No								
b	o If "Yes," explain the arrangement in Part XIII and complete the following table								
							Amou	unt	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow	or custodia	al account liat	oility?		· · 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII Ch	eck here if the explan	ation has b	een provid	ed on Part XI	II			<u>. D</u>
Pa	rt V Endowment Funds.								
	Complete if the organization a	nswered "Yes" o	n Form 9	990, Par	t IV, line 1	0			
		(a) Current year	(b) Pn	or year	(c) Two years	back (d	I) Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
_	losses								
d	Grants or scholarships								
_	Other expenditures for facilities and								
·	programs					İ			
	Administrative expenses								
,	End of year balance								
g	Provide the estimated percentage of the current		1 a colum	n (a)) hald	l				
2	•	-	e rg, colun	iii (a)) iieid	1 45				
a	Board designated or quasi-endowment								
b	Permanent endowment	0/							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should equal 100%								
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the								
	organization by								es No
	(i) unrelated organizations · · · · · ·							3a(i)	-
	(ii) related organizations · · · · · · · ·		• • • • •	• • • • •				3a(ii)	
b	If "Yes" on 3a(II), are the related organizations lis	•		• • •			• • • • • • • •	3b	
4	Describe in Part XIII the intended uses of the org		ent funds						
Pa	rt VI Land, Buildings, and Equipm		_						
	Complete if the organization a	nswered "Yes" o	n Form 9	90, Par	t IV, line 1	1a. See	Form 990, Pai	t X, line	<u>10.</u>
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c) Acc	cumulated	(d) Book va	lue
		(investme	ent)	(4	other)	depre	eciation		
1a	Land	[
b	Buildings	17	4,502					174	1,502
С	Leasehold improvements	ſ	17,400				-		7,400
d	Equipment	· · · · · · · · · · · · · · · · · · ·	4,625					•	1,625
e	Other · · · · · · · · · · · · · · · STMD1		9,327						9,327
	Add lines 1a through 1e (Column (d) must equ) line 10c	<u> </u>				5 951

56-0842689

Schedule D (Form 990) 2016 AMVETS MEMORIAL PARK, INC.

Part VII Investments - Other Securities.

	(a) Description of security or category	(b) Book value	(c) Method of valuation
1) Financial	(including name of security)		Cost or end-of-year market value
•	eld equity interests		
	era equity interests		
Other	<u>-</u>		
(A)			
(B)			
(C)			
(D)	-	_	
(E)			
(F)	. =		
(G)			
(H)			
	n) must equal Form 990, Part X col (B) line 12)	>	
art VIII	Investments - Program Related Complete if the organization ans		irt IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal (Column (b	n) must equal Form 990, Part X-col (B) line 13)	•	
	Other Assets.		
	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, Part X, line 15
	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, Part X, line 15
Part IX	Other Assets.		
Part IX (1)	Other Assets.		
(1) (2)	Other Assets.		
(1) (2) (3)	Other Assets.		
(1) (2) (3)	Other Assets.		
(1) (2) (3) (4)	Other Assets.		***************************************
(1) (2) (3) (4) (5)	Other Assets.		
(1) (2) (3) (4) (5) (6)	Other Assets.		
(1) (2) (3) (4) (5) (6) (7)	Other Assets.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answers.	(a) Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answers on (b) must equal Form 990, Part X, col (B) line Other Liabilities.	(a) Description	(b) Book value
(1) (2) (3) (4) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answers on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answers	(a) Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answers on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answers	ne 15)wered "Yes" on Form 990, Pa	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	(a) Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answers on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answers	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answers. In (b) must equal Form 990, Part X, col (B) line. Other Liabilities. Complete if the organization answers. (a) Description of liability.	ne 15)wered "Yes" on Form 990, Pa	(b) Book value

	ule D (Form 990) 2016 AMVETS MEMORIAL PARK, INC.		<u>56-08426</u> 89	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen		er Return.	
	 Complete if the organization answered "Yes" on Form 990, Pa 	nt IV, line 12a		
1٠	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а		2a		
b	L.	2b		
C	· · ·	2c		
ď	,	2d		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	7	
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a	•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	· · · ·	2a		
b	F	2b	\dashv \mid	
c		2c	┥	
d	<u> </u>	2d	-	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		ا ہے ا	
3	Subtract line 2e from line 1		2e 3	
4	1	1	3	
•	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a		4a	_	
b	Add lines 4a and 4b	4b	-	
C C			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	· · · · · · · · · · · · · · · · · · ·	t X, line	
∠, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional information		
		· -		
			· · ·	
		·		
_				

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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization AMVETS MEMORIAL PARK, INC. 56-0842689 01. Members or stockholder classes and rights (Part VI, line 6) The organization has members who are veterans of military service. 02. Member election for additional members (Part VI, line 7a) The organization has a board of directors elected by members at large at an annual business meeting. 03. Governing body decisions (Part VI, line 7b) Some decisions of the governing body are subject to approval by its members, such as incurring debt or property procurement. 04. Form 990 governing body review (Part VI, line 11) A copy of the form 990 is provided to the governing board prior to filing with the Internal Revenue Service. If anyone has any questions thereto, they are discussed and resolved. In the event that the form 990 due date is before a board meeting, but was not prepared prior to the previous board meeting, a copy is provided for the next board meeting for review. 05. Conflict of interest policy compliance (Part VI, line 12c) There is a conflict of interest policy in place requiring disclosure of possible conflicts. The monitoring process is informal, in that each officer and director is subject to being asked about any possible conflict at any time. In addition, if any such conflict comes to the attention of the governing board, them it is dealt with based upon the policy.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
AMVETS MEMORIAL PARK, INC.	56-0842689
	·
06. CEO, executive director, top management comp (Part VI, line 15a)	
The organizations CEO, executive director or top management official pos	itions are all
volunteer positions and no compensation is awarded.	
07. Other officer or key employee compensation (Part VI, line 15b	
Other officers and key emplovees positions of the organization are all v	olunteers. No
compensation is paid to officers or key persons.	
08. Governing documents, etc, available to public (Part VI, line 19)	
The organization makes its governing documents, conflict of interest pol	icy, and financial
<u>statements available to the public upon request and at annual business m</u>	eetings.
- Table	