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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 1545-0047

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 and its instructions is at www.irs.gov/form990. Open to Public Inspection

| | O1 011 | 2014 Calendar year, or tax year beginning | and | ending | | | | | | |
|------------------------------|---------------------|---|--------------------------------------|---------------------------------------|------------------------|--------------|-------------------------|--|--|--|
| Boa | heck if pplicabl | C Name of organization | | | D Employer ide | ntificatio | n number | | | |
| | Addre | LOWNDES COUNTY VFW POS' | r 4272 | | | | | | | |
| | Name chang | Doing business as | | | 23-7153230 | | | | | |
| |]initial return | Number and street (or P.O. box if mail is not de | livered to street address) | Room/suite | E Telephone nur | | | | | |
| |]Fınal return | | | | 66 | 662-328-6645 | | | | |
| | termir ated | City or town, state or province, country, and | | | G Gross receipts \$ | | 1,151,321. | | | |
| | Amen return | | 41 | | H(a) Is this a grou | ıp return | | | | |
| | Application | | | | for subordina | ates? | Yes X No | | | |
| | pendi | P O BOX 2541, COLUMBOS, | | | H(b) Are all subordina | tes included | 7 ☐ Yes ☐ No | | | |
| 1.7 | ax-ex | empt status. 501(c)(3) X 501(c) (19) | | or 527 | If "No," attac | ch a list. (| see instructions) | | | |
| | | te: ► N/A | <u></u> | | H(c) Group exem | | | | | |
| | | | ssociation Other | L Year | of formation: 194 | 5 M Stat | e of legal domicile; MS | | | |
| Pa | rt I | Summary | | | | | | | | |
| a) | 1 | Briefly describe the organization's mission or most | significant activities: SEE | <u>ATTACH</u> | ED | | | | | |
| Governance | | | | | | | | | | |
| rna | 2 | Check this box 🕨 🔲 if the organization disco | ntinued its operations or dispos | sed of more | than 25% of its net | assets. | | | | |
| ove. | 3 | Number of voting members of the governing body | (Part VI, line 1a) | | | 3 | 5 | | | |
| ر مح | 4 | Number of independent voting members of the gov | veming body (Part VI, line 1b) | | | 4 | 294 | | | |
| Activities & | 5 | Total number of individuals employed in calendar y | ear 2014 (Part V, line 2a) | | | 5 | 0 | | | |
| Ϋ́ | 6 | Total number of volunteers (estimate if necessary) | | | | 6 | 0 | | | |
| ÇĘ | 7 a | Total unrelated business revenue from Part VIII, co | lumn (C), line 12 | • | | 7a | 276,408. | | | |
| _ | ь | Net unrelated business taxable income from Form | 990-T, line 34 | · · · · · · · · · · · · · · · · · · · | | 7b | 36,894. | | | |
| | | | | | Prior Year | | Current Year | | | |
| <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | | | | 0. | 2,093. | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | | 1,78 | | 0. | | | |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, | , and 7d) | | 10,41 | | 7,919. | | | |
| <u> </u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | , 9c, 10c, and 11e) | | 336,20 | | 300,264. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal | Part VIII, column (A), line 12) | | 348,41 | 4. | 310,276. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (| A), lines 1-3) | | 65,51 | | 84,441. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A | .), line 4) | | 10,58 | | 2,051. | | | |
| ģ | 15 | Salaries, other compensation, employee benefits (F | Part IX, column (A), lines 5-10) | | 90,71 | | 97,337. | | | |
| Expenses | 16a | Professional fundraising fees (Part X-column (A), | | | | 0. | 0. | | | |
| ĝ | b | Total fundraising expenses (Part IX, column (D), line | e 25) | 0. | | | | | | |
| ⁻⁷ ₩ | 17 | Other expenses (Part IX, column (A)/Ines 21a-110 | , [Ţ1f-24e]) | | 156,69 | | 163,765. | | | |
| ? | 18 | Total expenses. Add lines 3-17 (must equal Part I) | | | 323,51 | | <u>347,594.</u> | | | |
| رچ سئو | 19 | Revenue less expenses. Subtract(line 18 from line | | | 24,90 | 3. | -37,318. | | | |
| Net Assets or Find Balances | | | U U | Be | ginning of Current Ye | ar | End of Year | | | |
| sets | 20 | Total assets (Part X, line 16) | | | 1,307,64 | | 1,270,181. | | | |
| t As | 21 | Total liabilities (Part X, line 26) | | | 3,96 | | 3,820. | | | |
| ᆲ | 22 | Net assets or fund balances Subtract line 21 from | line 20 | | 1,303,67 | 9. | 1,266,361. | | | |
| | ırt II | Signature Block | | | | | | | | |
| | | lties of perjury, I declare that I have examined this return, | | | | f my know | ledge and belief, it is | | | |
| true, | corre | t, and complete. Declaration of preparer (other than office | r) is based on all information of wh | nich preparer | | | | | | |
| 3 | | Warden Ice | | | | 5-201 | <u> </u> | | | |
| Sig | n | Signature of officer | | | Date | | | | | |
| Her | е | Daugha Lee, Command | er | | | | | | | |
| Type or printiname and title | | | | | | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date Check | | PTIN | | | |
| Paid | | | RICHARD ROLLINS | | 5/12/15 self-e | | 00038537 | | | |
| Prep | | | PANY, CPA'S | | Firm's EIN | ▶ 64 | -0575804 | | | |
| Use | Only | Firm's address ▶ PO BOX 471 | | | | | | | | |
| | | COLUMBUS, MS 397 | | | Phone no. | | 28-5387 | | | |
| May | the II | RS discuss this return with the preparer shown about | ve? (see instructions) | | | J | X Yes No. | | | |

