

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)

2018

OMB No. 1545-1150

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

Open to Public

Inspection Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. (9)(0)Internal Revenue Service A For the 2018 calendar year, or tax year beginning 2018, and ending JUNE 30 , 20 JULY 01, 2018 C Name of organization B Check if applicable D Employer identification number AMERICAN VETERANS OF WORLD WAR II AMVETS 860468703 Address change Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 602 583 1297 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption 19 Amended return PHOENIX, AZ 85066 Number ▶ Application pending G Accounting Method: √ Cash Accrual Other (specify) ▶ H Check ► ✓ If the organization is not I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ☐ Trust ☐ Association 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . 10,623 00 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 Contributions, gifts, grants, and similar amounts received . . . . . . 2 2 Program service revenue including government fees and contracts · 10,623 00 3 Membership dues and assessments . . . . . . 3 4 Investment income . . . . . . 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than 6a 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 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances . 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) . . . . . 8 8 10,623 00 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 10 Grants and similar amounts paid (list in Schedule O) RECEIVED 11 Benefits paid to or for members . . . . . . . 11 12 Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping . . . 15 3,258 00 9,423 00 16 Other expenses (describe in Schedule O) . . . . . 16 Total expenses. Add lines 10 through 16 . . 12,681 00 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . (2,05800)18 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) . . . . . . . . 3.925 00 19 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 20 0 1.867 00 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form 990-EZ (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421

