

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

A For the 2022 calendar year, or tax year beginning 09-01-2022, and ending 08-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: AMVETS (AMERICAN VETERANS)
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 4647 FORBES BOULEVARD
City or town, state or province, country, and ZIP or foreign postal code: LANHAM, MD 207064380

D Employer identification number: 53-0176836
E Telephone number: (301) 459-9600
G Gross receipts \$ 4,606,265

F Name and address of principal officer: JOSEPH CHENELLY, 4647 FORBES BOULEVARD, LANHAM, MD 207064380

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(19) 4947(a)(1) or 527

J Website: WWW.AMVETS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1947 M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT FOR VETS/ MILITARY THAT ENHANCE THE QUALITY OF LIFE FOR CITIZENS/VETS ALIKE.

Table with 2 columns: Description (3-7b) and Amount (8-15). Rows include voting members, employees, volunteers, and revenue/expenses.

Table with 3 columns: Description (8-12), Prior Year, Current Year. Rows include contributions, program service revenue, investment income, and other revenue.

Table with 3 columns: Description (13-19), Prior Year, Current Year. Rows include grants paid, benefits, salaries, fundraising fees, and other expenses.

Table with 3 columns: Description (20-22), Beginning of Current Year, End of Year. Rows include total assets, total liabilities, and net assets.

Part II Signature Block

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.

<b>Sign Here</b>	Signature of officer	2024-05-07
	JOSEPH CHENELLY EXECUTIVE DIRECTOR Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00288314
	Firm's name ▶ GELMAN ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008			
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930	Phone no. (301) 951-9090			

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2022)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:  
 AMVETS IS A VETERANS SERVICE ORGANIZATION WHOSE MEMBERS, HAVING SERVED OR NOW SERVING IN THE U.S. ARMED FORCES, ARE UNITED TO UPHOLD AND DEFEND THE CONSTITUTION OF THE UNITED STATES; TO SAFEGUARD THE PRINCIPLES OF FREEDOM, LIBERTY AND JUSTICE FOR ALL; TO PROMOTE THE CAUSE OF PEACE AND GOODWILL AMONG NATIONS; TO MAINTAIN INVIOATE THE FREEDOM OF OUR COUNTRY; TO PERPETUATE THE FRIENDS AND ASSOCIATIONS OF THESE VETERANS; AND TO PROVIDE MEMBERS MUTUAL ASSISTANCE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 HEAL: TO ENSURE VETERANS WITH MEDICAL NEEDS RECEIVE THE HELP THEY HAVE EARNED TO ACCESS THE BEST QUALITY HEALTHCARE, INCLUDING MENTAL HEALTH AND SPECIALIZED SERVICES (TRAUMATIC BRAIN INJURY, POLYTRAUMA, POST-TRAUMATIC STRESS) AND LIVE LONGER, HEALTHIER LIVES.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 MEMBERSHIP: PROVIDES SUPPORT SERVICES FOR APPROXIMATELY 1,075 LOCAL POSTS FOR THE BENEFIT OF THE INDIVIDUAL MEMBERS, AND HELPS MAKE PROGRAMS AND SERVICES AVAILABLE TO VETERANS, ACTIVE DUTY AND RESERVE ARMED FORCES.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 CAREER CENTER: PROVIDES FREE-OF-CHARGE CAREER TRAINING AND EMPLOYMENT ASSISTANCE FOR VETERANS AND SERVICE MEMBERS FROM THE ACTIVE, GUARD AND RESERVE, AND THEIR SPOUSES. WE ARE STAFFED BY VOLUNTEERS, WHO WILL REACH OUT TO THE LOCAL COMMUNITY AND COMPANIES BIG AND SMALL TO MATCH JOB-SEEKING VETERANS WITH EMPLOYERS WHO ARE EAGER TO HIRE VETERANS.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶

Part IV **Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h)		

election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		<b>4</b>	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b>	No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b>	No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b>	No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b>	No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b>	No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<b>11a</b>	Yes
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	<b>11b</b>	No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	<b>11c</b>	No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<b>11d</b>	No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11e</b>	No
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11f</b>	Yes
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<b>12a</b>	Yes
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	<b>12b</b>	No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b>	No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b>	No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>	No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions. . . . .	<b>17</b>	Yes
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of		

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .

24a		No
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

24b		
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .

24c		
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

24d		
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

25a		
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

25b		
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26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .

26		No
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .

27		No
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28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .

28a		No
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b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .

28b		No
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .

28c		No
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29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

29		No
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

30		No
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

31		No
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

32		No
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .

33		No
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34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .

34		No
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35a		No
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b If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2 . . . . .