| Form | 990 (2014) LOWNDES COUNTY VFW POST 4272 | 23-7153230 Page 2 |
|-----------|--|---------------------------------------|
| | rt 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 | |
| • | SEE ATTACHED | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | |
| 2 | the prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes." describe these new services on Schedule O | . [] 163 [22] 110 |
| • | · · · · · | Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L Yes A_ 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 r | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | s, the total expenses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code) (Expenses \$) (Revenue | ue\$) |
| | SEE ATTACHED | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | , , , , , , , , , , , , , , , , , , , |
| 40 | (Code) (Expenses \$ | , |
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| 4c | (Code) (Expenses \$ including grants of \$) (Reven | ue \$) |
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| | Other program services (Describe in Schedule O) | |
| -+0 | | , |
| 40 | | |
| <u>4e</u> | Total program service expenses | |

Form **990** (2014)

Form 990 (2014) LOWNDES COUNTY VFW POST 4272
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|---------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | 1 | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | _X_ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | 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? | | | |
| | If "Yes," complete Schedule D, Part IV . | 9 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| | as applicable | | ~ | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| 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? If "Yes," complete Schedule D, Part VII | 11b | | <u>X</u> |
| С | 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? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | 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? If "Yes," complete Schedule D, Part IX | 11d | _ | _X_ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 37 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | ١ | | v |
| | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| þ | Was the organization included in consolidated, independent audited financial statements for the tax year? | 40. | | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | X |
| | | 14a | | |
| D | 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 | | | |
| | · - | 14b | | х |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 140 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | <u></u> | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | 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? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | <u> </u> | | |
| - | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | <u> </u> | | |
| | complete Schedule G, Part III | 19 | L | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | 000 | (0014) |

Yes No

Form 990 (2014) LOWNDES COUNTY VFW POST 4272

Part IV Checklist of Required Schedules (continued)

| 21 | 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? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | 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? If "Yes," complete Schedule I, Parts I and III | 22 | _X_ | |
| 23 | 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? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | |
| ь | 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 | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | ŀ | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | L | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | 4 | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | Х |
| 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 | l | Х |
| 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | 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 | | |
| 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 | | |
| 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 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | I |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | | 990 | (2017 |