26 Total liabilities (describe in Schedule O)	Pa	rt II	Balance Sheets (see the instructions					_	
22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe in Schedule O)  25 Total assets  26 Total liabilities (describe in Schedule O)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Check if the organization used Schedule O to respond to any question in this Part III  29 Check if the organization's primary exempt purpose?  29 Describe the organization's primary exempt purpose?  29 HOUSING, MARITAL, SUBSTANCE ABUSE, EMPLOYMENT REFERRAL SERVICES PROVIDED AS DEMANDED  (Grants \$ ) If this amount includes foreign grants, check here   29a   1,122 00    29 ROTC MEDALS PROVIDED TO 87 DIFFERENT HIGHS SCHOOL CADETS THROUGHOUT THE STATE  (Grants \$ ) If this amount includes foreign grants, check here   29a   1,122 00    29 ROTC MEDALS PROVIDED TO RESPECTIVE AWARD WINNING PARTICIPANTS  (Grants \$ ) If this amount includes foreign grants, check here   30a   1,122 00    30 AMERICANISM AWARDS PROVIDED TO RESPECTIVE AWARD WINNING PARTICIPANTS  (Grants \$ ) If this amount includes foreign grants, check here   30a   1,122 00    31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here   30a   1,122 00    31 Other program service species and lines 28a through 31a)   1,122 00    32 Total program service expenses (add lines 28a through 31a)   1,122 00    33 Total program service expenses (add lines 28a through 31a)   1,122 00    34 Part IV   List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)   1,122 00    34 Part IV   List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensation deferred compensation for part IV)   1,122 00    35 Part IV   List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)   1,122 00    36 Part IV   List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instruct			Check if the organization used Schedule	e O to respond to a	iny question in this		· ·	(7) 5-1-(	
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24 Other assets (describe in Schedule O) 25 Total assets 26 Total assets 27 Net assets (describe in Schedule O) 28 Total assets of fund balances (line 27 of column (B) must agree with line 21) 29 Total assets of fund balances (line 27 of column (B) must agree with line 21) 3,925 00 27 1,867 00 29 Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization sprimary exempt purpose?  Describe the organization's primary exempt purpose?  Describe the organization as one can provided, the number of persons benefited, and other relevant information for each program title.  28 HOUSING, MARITAL, SUBSTANCE ABUSE, EMPLOYMENT REFERRAL, SERVICES PROVIDED AS DEMANDED  (Grants \$ ) If this amount includes foreign grants, check here			<del>-</del>			3,925 00	+=-+	1,867 00	
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Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  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  Check if the organization's primary exempt purpose?  What is the organization's primary exempt purpose?  Describe the organization's 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.  28 HOUSING, MARITAL, SUBSTANCE ABUSE, EMPLOYMENT REFERRAL SERVICES PROVIDED AS DEMANDED  (Grants \$ ) If this amount includes foreign grants, check here						3.925 00		1.867.00	
Net assets or fund balances (line 27 of column (B) must agree with line 21)   3,925 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27   1,867 00   27						0,020	<del></del>	1,557.50	
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What is the organization's primary exempt purpose?  Describe the organization's program service accomplishments for each of its three largest program services, so a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 HOUSING, MARITAL, SUBSTANCE ABUSE, EMPLOYMENT REFERRAL SERVICES PROVIDED AS DEMANDED  (Grants \$ ) If this amount includes foreign grants, check here			<del>-</del>	- '				•	
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RALPH VELEZ, EX DIRECTOR  (Grants PROVIDED TO 87 DIFFERENT HIGHS SCHOOL CADETS THROUGHOUT THE STATE  (Grants \$ ) If this amount includes foreign grants, check here								_	
Grants \$   If this amount includes foreign grants, check here   29a   1,122 00							28a	3,716 00	
AMERICANISM AWARDS PROVIDED TO RESPECTIVE AWARD WINNING PARTICIPANTS  (Grants \$ ) If this amount includes foreign grants, check here	29	ROTC	MEDALS PROVIDED TO 87 DIFFERENT HIGH	S SCHOOL CADETS	THROUGHOUT THE S	STATE			
AMERICANISM AWARDS PROVIDED TO RESPECTIVE AWARD WINNING PARTICIPANTS  (Grants \$ ) If this amount includes foreign grants, check here			•			·			
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(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 30a 140 00 31 Other program services (describe in Schedule O)	~~					<u> ▶ ⊔</u>	29a	1,122 00	
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	30	AMERI		E AVVARD WINNING	MAKTICH ANTS				
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here		(Grant	s\$ ) If this amount	includes foreign gr	ants, check here .	• 🗆	30a	140 00	
Total program service expenses (add lines 28a through 31a)	31	<del></del>							
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			s\$ ) If this amount	includes foreign gr	ants, check here .	▶ □_	31a		
Check if the organization used Schedule O to respond to any question in this Part IV	32	Total	program service expenses (add lines 28a	through 31a)		🕨	32		
(a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC) (First paid, enter -0-)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation of other compensation  (e) Estimated amount of other compensation of other compensation  (e) Estimated amount of other compensation of other co	Par	ł IV					nstruc	ctions for Part IV)	
(a) Name and title bours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) contributions to employee benefit plans, and deferred compensation other compensation (if not paid, enter -0-) benefit plans, and deferred compensation other compensation other compensation of their compensation of the compen			Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>	
DAVID JOHNSON, DEPARTMENT COMMANDER  PRESTON A SCULL I VICE COMMANDER  ALBERT MARTINEZ, FINANCE OFFICER		(a) Name and trile		hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	other compensation		
PRESTON A SCULL I VICE COMMANDER  ALBERT MARTINEZ, FINANCE OFFICER	RALF	H VELE	Z, EX DIRECTOR	-					
ALBERT MARTINEZ, FINANCE OFFICER	DAVI	D JOHN	SON, DEPARTMENT COMMANDER				$\dagger$		
	PRES	STON A	SCULL I VICE COMMANDER						
	ALBE	RT MAI	RTINEZ, FINANCE OFFICER	] 		<u> </u>	-	····	
MITCHEL WILSON, JUDGE ADVOCATE							_		
	MITC	HLL VVI	SON, JUDGE ADVOCATE						
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Part	unstructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			. $\sqcap$
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	5 Fail	Yes	
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		1
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		1
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		1
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		1
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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			<del></del>
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b	<del> </del>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			<del>-</del>
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	_		1
ь	Gross receipts, included on line 9, for public use of club facilities	4		1
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	40ь		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		_
	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			
е	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>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	<b>√</b>
	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).			
С	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>
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		. •	<b></b>
			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		<b>_</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			لـِ
_	completed instead of Form 990-EZ	44b	<del>  </del>	<u>√</u>
	Did the organization receive any payments for indoor tanning services during the year?	44c	<del></del>	<del></del> 1
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<del>`</del>
	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		<u> </u>

