

**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)

OMB No. 1545-1150

**2016**

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning , 2016, and ending ,

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b></p> <p>Purple Heart Motor Works Inc                  5151 E Broadway Blvd #1600                  Tucson, AZ 85711</p>	<p><b>D</b> Employer identification number 47-1824291</p> <p><b>E</b> Telephone number 520-349-4603</p> <p><b>F</b> Group Exemption Number .....</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ [www.purpleheartmotorworks.org](http://www.purpleheartmotorworks.org)

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 11,447.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I.

	1 Contributions, gifts, grants, and similar amounts received .....		11,347.
	2 Program service revenue including government fees and contracts .....		
	3 Membership dues and assessments .....		
	4 Investment income .....		
	5a Gross amount from sale of assets other than inventory .....	5a	
	b Less: cost or other basis and sales expenses .....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	5c	
REVENUE	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) .....	6a	
	b 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	
	c Less: direct expenses from gaming and fundraising events .....	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	6d	
	7a Gross sales of inventory, less returns and allowances .....	7a	
	b Less: cost of goods sold .....	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	7c	
	8 Other revenue (describe in Schedule O) .....	See Schedule O	100.
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶		11,447.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) .....		
	11 Benefits paid to or for members .....		
	12 Salaries, other compensation, and employee benefits .....		
	13 Professional fees and other payments to independent contractors .....		1,522.
	14 Occupancy, rent, utilities, and maintenance .....		
	15 Printing, publications, postage, and shipping .....		47.
	16 Other expenses (describe in Schedule O) .....	See Schedule O	11,324.
	17 <b>Total expenses.</b> Add lines 10 through 16. ▶		12,893.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....		-1,446.
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) .....		1,475.
	20 Other changes in net assets or fund balances (explain in Schedule O) .....		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶		29.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,475.	29.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	18,066.	11,755.
25 Total assets	19,541.	11,784.
26 Total liabilities (describe in Schedule O) See Schedule O	18,066.	11,755.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,475.	29.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	12,893.
29		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	
30		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	12,893.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James C Langston CEO	0	0.	0.	0.