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|--------|--|---------------|------|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | 1 | - 1 | 1 |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| _ | (gambling) winnings to prize winners? | 1c | | |
| 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 0 | l | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | <u> </u> |
| b | If "Yes," enter the name of the foreign country: ▶ | , , | - 1 | ٠ |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u>X</u> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | _X_ |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | <u>X</u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - [| | |
| | were not tax deductible? | <u>6b</u> | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | J |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 70 | ļ | х |
| | to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year 7d 7d | 7c | - / | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | Ť | |
| e f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | -4 | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 1,5 | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | ı |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | <i>y</i> | ` | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | in the second | | |
| 11 | Section 501(c)(12) organizations. Enter | ž . | | |
| а | Gross income from members or shareholders | / | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | | | لــــــا |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | ısa | 8 | |
| _ | The state of the second st | | | |
| b | organization is licensed to issue qualified health plans | | . ~% | . , |
| С | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | , | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | |
| | | | 990 | (2014) |

LOWNDES COUNTY VFW POST 4272 23-7153230 Form 990 (2014) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 1a 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. 294 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 15 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? 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? 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? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Upon request Own website Another's website Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records MALCOLM G. MOORE -662-328-6645

P O BOX 2541, COLUMBUS,

| Form 99 | വ വ | 71/1 |
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LOWNDES COUNTY VFW POST 4272

23-7153230

Page 7

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization no | anization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | |
|---|---|--|-----------------------|--------------|--------------|---------------------------------|----------|-----------------|-----------------|---------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and Title | Average | (de | not c | Pos | ition | l than d | one | Reportable | Reportable | Estimated |
| | hours per | box | unle | ss pei | rson : | s both | an | compensation | compensation | amount of |
| | week | \vdash | cer an | dad | recto | r/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | a | ŀ | | | | organization | (W-2/1099-MISC) | from the |
| | related | stee (| ruste | | | Seuss | | (W-2/1099-MISC) | | organization |
| | organizations | at tru | nal t | | loye | lig e | l | | | and related |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | ä | | | organizations |
| | line) | Pul | lıns | ij | æ | ₹ 8 | For | | = = | |
| (1) SEE ATTACHED | 0.00 | | | | | | | | | |
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| Pai | T VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghe | st C | ompensated Employee | s (continued) | | | | |
|----------|--|------------------------|---|---|---------------|--------------|------------------------------|--------------|--|-------------------|--------|----------|---------------------|---------|
| | ` (A) | (B) | | | - | C) | | | (D) | (E) | | 1 | (F) | |
| | Name and title | Average | Position (do not check more than one | | | | one | Reportable | Reportable | | Est | timate | d | |
| | | hours per | box | c, unless person is licer and a director/ | | ıs bot | h an | compensation | compensatio | | | ount o | of | |
| | | week | | Jeran | iu a d | iii ecto | J170'US | T (ee) | from | from related | | | other | |
| | | (list any hours for | ndividual trustee or director | 1 | 1 | | | 1 | the | organization | | | oensat | |
| | | related | p io | 8 | | | sated | | organization | (W-2/1099-MIS | sC) | | om the | |
| | | organizations | ustee | trus | 1 | 8 | neu | | (W-2/1099-MISC) | | | _ | anızati I relate | |
| | | below | ala | tiona | | l lo | st cor | _ | | | | | nızatıc | |
| | | line) | ğ | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | | - |
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| - | Sub-total | | | - | | | | | 0. | | 0. | | | 0. |
| C | Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 0. | <u> </u> | 0. | | | 0. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d at | oove | e) wh | no re | eceived more than \$100, | 000 of reportable | • | | | ^ |
| _ | compensation from the organization | | | | | | | | | | - | Т | Yes | 0 No |
| | | | | | | | | | | | | | res | NO |
| 3 | Did the organization list any former officer, | | uste | e, ke | y er | nplo | yee | , or I | highest compensated ei | nployee on | | | | х |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | ne organization | | | | x |
| _ | and related organizations greater than \$150 | | | | | | | | | dual far conveca | - | 4 | | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | eiate | ed organization or individ | dual for services | | 5 | | Х |
| - So | rendered to the organization? If "Yes." concition B. Independent Contractors | nolete Scheduli | 9 <i>J 1</i> | OF SI | ICD . | pers | ion | | | | | 3 | | |
| | Complete this table for your five highest co | mnensated inc | lene | nde | nt c | ontr | acto | re th | nat received more than 9 | \$100 000 of com | oensa | tion fro | | |
| 1 | the organization. Report compensation for | | | | | | | | | | JU1134 | | | |
| | (A) | and odienidal ye | -ui (| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · <u>M</u> *! | | J. 11 | | (B) | <u> </u> | | (C | | |
| | Name and business | address | N | ONI | 3 | | | | Description of s | services | C | ompe | | า |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | including but n | ot lu | mite | d to | thos | se lis | sted | above) who received m | ore than | | , | ; | Ĵ |
| | \$100,000 of compensation from the organi | zation | | | | (| 0 | | | | | | | > |

