

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 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.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
 AMERICAN VETERANS OF WORLD WAR II
 066 AMETS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 2915 ARMAND STREET

City or town, state or province, country, and ZIP or foreign postal code
 MONROE, LA 71201

D Employer identification number
 72-0911983

E Telephone number
 (318) 322-1938

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(19) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 122,883

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	4,226
b 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)	6b		
c Less direct expenses from gaming and fundraising events	6c	4,226	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	118,657	
b Less cost of goods sold	7b	46,400	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	72,257	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	72,257	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	31,978
	13 Professional fees and other payments to independent contractors	13	2,700
	14 Occupancy, rent, utilities, and maintenance	14	26,665
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	19,628
17 Total expenses. Add lines 10 through 16 ▶	17	80,971	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,714
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	69,838
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	61,124

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,838	22 60,947
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 177
25 Total assets	69,838	25 61,124
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,838	27 61,124

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO ASSOCIATE AND ASSIST VETERANS IN NEED AND ASSOCIATE WITH COMMUNITY PATRIOTIC FUNCTIONS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part 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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY STEWART	000 00	0		
PRESIDENT				
GERALD WALTER	000 00	0		
1ST VICE PRE				
WILLIAM C WREN	000 00	0		
2ND VICE PRE				
CLINT JAMES	000 00	0		
TRUSTEE				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer ***** GARY STEWART PRESIDENT	Date 2018-11-13
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHARLES BENNETT	Preparer's signature	Date 2018-11-13	Check <input type="checkbox"/> if self-employed	PTIN P01283314
Firm's name ▶ BENNETT & KING CPAS LLP			Firm's EIN ▶ 45-3642297		
Firm's address ▶ 2210 LIBERTY ST MONROE, LA 712013624			Phone no (318) 388-0711		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 72-0911983

Name: AMERICAN VETERANS OF WORLD WAR II
066 AMETS

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TO ASSOCIATE AND ASSIST VETERANS IN NEED AND ASSOCIATE WITH COMMUNITY PATRIOTIC FUNCTIONS (Grants \$)	28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 TO ASSOCIATE AND ASSIST VETERANS IN NEED AND ASSOCIATE WITH COMMUNITY PATRIOTIC FUNCTIONS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

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

2017

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Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN VETERANS OF WORLD WAR II
066 AMETS

Employer identification number

72-0911983

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	SALE OF INVENTORY NON-INVESTMENT DEPRECIATION 235 EXPENSES OFFICE 260 TRAVEL 220 INSURANCE 4,687 SECURITY 547 DUES NATIONAL 775 DUES STATE 450 SALES TAX 10,270 MEALS FOR VETERANS H OLIDA 2,032 BUSINESS REGISTRATION FEE 90 BANK CHGS 62 TOTAL 19,628

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	FREEZER 0 412 LESS ACCUMULATED DEPRECIATION 0 235 TOTAL 0 177

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO ASSOCIATE AND ASSIST VETERANS IN NEED AND ASSOCIATE WITH COMMUNITY PATRIOTIC FUNCTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	TO ASSOCIATE AND ASSIST VETERANS IN NEED AND ASSOCIATE WITH COMMUNITY PATRIOTIC FUNCTIONS