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)

2017

OMB No. 1545-1150

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Go to www.irs.gov/Form990F7 for instructions and the latest information

memai Revenue Service						
			ar year, or tax year beginning july 1 , 2017, and ending		une 30	
B Check if applicable .			C Name of organization	D Empl	_	entification number
=	Address c	•	Department of Arizona VFW Post #3516			66052813
_	Name cha		Number and street (or P O. box, if mail is not delivered to street address)	E Telep		
_	nitial retui	m π∕terminated	2826 Wikieup Ave.		(92	8)753-3040
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou		
	pplicatio	n pending	Kingman, AZ 86401-5208 \C	Nun	nber 🕨	1673
G A	ccount	ting Method:	✓ Cash Accrual Other (specify) ►	H Check	▶ ☑ i	f the organization is not
I V	/ebsite	: ► N/A		required	to atta	ach Schedule B
J Ta	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) (19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990)-EZ, or 990-PF).
			☑ Corporation ☐ Trust ' ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets		
(Par	t II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	89,933
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see t	he instru	ctions	for Part I) 👨
		Check If	the organization used Schedule O to respond to any question in this Pa	rt I		<u></u>
	1	Contributio	ns, gifts, grants, and similar amounts received		1	8,253
6 6	2	Program se	ervice revenue including government fees and contracts		2	
1	3	Membersh	ip dues and assessments		3	1,229
1	4	Investment	income		4	49
_	5a	Gross amo	unt from sale of assets other than inventory 5a	5,552		
	b	Less: cost	or other basis and sales expenses			
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	5,552
	6	Gaming an	d fundraising events			
	а	Gross inco	ome from gaming (attach Schedule G if greater than-			
ē		\$15,000) .	` 6a	2,056]	
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribut	ions	1	
ě		from fundra	aising events reported on line 1) (attach Schedule G if the			
_		sum of suc				
	С		t expenses from gaming and fundraising events 6c	5,714]	
	d	Net income	subtract	1		
		line 6c) .			6d	(3,658)
	7a	Gross sale:	s of inventory, less returns and allowances	71,889		
	b	Less: cost	of goods sold	42,850]	
	С	Gross profi	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	29,039
	8	Other rever	nue (describe in Schedule O)		8	905
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> Þ</u>	9	41,369
	10	Grants and	similar amounts paid (list in Schedule O) RECEIVED		10	2,343
	11	Benefits pa	aid to or for members		11	
es	12	Salaries, of	ther compensation, and employee benefits		12	7,134
Expenses	13	Profession	al fees and other payments to independent control (2 5.2019)		13	1,216
	14	Occupancy	ر, rent, utilities, and maintenance		14	27,744
	15	• • •	ublications, postage, and shipping OGDEN, UT		15	
	16	Other expe	enses (describe in Schedule O) 🔞 . , ,	I,	16	7,950
	17		nses. Add lines 10 through 16	<u> ▶</u>	17	<u>45,887</u>
(O)	18		deficit) for the year (Subtract line 17 from line 9)		18	(4,518)
set	19	Net assets	ree with			
Ą		-	r figure reported on prior year's return)		19	155,548
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20	<u>(4,138)</u>
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	>	21	146,892
						Farm 000-E7 (0017)

