As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492338007160 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to ▶ Do not enter social security numbers on this form as it may be made public. Treasury **Public** Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020 **B** Check if applicable: C Name of organization D Employer identification number AMERICAN VETERANS ☐ Address change 72-0945107 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 5421 LAPALCO BLVD ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return MARRERO, LA 700724152 F Group Exemption ☐ Application pending Number Check ▶ □ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►N/A **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **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) 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 5,450 2 2 Program service revenue including government fees and contracts 3 3 3,070 4 4 5a Gross amount from sale of assets other than inventory h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d7a 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 Other revenue (describe in Schedule O) . . 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 8,520 10 10 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O) 16 2,209 17 Total expenses. Add lines 10 through 16 17 2.209 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,311 Net Assets 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 12,366 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 18,677 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

orm 990-EZ	(2019)						Page 2
	Balance Sheets (see the instruction: Check if the organization used Schedule		westion in this	Part II			
	check if the organization used senedule	o to respond to any q	acocion in cino		eginning of year		(B) End of year
22 Cash. sav	rings, and investments			(A) D	12,366		18,677
	buildings				0		0
	ets (describe in Schedule O)		[0	24	0
25 Total ass	sets				12,366	25	18,677
	bilities (describe in Schedule O)		[· ·	26	0
27 Net asse	ts or fund balances (line 27 of column	(B) must agree with	line 21)		12,366	27	18,677
Part Ⅲ	Statement of Program Service	Accomplishments	(see the instruction	ons for Pa	rt III)	Τ	Expenses
	Check if the organization used Schedule	O to respond to any o	uestion in this	Part III	🗆		uired for section 501(c) and 501(c)(4)
What is the o SERVICE TO	rganization's primary exempt purpose?						nizations; optional for
	verenano organization's program service accompli	shments for each of its	three largest r	rogram	services as	- othe	rs.)
measured by	expenses. In a clear and concise manne	er, describe the service					
	d other relevant information for each pro	ogram title.				<u> </u>	
28 See Addition:	al Data Table						
occ /taarcrone	a batta Table						
(C	TE this amazum	.binaludaa farairu araa	.		. □		
(Grants \$) 29	If this amoun	t includes foreign gran	ts, check here	• •	. 🕨 🗆	28a 29a	
29						294	
(Curve + - +)	****	. b. (ha ala! - !		. ▶ □		
(Grants \$)	If this amour	t includes foreign gran	ts, cneck here		. ▶ ⊔	$\perp \perp$	
30						30a	
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(Grants \$)	If this amour	t includes foreign gran	ts, check here		. ▶ □		
31 Other pro	gram services (describe in Schedule O)						
(Grants \$)	If this amour	it includes foreign gran	ts, check here		. ▶ 🗆	31a	
32 Total pro	gram service expenses (add lines 28a	a through 31a)				32	
	List of Officers, Directors, Trustees,						
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.			<u> </u>
	(a) Name and title	(b) Average	(c) Report	able	(d) Health bend	efits.	(e) Estimated amount
	(a) Name and acc	hours per week	compensa	tion			of other compensation
		devoted to position	(Forms W-2/ MISC) (if not		benefit plans, deferred compen		
			enter -0		delerred compen	Sauon	
LAURA MCFA	RLAIN	0.00		0		0	0
COMMANDER							
MARK ASHLE		0.00		0		0	0
MARK ASTILL	•	0.00		J		Ū	
FINANCE OFF							
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GARY STEWA	RT	0.00		0		0	0
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NEC KENNETH BA	VI EV	0.00		0		0	0
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VICE COMMA	NDER						
ROBERT GRI	FFIN	0.00		0		0	0
VICE COMMA	NDER						
TOM MARCIL		0.00		0		0	0
#55 60MM	NDER						
VICE COMMA	NDER						
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Pai	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	• • •	<u>··</u> ⊢					
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	-	Yes	No				
	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				
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b						
С	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. 37a							
b	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				
b	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							
b	Gross receipts, included on line 9, for public use of club facilities]						
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 ►; section 4912 ►; section 4955 ►							
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization							
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No				
41	List the states with which a copy of this return is filed.	(50	.4) 247 (1067				
42a	The organization's books are in care of ▶ JIM MARTIN Telephone n	0.	14) 347-0	7067				
	Located at ► 5421 LAPALCO BLVD SUITE A MARRERO , LA ZIP + 4 ►	<u>70072</u>	4152					
_		\blacksquare	Yes	No				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No 				
	If "Yes," enter the name of the foreign country:		1					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial							
	Accounts (FBAR). 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: ►							
42.6	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	•						
	and enter the amount of tax exempt interest received of accided during the tax year.		Yes	No				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead							
,	of Form 990-EZ	44a		No				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No				
c	Did the organization receive any payments for indoor tanning services during the year?	44c	\neg	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						
	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				
		ı 1						

