



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**


Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 05-01-2016 , and ending 04-30-2017

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

C Name of organization
MORRISON McFADDEN POST #3111
VETERANS OF FOREIGN WARS OF THE US
Number and street (or P O box, if mail is not delivered to street address) Room/suite
504 WASHINGTON

City or town, state or province, country, and ZIP or foreign postal code
GREAT BEND, KS 675305441

D Employer identification number
48-0566490

E Telephone number
(620) 792-2754

F Group Exemption Number ▶ 0927

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶ _____

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(19) ◀ (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 ▶ \$ 151,997

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	1,950
	2	Program service revenue including government fees and contracts	2	26,159
	3	Membership dues and assessments	3	2,661
	4	Investment income	4	1,911
	5a	Gross amount from sale of assets other than inventory	5c	
	b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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)		
Expenses	c	Less direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	71,062
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	8,211
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	111,954
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	53,444
Net Assets	13	Professional fees and other payments to independent contractors	13	1,525
	14	Occupancy, rent, utilities, and maintenance	14	40,729
	15	Printing, publications, postage, and shipping	15	532
	16	Other expenses (describe in Schedule O)	16	40,088
	17	Total expenses. Add lines 10 through 16 ▶	17	136,318
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-24,364
	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	323,533
	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	299,169

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	266,016	22	245,336
23 Land and buildings	50,017	23	49,550
24 Other assets (describe in Schedule O)	9,237	24	5,999
25 Total assets	325,270	25	300,885
26 Total liabilities (describe in Schedule O).	1,737	26	1,716
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	323,533	27	299,169

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?

PROVIDE A SOCIAL CLUB FOR AMERICAN VETERANS

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 Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
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
BERT THOMPSON	5 00	0	0	0
COMMANDER				
JOHN A JOHNSON	1 00	0	0	0
SR VICE COMMANDER				
DAN ZIMMERSCHIED	1 00	0	0	0
JR VICE COMMANDER				
KENT SCHRINER	5 00	0	0	0
QUARTERMASTER				
MICKIEL R GORACKE	1 00	0	0	0
CHAPLAIN				
RANDY SCHRINER	1 00	0	0	0
HOUSE COMMANDER				
LARRY JOHNSON	1 00	0	0	0
HOUSE COMMANDER				
JOHN A JOHNSON	1 00	0	0	0
HOUSE COMMANDER				
PATRICK BRIGGS	1 00	0	0	0
TRUSTEE				
BILL MORTIMER	1 00	0	0	0
TRUSTEE				
RYAN VAN PELT	1 00	0	0	0
TRUSTEE				

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	No
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	No
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	No
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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
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	No
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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>KENT SCHRINER</u> Telephone no ▶ <u>(620) 923-4691</u> Located at ▶ <u>1304 NW 60 RD ALBERT, KS</u> ZIP + 4 ▶ <u>67511</u>		
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	No
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 ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45b 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		No

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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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		2017-08-15 Date	
	KENT K SCHRINER QUARTERMASTER/ADJUTANT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Ronald L Miller	Preparer's signature	Date 2017-08-15	Check ☒ if self-employed PTIN P00116409
	Firm's name ▶ Ronald L Miller Public Acct			Firm's EIN ▶ 48-0966768
	Firm's address ▶ 1200 Main PO Box 1203 Great Bend, KS 675301203			Phone no (620) 792-8213

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

Additional Data

Software ID:
Software Version:
EIN: 48-0566490
Name: MORRISON McFADDEN POST #3111
VETERANS OF FOREIGN WARS OF THE US

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 SOCIAL CLUB ACTIVITIESMEMBERS 301 (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: MORRISON McFADDEN POST #3111
VETERANS OF FOREIGN WARS OF THE US

EIN: 48-0566490

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~Name of the organization
MORRISON McFADDEN POST #3111
VETERANS OF FOREIGN WARS OF THE US**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

2016**Open to Public
Inspection****Employer identification number**

48-0566490

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Rental Income	Kind and Location of Property HALL RENT Amount 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 1,411

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 7 - Sales of Inventory	Income Gross Receipts 111,105 Returns and Allowances 0 Less Cost of Goods Sold 40,043 Gross Profit 71,062 Cost of Goods Sold Inventory at Beginning of Year 9,237 Merchandise Purchased 36,805 Cost of Labor 0 Materials and Supplies 0 Other Costs 0 Inventory at End of Year 5,999 Cost of Goods Sold 40,043

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 8 - Other Revenue	Description MISC INCOME & EXPENSE REIMBURSEMENTS Amount 8,211

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 14	Description Depreciation Amount 10,709 Description Other Expenses Amount 30,020 Total to Form 990-EZ, line 14 40,729

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description INSURANCE Amount 10,599 Description ADVERTISING Amount 612 Description DUES PAID TO STATE Amount 1,627 Description LICENSES Amount 1,333 Description SUPPLIES Amount 3,838 Description SALES TAX Amount 1,954 Description LIQUOR TAX Amount 6,506 Description BINGO TAX Amount 332 Description CONTRIBUTIONS Amount 1,859 Description POST OFFICER EXPENSES Amount 3,724 Description MISC EXPENSE Amount 904 Description FUNERAL DINNERS Amount 389 Description OFFICE SUPPLIES Amount 726 Description INS BOND Amount 750 Description PAYROLL TAXES Amount 4,605 Description MEMBER FEES, PER CAP FEES, OCCUP TAX Amount 265 Description KS SEC OF STATE FILING FEE Amount 40 Description CONVENTION REG FEE Amount 25 Total to Form 990-EZ, line 16 40,088

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 24 - Other Assets	Description INVENTORY Beg of Year Amount 9,237 End of Year Amount 5,999

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description PAYROLL, SALES, LIQUOR TAXES Beg of Year Amount 1,737 End of Year Amount 1,716