

ENVELOPE DATE NOV 15 2017

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

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

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 AMVETS. D Employer identification number: 86-0468703. E Telephone number: 623.760 6257. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual [] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: na

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

K Form of organization: [] Corporation [] Trust [] Association [X] Other exempt organization

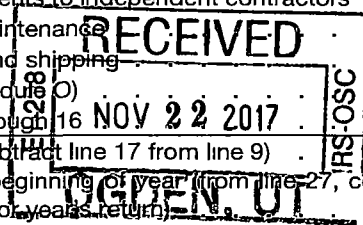
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 13,179

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 []

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 13,179 and total expenses is 12,430. Net assets at end of year is 6,001.

SCANNED JAN 19 2018



Handwritten initials '16 M' and a symbol.

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	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 column (B) must agree with line 21)	6,001	27 6,750

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? _____

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 PROVIDED VARIOUS COUNSELING SESSIONS TO VETERANS, I.E, HOUIING, EMPLOYMENT, MEDICAL, MARITAL, PROVIDED LONG DISTANCE PHONE CARDS TO HOSPITALIZED VETERANS, PERSONAL HYGIENE KITS (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 767
29 ROTC MEDALS TO 89 HIGH SCHOOL SENIORS (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 1,206
30 PRESENTED AMERICANISM AWARDS TO STUDENTS GRADES 1 THROUGH 8TH (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 250
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)	32 2,223

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
RALPH VELEZ EXECUTIVE DIRECTOR		0		
RICK YOUNG DEPARTMENT COMMANDER		0		
PRESTON A SCULL 1ST VICE COMMANDER		0		
ALBERT MARTINEZ FINANCE OFFICER		0		
BRYAN CASSELS JUDGE ADVOCATE		0		

AMERICAN VETERANS OF WORLD WAR II AMVETS

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.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35b			
35c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
37b			
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?		<input checked="" type="checkbox"/>
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
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			
c	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 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	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		<input checked="" type="checkbox"/>
40e			
41	List the states with which a copy of this return is filed ▶ <u>AZ</u>		
42a	The organization's books are in care of ▶ <u>RALPH VELEZ</u> Telephone no. ▶ <u>623.760.6257</u> Located at ▶ <u>15828 W VALE DR GOODYEAR, AZ</u> ZIP + 4 ▶ <u>85395-8759</u>		
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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
42b			
c	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: ▶ _____		<input checked="" type="checkbox"/>
42c			
43	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 ▶ <u>43</u>		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44a			
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		<input checked="" type="checkbox"/>
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44c			
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		<input checked="" type="checkbox"/>
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45a			
b	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)		<input checked="" type="checkbox"/>
45b			

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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

Table with columns Yes, No and row 46 with a checkmark in the No column.

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

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

Table with columns Yes, No and row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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."

Table with 3 columns: (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

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 section containing signature of Albert Martinez, Date 11/13/2017, and Title FINANCE OFFICER.

Paid Preparer Use Only section containing fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, and Firm's address.

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

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

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

AMERICAN VETERANS OF WORLD WAR II AMVETS

Employer identification number

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