	ganization engage, directly or indirec					to		Yes	No
	s for public office? If "Yes," complete						46		No
All	ction 501(c)(3) Organization section 501(c)(3) organizations eck if the organization used Schedule	must answer questi	ons 47- 49b and	d 52, and	complete i	the table	s for lir	nes 50	and 5
Cit	cek ii tile organization asea senedale	o to respond to any q	acsdon in ans rai			<u> </u>		Yes	No
	rganization engage in lobbying activit complete Schedule C, Part II	ies or have a section 5	01(h) election in e	effect durir	ng the tax ye	ar?	47		
Is the org	anization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete	e Schedule	E		48		
Did the o	rganization make any transfers to an	exempt non-charitable	related organizat	tion?			49a		
If "Yes," ۱	was the related organization a section	527 organization? .					49b		
	this table for the organization's five received more than \$100,000 of con						and key	employ	ees)
	ne and title of each employee	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC)	ole (on con	(d) Health be tributions to benefit plans eferred comp	enefits, employee s, and		timated er comp	
			,		·				
Complete	imber of other employees paid over \$ this table for the organization's five		· · · · · · · · · · · · · · · · · · ·	· · ·	each receive	• ►ed more t	nan \$10	0,000 o	<u> </u>
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	this table for the organization's five ation from the organization. If there i	highest compensated in s none, enter "None."	·						
compensa	this table for the organization's five ation from the organization. If there i	highest compensated ir s none, enter "None." each independent contr	ractor	(b)					
Total nu	this table for the organization's five ation from the organization. If there is (a) Name and business address of each of the contractor of other independent contractors.	highest compensated in s none, enter "None." each independent contr	\$100,000	(b)	Type of serv				
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Total nu Did the comple er penalties vledge and lany knowled	this table for the organization's five ation from the organization. If there is (a) Name and business address of each of the contractor of the contractor organization complete Schedule A? It is true, correct, and complete dige. ***** Ignature of officer ARK ASHLEY FINANCE OFFICER **pe or print name and title Print/Type preparer's name	rs each receiving over NOTE. All section 501(\$100,000 c)(3) organization	s must att	Type of serv	nents, and formation	Yed to the of whic	ensation es best of	
compensation of the completion	this table for the organization's five ation from the organization. If there is (a) Name and business address of a large state of the contract of perjury, I declare that I have exampled the contract of perjury, I declare that I have exampled the contract of the contract	rs each receiving over NOTE. All section 501(a	\$100,000 c)(3) organization	s must att	Type of serv ach a es and stater sed on all in 2020-11-16 Date Check self-employ	if PTIN P0120 ed P72-0913	Yed to the of whice	ensation es best of	

Additional Data

Software ID:

Software Version:

EIN: 72-0945107 **Name:** AMERICAN VETERANS

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

Describe the organization services, as measured by number of persons benefi	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 VETERANS ASSISTANCE PRO AND TO SPONSOR ACTIVITION	OGRAMS - THOSE PROGRAMS DESIGNED TO ASSIST VETERANS AND THEIR FAMILIES ES OF A PATRIOTIC NATURE.	28a	
(Grants \$)	If this amount includes foreign grants, check here \ldots \longrightarrow \square		

