Form **990-EZ** 

# 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)

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Information about Form 990 F7 and its instructions is at wave in moulform999

Open to Public Inspection

A For the 2016 calendary year, or tax year beginning (7701 , 2016, and ending (7801 ) . 20 17      A for the 2016 calendary year, or tax year beginning (7701 ) . 2016, and ending (7801 ) . 2016   . 201	Internal Revenue Service Information about Form 990-E2 and its instructions is at www.irs.gov/rorm990.									
MEBICAN VETERANS OF WORLD WAR II AMVETS   Number and priest for P.O. box, if mail as not delivered to street address)   Room/sulfs   E Telephone number   Number and priest for P.O. box, if mail as not delivered to street address)   Room/sulfs   E Telephone number   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, country, and 2IP or foreign postal code   Colly or town, eatile or province, and 2IP or foreign postal code   Colly or town, eatile or province, and 2IP or foreign postal code   Colly or town, eatile or province, and 2IP or foreign postal code   Colly or town, eatile or province, and 2IP or foreign postal code   Colly or town, eatile or province, and 2IP or foreign postal code   Colly or town, eatile or province, and eatile code   Colly or town, eatile or province, and eatile code   Colly or town, eatile or province, and eatile code   Colly or town, eatile or province, and eatile code   Colly or town, eatile or province, and eatile code   Colly or town, eatile or province, country   Colly or town, eatile or province, and eatile code   Colly or town, eatile or province, country   Colly or town, eatile or province, and eatile code   Colly or town, eatile or province, control or	A	For the	2016 calend	0//01	, 2016,	and ending	06/30/	<b>, 20</b> <sub>17</sub>		
Number and street (or P.O. box, if mail is not delivered to street address)   Poom/suite   Poo	В	Check if a				Employer identification number				
Predict Prediction		Address of	change	AMERICAN VETERANS OF WORLD WAR II AMVETS			·			
Post   Professional professi				Number and street (or P.O. box, if mail is not delivered to street ad	dress)	Room/suite E T	elephone n	umber		
City or town, state or province, country, and 2iP or foreign postal code Amended relation    PRISENIX   2x 85086-119	爿			PO BOX 91191			6	23.760 6257		
PHOEMIX   2.8 85086-1191	H			City or town, state or province, country, and ZIP or foreign postal of	code	1/A F				
G Accounting Method:	Ħ			PHOENIX az 85066-1191		11 (1 / 1)	•	•		
Website: No   10   10   10   10   10   10   10   1	G					H Cher	· \	if the organization is not		
Tax-exempt status (check only one)								_		
Keymor or organization:   Corporation   Trust   Association   Association   College   Coll	-			ck only one) = \$\int 501(a)(2) \ \overline{A} 501(a) \( \( \) \) \ (insert no.)	1047(a)(1) or					
L Add lines 5b. 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ						<del></del>				
								<del></del>		
Check if the organization used Schedule O to respond to any questron in this Part I    1								40.470		
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received				·			ructions			
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   2   3   3   13,179	_	aiti								
Program service revenue including government fees and contracts  A Membership dues and assessments  A Investment income  B C Gross amount from sale of assets other than inventory  B Less: cost or other basis and sales expenses  C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  B C Gaming and fundraising events  C Gain or (loss) from gaming (attach Schedule G if greater than \$15,000)  B Gross income from gaming (attach Schedule G if greater than \$15,000)  C Less: direct expenses from gaming and fundraising events  C Less: direct expenses from gaming and fundraising events  C Less: cost of goods sold  C Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  C Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a)  C Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a)  To I revenue (describe in Schedule O)  To I Benefits paid to or for members  C Grants and similar amounts paid (list in Schedule O)  To I Benefits paid to or for members  To I Benefits paid to or for members  To I Salanes, other compensation, and employee benefits  To Total expenses (describe in Schedule O)  Total expenses. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Total expenses. Add lines 1 to through 16 NoV 2 2 2017  Total expenses. Add lines 10 through 16 NoV 2 2 2017  Total expenses. Add lines 10 through 16 NoV 2 2 2017  Net assets or fund balances at beginning of year (form line 9)  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20		1 4						<u>· · · · · · </u>		
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Professional fees and other payments to independent contractors		1					<del> </del>			
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16 Other expenses (describe in Schedule O)		15		blications postage and shipping			<del></del>	1 917		
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## AMERICAN VETERANS OF WORLD WAR II AMVETS

