Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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*.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning January 01 , 2014, and ending December 31 , 20 14

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Howard "Smiley" Johnson VFW Post 4895

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1701 Haynes St.

City or town, state or province, country, and ZIP or foreign postal code
Clarksville, TN 37043

D Employer identification number
62-0471581

E Telephone number
931-647-6686

F Group Exemption Number ▶ 1694

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ n/a

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (19) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 . . . ▶ $ 161068

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 . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	8020
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	3011
	4	Investment income			4	37
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ 0 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	0		
	c	Less: direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	148120		
	b	Less: cost of goods sold	7b	113110		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	35010
	8	Other revenue (describe in Schedule O)			8	1880
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	47958
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	2923
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	0
	14	Occupancy, rent, utilities, and maintenance			14	41294
	15	Printing, publications, postage, and shipping			15	2130
	16	Other expenses (describe in Schedule O)			16	2306
	17	**Total expenses.** Add lines 10 through 16 ▶			17	48653
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-695
	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)			19	263236
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	262541

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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	32830	22	34011
23	Land and buildings	193825	23	193825
24	Other assets (describe in Schedule O)	36581	24	34705
25	**Total assets**	263236	25	262541
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	263236	27	262541

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 . . ☐

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

What is the organization's primary exempt purpose?

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.

28			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

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
Dave Jellick **Commander (Pres)**	16	0	0	0
Dave Lopez **Quartermaster (Sec/Treas)**	24	0	0	0
James Hooten **Senior Vice Commander (1st VP)**	10	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 14Mar16

▶ Dave Jellick, Post Commander
Type or print name and title Dave Jellick Cdr

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Howard "Smiley" Johnson VFW Post 4895	62-0471581

Part 1 Line 8 - Recycle income, rebates and entertainment (pool table/shuffleboard/juke box) income.

Part I Line 10 - Funds donated to local needy veterans for food, utilities, partial rent payments, bus tickets, gasoline, etc. Post commander can approve a one time grant up to $200 . Contribute to the VFW National Home for Children. Sponsor local little league sports teams. Support local police and firefighter organizations. Provide cash prizes to local students who win the "Voice of Democracy" (speech) and the "Patriot Pen" (essay) program. Assist in sponsoring local community events (Memorial Day Program - Flag Day Program - Independence Day Program- Veterans Day Program- 101st Airborne Division's Week of the Eagle). No individual or group receives over $500 annually.

Part I Line 16 - Bank Fees, Funeral Arrangements/Memorials, Recruitment, State convention and mid-winter conference travel expenses and Misc. supplies.

Part II Line 24 - Revised Tangible Personal Property (Office, Canteen & Kitchen Equipment), that includes the addition and/or retirement of equipment from Montgomery County Board of Equalization.

End of Statements

VFW Post 4895
Profit & Loss
May 2014 through April 2015

		May '14 - Apr 15		
Ordinary Income/Expense				
Income				
Canteen Income				
Kitchen				
Lunch		8,896 82		
Buffet		11,532.55		
Special Event Income				
Parties	3,228 88			
Special Event Donations/Income	700 00			
Pancake Breakfast	510 00			
Total Special Event Income		4,438 88		
Total Kitchen			24,868 25	
Total Canteen Income				24,868 25
Total Income				24,868 25
Expense				
Canteen				
Kitchen				
Food		9,387 18		
Kitchen Supplies		1,387 53		
Kitchen Equipment-Clean/Repair		685 00		
Kitchen Labor				
Workers Comp Kitchen	185 00			
Kitchen Labor - Other	8,706 00			
Total Kitchen Labor		8,891 00		
Sales and Use Tax-Kitchen (Net)		8 37		
Food Permit		360 00		
Special Events				
Post Meals/Special Events	47 70			
Total Special Events		47 70		
Total Kitchen			20,766 78	
Total Canteen				20,766 78
Total Expense				20,766 78
Net Ordinary Income				4,101 47
Net Income				**4,101.47**

VFW Post 4895
Profit & Loss
May 2013 through April 2014

	May '13 - Apr 14		
Ordinary Income/Expense			
Income			
Canteen Income			
Kitchen			
Lunch		9,225 76	
Buffet		12,533 99	
Special Event Income			
Parties	2,280 00		
Special Event Donations/Income	1,741 22		
Total Special Event Income		4,021 22	
Total Kitchen		25,780 97	
Total Canteen Income			25,780 97
Total Income			25,780 97
Expense			
Canteen			
Kitchen			
Food		9,330 51	
Kitchen Supplies		1,335 98	
Kitchen Equipment-Clean/Repair		1,223 61	
Kitchen Labor			
Workers Comp Kitchen	364 00		
Kitchen Labor - Other	14,053 50		
Total Kitchen Labor		14,417.50	
Sales and Use Tax-Kitchen (Net)		277 54	
Food Permit		360 00	
Special Events			
District Meeting Meal	279 61		
Post Meals/Special Events	236 84		
Total Special Events		516.45	
Total Kitchen		27,461 59	
Total Canteen			27,461 59
Total Expense			27,461 59
Net Ordinary Income			-1,680 62
Net Income			**-1,680.62**