35b		
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

36		
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .

37		No
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .

38	Yes	
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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . .

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .

1a	2
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .

1b	0
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

1c	Yes
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .

2a	15
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

2b	Yes
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2c Did the organization have unrelated business gross income of \$1,000 or more during the year?

2c	No
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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	8	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	7	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  AL, CA, CT, GA, IL, KY, MD, MN, MS, NH, NJ, NY, NC, OR, PA, SC, TN, UT, VA, WV
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 JOSEPH CHENELLY 4647 FORBES BOULEVARD LANHAM, MD 207064380 (301) 459-9600

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY HEUN ..... NATIONAL COMMANDER (UNTIL 9/22)	40.00 .....	X		X				91,500	0	0
(2) DONALD MCLEAN ..... NATIONAL COMMANDER (FROM 9/22)	1.00 .....	X		X				0	0	0
(3) BILL CLARK ..... NATIONAL 2ND VICE COMMANDE	1.00 .....	X		X				0	0	0
(4) PAUL SHIPLEY ..... NATIONAL 3RD VICE COMMANDE	1.00 .....	X		X				0	0	0
(5) DONALD STREAM ..... NATIONAL FIN. OFFICER	1.00 .....	X		X				0	0	0
(6) JAMES B KING ..... NATIONAL JUDGE ADVOCATE	1.00 .....	X						0	0	0
(7) JOSEPH T PIENING ..... 1 YR. MEMBER	1.00 .....	X						0	0	0
(8) CHRISTOPHER STUDEBAKER ..... 1 YR. MEMBER	1.00 .....	X						0	0	0
(9) JOSEPH CHENELLY ..... EXECUTIVE DIRECTOR	20.00 .....			X				71,144	0	24,408





2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . .

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .				
<b>1b</b> Contributions, gifts, grants, and membership dues . . . . .				
<b>1c</b> Other fundraising events . . . . .				
<b>1d</b> Related organizations . . . . .				
<b>1e</b> Government grants (contributions) . . . . .				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	1,506,958			
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . .	1,506,958			

Program Service Revenue	Business Code			
		(A)	(B)	(C)
<b>2a</b> MEMBERSHIP DUES . . . . .	900099	997,973	997,973	
<b>2b</b> CONVENTION . . . . .	900099	53,292	53,292	
<b>2c</b> . . . . .				
<b>2d</b> . . . . .				
<b>2e</b> . . . . .				
<b>2f</b> All other program service revenue . . . . .				
<b>g Total.</b> Add lines 2a-2f. . . . .		1,051,265		

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		190,416		190,416
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				
<b>5</b> Royalties . . . . .				
<b>6a</b> Gross rents . . . . .	(i) Real		(ii) Personal	
<b>6b</b> Less: rental expenses . . . . .				
<b>6c</b> Rental income or (loss) . . . . .				
<b>d</b> Net rental income or (loss) . . . . .				
<b>7a</b> Gross amount from sales of . . . . .	(i) Securities	1,852,729	(ii) Other	

<b>Other Revenue</b>	assets other than inventory					
	Less: cost or other basis and sales expenses	<b>7b</b>	1,818,464			
	Gain or (loss)	<b>7c</b>	34,265			
	<b>d</b> Net gain or (loss)			34,265		34,265
	<b>a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>11a</b> OTHER	Business Code	900099	4,897		4,897	
<b>b</b>						
Other Revenue Misc Amt						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			4,897			
<b>12 Total revenue.</b> See instructions			2,787,801	1,051,265	0	229,578

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	20,444			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	227,008			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,204,016			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,153			
<b>9</b> Other employee benefits	132,932			

<b>10</b> Payroll taxes . . . . .	107,355			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,255			
<b>c</b> Accounting . . . . .	49,908			
<b>d</b> Lobbying . . . . .	29,937			
<b>e</b> Professional fundraising services. See Part IV, line 17	34,466			
<b>f</b> Investment management fees . . . . .	43,291			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	143,359			
<b>12</b> Advertising and promotion . . . . .	780			
<b>13</b> Office expenses . . . . .	74,801			
<b>14</b> Information technology . . . . .	119,302			
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	52,152			
<b>17</b> Travel . . . . .	284,642			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	215,966			
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	17,720			
<b>23</b> Insurance . . . . .	17,185			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRINTING AND POSTAGE	107,509			
<b>b</b> DUES, FEES AND LICENSES	47,524			
<b>c</b> REPAIRS AND MAINTENANCE	32,275			
<b>d</b> PAYROLL FEES	17,046			
<b>e</b> All other expenses	53,198			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,075,224			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	142,279	0	0	0

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

	(A)		(B)	
	Beginning of year		End of year	
<b>1</b> Cash—non-interest-bearing . . . . .	95,034	<b>1</b>	224,639	
<b>2</b> Savings and temporary cash investments . . . . .	886,995	<b>2</b>	743,048	
<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
<b>4</b> Accounts receivable, net . . . . .	67,554	<b>4</b>	0	
<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>		
<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>		
<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	1,135	
<b>10a</b> Land, buildings, and equipment: cost or other . . . . .				