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 2,093. 1b **b** Membership dues c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 2,093. h Total. Add lines 1a-1f Business Code 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,919. 7,919 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ __ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 1,119,331 Part IV, line 19 825,279 b Less: direct expenses 294,052. 276,408. 17,644. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 17,494. and allowances 15,766. b Less: cost of goods sold 1,728. 1,728 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME-HATS ETC 4,484 4,484 d All other revenue 4,484. e Total. Add lines 11a-11d 310,276. Total revenue See instructions. 14,131 276,408.

Form 990 (2014) LOWNDES COUNTY VFW POST 4272 Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | - | mplete column (A). | |
|----------|--|----------------|---------------------------------------|------------------------------------|---|
| | not include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) Fundraising |
| | 8b, 9b, and 10b of Part VIII | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | : | |
| | and domestic governments. See Part IV, line 21 | 76,741. | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıvıduals See Part IV, line 22 | 7,700. | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 2,051. | | | <u> </u> |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | · | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 00.004 | | | |
| 7 | Other salaries and wages . | 90,084. | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 5 050 | | <u></u> | |
| 10 | Payroll taxes | 7,253. | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | · · · · · · · · · · · · · · · · · · · | | |
| b | Legal | 2 005 | | | |
| C | Accounting | 3,805. | | | |
| d | , , | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 100 | | | |
| 12 | Advertising and promotion | 100. 3,693. | | | |
| 13 | Office expenses | 3,693. | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 64,373. | | | · · · - · · · · · · · · · · · · · · · · |
| 16 | Occupancy | 04,3/3. | | | |
| 17 | Travel | | - | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 23,201. | | | |
| 19 | Conferences, conventions, and meetings Interest | 23,201. | | | |
| 20 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 18,001. | | | |
| 23 | Insurance | 20,0020 | | | |
| 23 24 | Other expenses. Itemize expenses not covered | | , | | |
| 24 | 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.) | | · | | |
| а | SCHOLARSHIP EXPENSES | 32,000. | | | |
| b | SUPPLIES - VFW | 11,540. | | | |
| c | VOD EXPENSES | 2,250. | | | |
| ď | MISCELLANEOUS EXP | 1,499. | | | |
| _ | All other expenses | 3,303. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 347,594. | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 193,731. 163,906. 1 Cash - non-interest-bearing 895,702. 887,783. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing £ employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 448,837 basis. Complete Part VI of Schedule D 10a 238,264. 226,132. 10b 210,573. 10c b Less. accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 1,307,646 1,270,181 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 3,967. 3,820. Schedule D 25 3,967. 3,820. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 303,679. 1,266,361. Unrestricted net assets 27 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,303,679. 1,266,361. 33 Total net assets or fund balances 307,646. 1,270,181. 34 Total liabilities and net assets/fund balances

| orm | 990 (2014) LOWNDES COUNTY VFW POST 4272 | 23-71 | 153230 | Page | e 12 | | | |
|-----|---|-----------|--------------|------|----------|--|--|--|
| | t XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | [| | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | _1 | | ,27 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,59 | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,303 | , 67 | 9. | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | | |
| | column (B)) | 10 | 1,266 | ,36 | 1. | | | |
| Pai | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | - | | | | | |
| - | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990. X Cash Accrual Other | | _ | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | 1 1 | | - 1 | | | |
| | separate basis, consolidated basis, or both: | | , , | ŀ | ĺ | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 4 | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | 1 | | | |
| | consolidated basis, or both: | | | | , [| | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | .2 | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | <u> </u> | | <u> </u> | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | × | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audıt | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | <u> </u> | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audıt | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

Form **990** (2014)

SCHEDULE D

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.rs.gov/form990.