Pa	rt II	Balance Sheets (see		·	nu mucation in this	Dort II			
_		Check if the organization	n usea Schedule	O to respond to a	ny question in this	(A) Beginning of year	r i -	(B) End of year	
22	Casl	h, savings, and investmen	ts			§0,139	22	41,283	
23		d and buildings			-	85,159		85,159	
24		er assets (describe in Scho				20,250	_	20,250	
25		ıl assets	•		<u> </u>	155,548		146,892	
26		al liabilities (describe in S				100,040	26	140,072	
27		assets or fund balances				158,548		146,892	
	tIII	Statement of Program					, <u> </u>	140,072	
		Check if the organization						Expenses	
Wha	t is the	organization's primary ex			· · · · · · · · · · · · · · · · · · ·	·		quired for section (c)(3) and 501(c)(4)	
as n	neasure	e organization's programed by expenses. In a clenefited, and other relevant	ar and concise m	anner, describe th			org	anizations; optional for ers.)	
28									
72	(Grant	s \$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗆	28	1	
29									
	(Grant	s \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	298		
30									
	(Grant	s \$		ıncludes foreign gr	ants, check here .	• 🗆	30a		
31 Other program services (describe in Schedule O)									
	(Grant	s \$ program service expens			ants, check here .		31		
		Check if the organization		(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 employ	- 1	Estimated amount of other compensation	
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	Part					•
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Pan	7		-
	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.	-
P	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		~	- <u>@</u>
	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 35b			-
	c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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		>	
	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		·	6
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				İ
	b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		7	
	ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				i
	39	Section 501(c)(7) organizations. Enter:	=			l
	а	Initiation fees and capital contributions included on line 9				ĺ
	b 40a	Gross receipts, included on line 9, for public use of club facilities				
	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		i	6
	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 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	40e		\	
	41	List the states with which a copy of this return is filed ▶		•		_
	42a	The organization's books are in care of ▶ Telephone no. ▶				-
		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		T:		-
	b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸	i
		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		1		
		Financial Accounts (FBAR).	42c	_		
	С	If "Yes," enter the name of the foreign country: ▶				=
	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	• •	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		~	j
	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		~	<u> </u>
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ 	j
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	~	
	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)	45b		~	İ
						=

Form 990	D-EZ (2	217)						P	age 4
		ne organization engage, directly or inc						Yes	No
		ndidates for public office? If "Yes," co		, Part I			. 46		V [2
Part \		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	must answer que			•	e tables f	or line	es
		Check if the organization used Sch	equie O to respond	to any question in	this Part	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· ·	No
		ne organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(h) elect		_		Yes	
48	ls the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule	Е	<u> </u>		<u>[</u>
	Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," was the related organization a section 527 organization?								
		plete this table for the organization's							
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution contr	alth benefits, ons to employee ns, and deferred pensation	(e) Estimate other con		
		<u> </u>							
					1				
					j				
51	Comp	number of other employees paid ove plete this table for the organization's 000 of compensation from the organ	five highest compe	ensated independer	nt contract	- ors who each	received	more	than
	(a) Name and business address of each independent contractor			(b) Type of s	(c) Compensation				
									
				-					
d	Total	number of other independent contract	ctors each receiving	over \$100.000	. ▶				
52	Did 1	he organization complete Schedul	-		ganizations	must attack	n a .▶∐ Yes	; [] !	No
Under pe	enalties	of perjury, I declare that I have examined this re	etum, including accompan	lying schedules and state	ements, and to	the best of my kr	nowledge and	belief,	ıt ıs
Sign Here Cliften Oppenhein, Jr., Quartermaster						4 18,	20	19	
	2	Type or print name and title					1		
Paid Prepa	aro-	Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo			
Use (Firm's name ▶				Fırm's EIN ▶			
		Firm's address ▶			1	Phone no.	<u> </u>		<u> </u>
May th	e IRS	discuss this return with the preparer	shown above? See	instructions			Yes Yes	: 🔲	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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Department of Arizona VFW Post #3516	86-6052813						
Part I, Line 8: Peel table, Jukebox, Darts \$552, ATM \$190, Recycle \$48, other income \$115							
Part I, Line 16: Coventions and Meetings \$32, payments to affiliates \$550, licenses \$1,234, membership, mileage and operating							
supplies \$3,238, Association Fees \$150, bank charge \$45, dues payment \$550, Staff tr							
eemputer supplies \$1,417, office supplies \$504							
Part I, Line 20 less eash en hand (\$4,138)							
Part V, Line 35b: All activities are permitted by regulation or statute							
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t,							