Assets

		<b>10a</b>	3,086,699		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	2,841,658	262,761	<b>10c</b> 245,041
	<b>11</b> Investments—publicly traded securities			7,391,641	<b>11</b> 7,409,431
	<b>12</b> Investments—other securities. See Part IV, line 11				<b>12</b>
	<b>13</b> Investments—program-related. See Part IV, line 11				<b>13</b>
	<b>14</b> Intangible assets				<b>14</b>
	<b>15</b> Other assets. See Part IV, line 11				<b>15</b>
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		8,703,985		<b>16</b> 8,623,294
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses			804,937	<b>17</b> 773,917
	<b>18</b> Grants payable				<b>18</b>
	<b>19</b> Deferred revenue			27,600	<b>19</b> 25,935
	<b>20</b> Tax-exempt bond liabilities				<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D				<b>21</b>
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties				<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties				<b>24</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D				<b>25</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25			832,537	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions			7,248,724	<b>27</b> 7,141,860
	<b>28</b> Net assets with donor restrictions			622,724	<b>28</b> 681,582
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds				<b>29</b>
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund				<b>30</b>
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds				<b>31</b>
	<b>32</b> Total net assets or fund balances			7,871,448	<b>32</b> 7,823,442
<b>33</b> Total liabilities and net assets/fund balances			8,703,985	<b>33</b> 8,623,294	

Form 990 (2022)

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,787,801
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,075,224
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-287,423
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,871,448
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	239,417
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,823,442

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	<b>Yes</b>	<b>No</b>
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a _____		No

separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

Form **990** (2022)

Form 990 (2022)

**Additional Data**

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**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description
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<a href="#">efile Public Visual Render</a>	ObjectID: 202421289349302837 - Submission: 2024-05-07	TIN: 53-0176836
<b>Schedule B</b> (Form 990) Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b> Attach to Form 990, 990-EZ, or 990-PF. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <span style="font-size: 2em; color: green;">2022</span>

Name of the organization AMVETS (AMERICAN VETERANS)	Employer identification number 53-0176836
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2022)

Part I			
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)		Page 3
Name of organization AMVETS (AMERICAN VETERANS)	Employer identification number 53-0176836	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 4

Name of organization AMVETS (AMERICAN VETERANS)	Employer identification number 53-0176836
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held



(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Schedule B (Form 990) (2022)

**Additional Data**

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Software ID:  
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (AMVETS (AMERICAN VETERANS)), Employer identification number (53-0176836)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount fields. Includes questions 1a, 1b, and 2 regarding collections of art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		199,134		199,134
<b>b</b> Buildings . . . . .		1,683,773	1,659,096	24,677
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		360,121	338,891	21,230
<b>e</b> Other . . . . .		843,671	843,671	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				245,041

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and rows (A) through (H).

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and a Total row.

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and a Total row.

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1.



## Additional Data

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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMVETS (AMERICAN VETERANS)

Employer identification number 53-0176836

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for KIRKWOOD DIRECT and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Schedule G (Form 990) 2022

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMVETS (AMERICAN VETERANS)

Employer identification number 53-0176836

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation. Entry: PART I, LINE 2: TO MONITOR THE USE OF THE GRANTS AND OTHER ASSISTANCE, AMVETS SENDS A DIRECTOR TO ALL AMVETS-SPONSORED EVENTS HELD BY GRANTEEES.