Employer identification number

Name of the organization LOWNDES COUNTY VFW POST 4272 23-7153230 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year ___ 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **2**b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| | | COUNTY VE | | | | r Otho | | | 53230 | Page 2 |
|----------|---|------------------------|------------|----------------|----------------|-------------|-------------|-------------|----------------|--------------|
| | | | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check | any of the | following that | t are a si | gnificant u | se of its c | collection ite | ems |
| | (check all that apply). | | | | | | | | | |
| а | Public exhibition | C | | | hange progra | ams | | | | |
| b | Scholarly research | • | • | Other | | | | | | |
| С | Preservation for future generations | | | | | | | _ | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Part | XIII. | |
| 5 | During the year, did the organization solicit o | | | | | er sımılar | assets | | - | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No |
| Par | reported an amount on Form 990, Part X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | lary for | contribution | s or other as: | sets not | ıncluded | | · - | |
| | on Form 990, Part X? | | - | | | | | | Yes | No |
| ь | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing t | able: | • | • • | | | | |
| | 3 | • | Ŭ | | | | | | Amount | |
| c | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | • | - | | 1d | | | |
| | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | • | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for 6 | escrow or cu | ustodial acco | unt liabil | ıty? | | Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| Par | t V Endowment Funds. Complete | f the organization ar | swered | "Yes" to Fo | rm 990, Part | IV, line 1 | 0 | | | |
| | | (a) Current year | (b) F | rior year | (c) Two yea | rs back | (d) Three y | ears back | (e) Four ye | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| ь | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | - | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1ç | g, column (a |)) held as: | | | | | |
| | Board designated or quasi-endowment | - | % | | • | | | | | |
| b | Permanent endowment | <u>~~~~</u> | | | | | | | | |
| | Temporanly restricted endowment ▶ | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | uld equal 100% | | | | | | | | |
| За | Are there endowment funds not in the posse | | ation tha | t are held ar | nd administe | red for th | ne organiza | ation | | |
| | by: | · · | | | | | | | Y | es No |
| | (i) unrelated organizations | | | | _ | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Sched | lule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment f | unds | | | | | | |
| Pai | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" to Form 990 | , Part IV | , line 11a. S | ee Form 990 | , Part X, | line 10. | | | |
| | Description of property | (a) Cost or o | | | t or other | | ccumulate | ed | (d) Book v | /alue |
| | | basis (ınvestr | nent) | basis | (other) | de | preciation | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | 27 | 9,591. | | 84,73 | 12. | 194 | ,879. |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | 12 | 6,517. | | 115,19 | 97. | 11 | ,320. |
| <u>e</u> | <u>Other </u> | | | 4 | 2,729. | | 38,3 | 55. | | ,374. |
| Total | . Add lines 1a through 1e (Column (d) must e | gual Form 990. Part | X. colun | nn (B). line 1 | Oc.) | | | | 210 | <u>,573.</u> |

| | Complete if the organization answered "Yes" to Form 990, Part IV, | line 11e or 11f. See Form | 990, Part X, line 25 |
|-----|---|---------------------------|----------------------|
| 1. | (a) Description of liability | (b) Book value | |
| (4) | | | 1 |

| 1. | (a) Decemporary | | (-) | |
|--------|---|---------|--------|---|
| (1) | Federal income taxes | | | |
| (2) | FEDERAL W/H PAYABLE | | 1,532. | |
| (3) | STATE W/H PAYABLE | | 459. | |
| (4) | FICA TAXES PAYABLE | | 1,661. | • |
| (5) | UNEMPLOYMENT TAXES PAYABLE | | 25. | |
| (6) | SALES TAX PAYABLE | | 143. | |
| (7) | | | | • |
| (8) | | | | |
| (9) | | | | |
| Total. | (Column (b) must equal Form 990. Part X. col. (B) line 25.) | | 3,820. | |
| | | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

(1) Financial derivatives (2) Closely-held equity interests

Other (A) (B) (C) (D) (E) (F) (G) (H)

(1) (2) (3)(4) (5) (6) (7) (8) (9)

(1) (2) (3)(4) (5) (6) (7) (8)

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

(a) Description of investment

Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part IX Other Assets.