Ves   No   No   No   No   No   No   No   N	Form 9	90-EZ (	2018)								F	age 4
to candidates for public office? If "Yes," complete Schedule C, Part I									-		Yes	No
All 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    Check if the organization and organization as chool as desorbed in section 501(h) electron in effect during the tax   year? If "Yes," complete Schedule C, Part II   Site to organization a school as desorbed in section 17(b)(1)(A)(i)? If "Yes," complete Schedule E   48	.46	Did	the organization engage, directly or in	ndirectly, in political o	campaign activities	on behal	f of or	in opposit	tion [			
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  Did the organization engage in lobbying activities or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part III as the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 list the organization make any transfers to an exempt non-charitable related organization? 489 list in the organization as escion 527 organization?  489 bit "Yes," was the related organization as escion 527 organization?  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 of the organization. If there is none, enter "None."  (a) Name and table of each employee and over \$100,000 passion (froms W-2/1099-M65C)  of Total number of other employees paid over \$100,000 passion (froms W-2/1099-M65C)  of the seminary of the passion of the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and business address of each independent contractor (b) Type of service (c) Compensation of the organization of proper (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, concel, and complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Properties (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, concel, and complete Schedule A Properties (other than officer) properties of the properties of the properties of the prope		to c			, Part I					46		1
So and 51. Check if the organization used Schedule O to respond to any question in this Part V      Check if the organization engage in lobbying activities or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II     Ves   No	Part	VI										
Check if the organization used Schedule O to respond to any question in this Part VI  147  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47  148  Is the organization action as described in section 170(b)(1)(A)(h) if "Yes," complete Schedule E 48  149  150 the organization make any transfers to an exempt non-charitable related organization 3 (49b)  150 the organization action of organization as section 527 organization 3 (49b)  150 the organization make any transfers to an exempt non-charitable related organization 3 (49b)  150 the organization action of the highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$10,0,000 of compensation from the organization. If there is none, enter "None"  (a) Name and title of each employee  (b) Average (c) Reportable compensation or more than organization. If there is none, enter "None."  (b) Average (c) Reportable compensation or more than organization or five the organization or five recompensation organization. If there is none, enter "None."  (b) Name and business address of each endependent contractor (b) Type of service (c) Compensation  (c) Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Name and business address of each endependent contractor (e) Type of service (e) Compensation  47 Total number of other independent contractors each receiving over \$100,000 organizations must attach a complete Schedule A Note: All section \$501(c)(3) organizations must attach a complete Schedule A Note: All section \$501(c)(3) organizations must attach a complete Schedule A Note: All section \$501(c)(3) organizations must attach a complete Schedule A Note: All section \$501(c)(3) organizations must attach a complete Schedule A Note: All section \$501(c)(3) organizations must attach a section \$501(c)(3) organ				s must answer que	estions 47–49b a	nd 52, ar	nd cor	nplete the	e tabl	es fo	or lin	es
Vest   No   Vest   No   Vest   No   Vest   No   Vest   No   Vest   Vest   No   Vest												
247   year?     "Yes," complete Schedule C, Part II			Check if the organization used Sch	nedule O to respond	to any question	in this Pa	irt VI					. $\square$
year? If "Yes," complete Schedule C, Part II  8 Is the organization a school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E  48   48   49   48    8 Is the organization a school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E  48   49   49    49   49    49   49    49   49    49   49    49   49    49   49    49   49    49   49    49   49    49   49    49   49    49    40   Yes, "was the related organization a section 527 organization?  50   Complete this table for the organization is 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 paid over \$100,000    f Total number of other employees paid over \$100,000    f 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  (c) Compensation  (d) Compensation  (e) Compensation  (d) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (f) Total number of other independent contractors each receiving over \$100,000 .											Yes	No
18 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   48   49a   b   49	47											
39a		year	year? If "Yes," complete Schedule C, Part II									ļ
b If "Yes," was the related organization a section 527 organization?  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" (of Name and title of each employee	48	Is th	e organization a school as described in	n section 170(b)(1)(A)(i	(ii)? If "Yes," complete Schedule E					48		
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Type or print name and title  Paid  Preparer  Use Only  Type or print name and title  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶  Firm's address ▶  Phone no.		- }	▲ ALBERT MARTINEZ OCTOBER 14, 2019									
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