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<b>efile Public Visual Render</b>	<b>ObjectID: 202421289349302837 - Submission: 2024-05-07</b>	<b>TIN: 53-0176836</b>
<b>SCHEDULE O</b> (Form 990)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> 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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <span style="font-size: 2em; color: green;"><b>2022</b></span> Open to Public Inspection

Name of the organization AMVETS (AMERICAN VETERANS)	Employer identification number 53-0176836
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AMVETS HAS TWO TYPES OF MEMBERS: A LIFE MEMBER PAYS \$250 AS DUES AND IS A MEMBER OF AMVETS IN PERPETUITY; AND AN ANNUAL MEMBER OF AMVETS RENEWS HIS/HER MEMBERSHIP ON A 1,2 OR 3 YEAR BASIS.
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE ORGANIZATION ELECT MEMBERS OF THE NATIONAL EXECUTIVE COMMITTEE. THE NATIONAL EXECUTIVE COMMITTEE THEN ELECTS THE NATIONAL FINANCE COMMITTEE AT THE NATIONAL CONVENTION, WHICH IS HELD ANNUALLY EVERY AUGUST.
FORM 990, PART VI, SECTION B, LINE 11B	AMVETS HIRED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990. THE DRAFT 990 WAS REVIEWED BY THE NATIONAL EXECUTIVE DIRECTOR. THE FINAL 990 WAS PROVIDED TO THE BOARD BEFORE IT WAS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	AMVETS RECOGNIZES THE NATIONAL SALARIED OFFICERS', DIRECTORS', AND NATIONAL DEPARTMENT EMPLOYEES' RIGHT TO ENGAGE IN ACTIVITIES OUTSIDE OF THEIR OFFICES, WHICH ARE PRIVATE IN NATURE AND DO NOT IN ANY WAY CONFLICT WITH OR REFLECT POORLY ON AMVETS. AMVETS EMPLOYEES MUST REFRAIN FROM TAKING PART IN, OR EXERTING INFLUENCE, IN ANY TRANSACTION IN WHICH THEIR OWN INTEREST MAY CONFLICT WITH THE BEST INTEREST OF AMVETS. ANY DUALITY OF FINANCIAL OR POSSIBLE DIRECT OR INDIRECT CONFLICT OF INTEREST ON THE PART OF ANY OFFICIAL IS PROMPTLY DISCLOSED IN WRITING TO THE APPROPRIATE EXECUTIVE DIRECTOR/COMMANDER AND MADE A MATTER OF RECORD THROUGH A PERIODIC ESTABLISHED PROCEDURE AND AGAIN WHEN THE INTEREST BECOMES A MATTER OF AMVETS ACTION. ANY OFFICIAL HAVING A DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER DOES NOT VOTE OR USE HIS/HER PERSONAL INFLUENCE ON THE MATTER AND IS NOT COUNTED IN DETERMINING THE QUORUM FOR A MEETING, EVEN WHERE PERMITTED BY LAW. THE MINUTES OF THE MEETING REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM VOTING, AND THE QUORUM. ALL AMVETS NATIONAL SALARIED OFFICIALS PERIODICALLY FILE A CONFLICT OF INTEREST STATEMENT WITH THE NATIONAL EXECUTIVE DIRECTOR/COMMANDER. THIS STATEMENT IS AN INTEGRAL PART OF THEIR FILES FOR THE DURATION OF OFFICE.
FORM 990, PART VI, SECTION B, LINE 15A	THE AMVETS BUDGET, INCLUDING GENERAL AMOUNTS FOR SALARIES AND BENEFITS, IS SET BY THE FINANCE COMMITTEE. THIS REPRESENTATIVE GROUP OF SENIOR AMVETS LEADERS MEETS PRIOR TO THE ANNUAL CONVENTION AND, AT THE CONVENTION, THE BUDGET IS PRESENTED AND VOTED ON BY THE NATIONAL EXECUTIVE COMMITTEE. THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE NATIONAL COMMANDER IS ESTABLISHED BY THE FINANCE COMMITTEE IN CLOSED SESSION. THE EXECUTIVE DIRECTOR AND THE NATIONAL COMMANDER DO NOT PARTICIPATE IN THAT SESSION, DESPITE BEING MEMBERS OF THE COMMITTEE. COMPARABLE DATA IS USED IN THE COMPENSATION PROCESS AND THE PROCESS IS DOCUMENTED. REFERENCE TO COMPENSATION LEVELS OF OTHER EXECUTIVE DIRECTORS OF SIMILAR-SIZED NONPROFITS IS CONSIDERED WHEN ESTABLISHING SALARY FOR THE COMING YEAR. THE LAST COMPENSATION REVIEW WAS IN AUGUST 2023.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF AMVETS ARE AVAILABLE UPON REQUEST.
PART VII, SECTION A	THE ROLE OF NATIONAL COMMANDER IS A FULL-TIME POSITION AND THE INDIVIDUAL SERVING IN THAT ROLE IS PAID FOR HIS SERVICES AS SUCH. THE COMPENSATION FOR THE NATIONAL COMMANDER ON PART VII REFLECTS THE CALENDAR YEAR 2022 COMPENSATION TO THE CURRENT NATIONAL COMMANDER FOR HIS SERVICES.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2022

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