Part X Other Liabilities.

| Part 2 | XI Reconciliation of Revenue per Audited Financial Statemen | | Return |
|------------|--|------------------------|-------------------------------|
| · | | its with nevenue per i | totain. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | T ₁ T |
| | otal revenue, gains, and other support per audited financial statements | | , |
| | mounts included on line 1 but not on Form 990, Part VIII, line 12 | 0- | |
| | et unrealized gains (losses) on investments | 2a | |
| | onated services and use of facilities | 2b | - i |
| | ecoveries of prior year grants | 2c | - |
| | ther (Describe in Part XIII) | 2d | - - |
| | dd lines 2a through 2d | | 2e |
| | ubtract line 2e from line 1 | | 3 |
| | mounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | |
| | vestment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b C | ther (Describe in Part XIII) | 4b | |
| | dd lines 4a and 4b | | 4c |
| 5 T | otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | nto With Expenses no | 5 r Poturn |
| Part . | XII Reconciliation of Expenses per Audited Financial Stateme | ents with Expenses per | r Heturn. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | |
| | otal expenses and losses per audited financial statements | | 1 |
| 2 A | mounts included on line 1 but not on Form 990, Part IX, line 25. | 1 1 | |
| a D | onated services and use of facilities . | 2a | |
| b P | rior year adjustments . | 2b | |
| c C | other losses | 2c | |
| d C | ther (Describe in Part XIII) | _2d | |
| e A | dd lines 2a through 2d | | 2e |
| 3 S | ubtract line 2e from line 1 | | 3 |
| 4 A | mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Ir | vestment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b C | other (Describe in Part XIII) | 4b | |
| c A | dd lines 4a and 4b | | 4c |
| | otal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | 5 |
| | XIII Supplemental Information. | | |
| | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I | | e 4, Part X, line 2, Part XI, |
| nes 2d | l and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit | tional information. | |
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22

► Attach to Form 990.

OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.irs.aov/form990

4272

COUNTY VFW POST

23-7153230

Employer identification number

% |X Schedule I (Form 990) (2014) (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 0 Ö Ö 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 37,500. 000'9 3,000, (d) Amount of 10,000 8,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 64-6000472 64-0275576 80-0490741 45-4881782 64-0592734 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? HOUSTON HIGH SCHOOL SOLAR CAR CREW 1 (a) Name and address of organization LOWNDES MISSISSIPPI BURN FOUNDATION VFW 4272 LADIES AUXILIARY GOLDEN TRIANGLE OUTDOORS or government 634 SOUTH STARKVILLE ST VFW DEPARTMENT OF MS COLUMBUS, MS 39702 COLUMBUS, MS 39704 224 STATE LINE RD 161 PINE RIDGE CR JACKSON, MS 39225 BRANDON, MS 39047 HOUSTON, MS 38851 P O BOX 2027 P O BOX 5473 Part Part II

Schedule I (Form 990) (2014) Page 2 (f) Description of non-cash assistance 23-7153230 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed . (d) Amount of non-cash assistance 7,700. (c) Amount of cash grant LOWNDES COUNTY VFW POST 4272 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) NONE OVER 5,000 432102 10-15-14 Part III

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| 23-7153230 |
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| Lowndes County VFW Post 4272 | | |
|-------------------------------------|---------------------|--------|
| List of Officers | | |
| FYE 12/31/14 | | |
| <u>Position</u> | <u>Name</u> | Salary |
| Commander | Douglas N. Lee | -0- |
| Sr. Vice Commander | Charles R Underhill | -0- |
| Jr. Vice Commander | Samual J. Duckworth | -0- |
| Quartermaster | Malcolm G. Moore | 15,320 |
| Judge Advocate | M. D. Morgan | -0- |
| Chaplain | Robert H. Jewell | -0- |
| Surgeon | Robert W. Wigley | -0- |
| Service Officer | James Richardson | -0- |
| 3 Yr Trustee | Robert W. Peterson | -0- |
| 2 Yr Trustee | Luthor W. Atkins | -0- |
| 1 Yr Trustee | Thomas S. Patterson | -0- |
| Adjutant | Phillip R. Lovell | -0- |

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