Form	990-EZ (2016)					Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)	·			
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	6,001	22	6,750
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets		[	6,001	25	6,750
26	Total liabilities (describe in Schedule O) .		[		26	
27	Net assets or fund balances (line 27 of colum	n (B) must agree wit	h line 21) [	6,001	27	6,750
Par	t III Statement of Program Service Accord	nplishments (see th	ne instructions for I	Part III)		
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	_				uired for section c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	lishments for each o	of its three largest o	rogram services		nizations, optional for
	neasured by expenses. In a clear and concise in				other	• •
pers	ons benefited, and other relevant information for e	each program title.	·			
28	PROVIDED VARIOUS COUNSELING SESSIONS TO VE	TERANS, I.E, HOUING, I	EMPLOYMENT, MEDIC	AL. MARITAL,		
	PROVIDED LONG DISTANCE PHONE CARDS TO HOSE	PITALIZED VETERANS,	PERSONAL HYGIENE	KITS		
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	▶ 🔲	28a	767
29	ROTC MEDALS TO 89 HIGH SCHOOL SENIORS					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	▶ 🔲	29a	1,206
30	PRESENTED AMERICANISM AWARDS TO STUDENTS	GRADES 1 THROUGH 8	ITH			
						•
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	▶ 🔲	30a	250
31	Other program services (describe in Schedule O)					
		t includes foreign gra	ants, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a				32	2,223
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list eac	n one even if not com	oensated-see the in	struct	tions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		🗀
		(b) Average	(c) Reportable	(d) Health benefits,	1	- 1 1
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		estimated amount of her compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
RALF	PH VELEZ					
EXE	CUTIVE DIRECTOR	7	l c			
RICK	YOUNG					
DEP/	ARTMENT COMMANDER		C			
PRES	STON A SCULL					
1ST	/ICE COMMANDER		0			
ALBE	RT MARTINEZ			<u> </u>		
FINA		7	Ò		)	
BRY	AN CASSELS					
JUDO	SE ADVOCATE	7	o			
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## AMERICAN VETERANS OF WORLD WAR II AMVETS

Form 990-EZ (2016)



Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in tl	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part	_	<u>.                                     </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	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	33		V
35a	change on Schedule O (see instructions)	34	-	<b>✓</b>
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b	<u> </u>	<b>✓</b>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>/</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  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?	37b 38a		✓ ✓
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			~ ·
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	1		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	estable.		
	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		<b>✓</b>
	List the states with which a copy of this return is filed AZ			
42a	<u> </u>	623,76		
	Located at ► 15828 W VALE DR GOODYEAR, AZ ZIP + 4 ► 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)?	85395 <b>42b</b>	Yes	No
	If "Yes," enter the name of the foreign country: ▶			<b>V</b>
	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 United States? .  If "Yes," enter the name of the foreign country: ▶	42c		<b>✓</b>
	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	· ·	. ► Yes	· 🗆 No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<del></del>	✓
	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		
ď	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>✓</b>
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
	Form 990-EZ (see instructions)	45b		<b>火</b>

AMERICAN VETERANS OF WORLD WAR II AMVETS Form 990-EZ (2016) Page 4 Yes Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 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 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 Did the organization make any transfers to an exempt non-charitable related organization?. 49a If "Yes," was the related organization a section 527 organization? . . . . . . . . . . 49b 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." (d) Health benefits, (b) Average (c) Reportable contributions to employee (e) Estimated amount of (a) Name and title of each employee hours per week compensation benefit plans, and deferred other compensation devoted to position (Forms W-2/1099-MISC) compensation f Total number of other employees paid over \$100,000 . 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 . . . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a 52 completed Schedule A Under penalties of penjury, 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. 11/13/2017 Sign Here FINANCE OFFICER ALBERT MARTINEZ Type or print name and title Date Preparer's signature PTIN Print/Type preparer's name Check II if Paid self-employed

Preparer

**Use Only** 

Firm's name

Firm's address ▶

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

Firm's EIN ▶

Phone no

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AMERICAN VETERANS OF WORLD WAR II AMVETS	86-0468703				
FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES, TRAVEL, 3,273					
FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES, SUPPLIES, 1,469					
FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES, ROTC 1,206					
FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES, MISCELLANEOUS, 4,565					
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