



JUL 09

1806

OMB No 1545-1150

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

For the 2017 calendar year, or tax year beginning 7-1, 2017, and ending 6-30, 2018

Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

VETERANS OF FOREIGN WARS OF UNITED STATES, INC.

Number and street (or P O box, if mail is not delivered to street address)

112 VETERANS DRIVE, SW

Room/suite

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

CULLMAN, AL 35055

D Employer identification number

63 0952427

E Telephone number

256 347 0807

F Group Exemption

Number 2

G Accounting Method

☒ Cash☐ Accrual

Other (specify)

H Check ☒ if the organization is not

required to attach Schedule B

I Website:

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

(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

\$

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	30 582.18
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	241.00
	4	Investment income	4	27.38
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21 052.38	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	4 472.58	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	56 375.52	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	545.86
	12	Salaries, other compensation, and employee benefits	12	2 700.00
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	36 994.56
	15	Printing, publications, postage, and shipping	15	2 181.09
	16	Other expenses (describe in Schedule O)	16	20 029.81
17	Total expenses. Add lines 10 through 16	17	62 451.32	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6 075.80
	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	261 166.84
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	255 091.04

RECEIVED

DEC 12 2018

OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2017)

2949201907515 9

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	32 918.45	22	26 842.65
23	Land and buildings	228 248.39	23	228 248.39
24	Other assets (describe in Schedule O)		24	
25	Total assets	261 166.84	25	255 091.04
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	261 166.84	27	245 091.04

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? VFW POST ACTIVITIES

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		
29	(Grants \$) If this amount includes foreign grants, check here	28a
30	(Grants \$) If this amount includes foreign grants, check here	29a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	30a 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

[illegible]

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	X	
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	X	
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	X	
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	X	
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	X	
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	X	
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	X	
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	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations. Enter	39a		
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			
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	X	
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	X	
41 List the states with which a copy of this return is filed	NONE		
42a The organization's books are in care of	BRIAN MONK	Telephone no	256 739 6611
Located at	1620 GREENBRIAR DR. SW CULLMAN, AL	ZIP + 4	35055
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)? If "Yes," enter the name of the foreign country	42b	X	
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 United States? If "Yes," enter the name of the foreign country	42c	X	
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	X	
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	X	
c Did the organization receive any payments for indoor tanning services during the year?	44c	X	
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	X	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X	
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	X	

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

	Yes	No
46		X

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 ☐

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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		X

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
		N/A		

f Total number of other employees paid over \$100,000 ▶ N/A

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
	N/A	

d Total number of other independent contractors each receiving over \$100,000 ▶ N/A

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

WILL HARRIS, COMMANDER

Will Harris

29 NOVEMBER 2018

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN
PO 1378520

BETTY YATES KENDRICK

Betty Yates Kendrick

11-15-18

Firm's name ▶ KENDRICK AND ASSOCIATES

Firm's EIN ▶ 63 1132784

Firm's address ▶ 611 SEVENTH ST SW, CULLMAN, AL 35055

Phone no. 256 739 6449

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

VETERANS OF FOREIGN WARS OF UNITED STATES, INC. POST 2213

Employer identification number
63 0952427

GROSS INCOME FROM FUND RAISING EVENTS, FORM 990-EZ, LINE 6-b

FISHING TOURNAMENT \$ 3 815.00

FRIDAY NIGHT FUND RAISER 6 800.60

SALE OF POPPIES 6 956.78

RAFFLE 3 480.00

TOTAL \$ 21 052.38

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Employer identification number

VETERANS OF FOREIGN WARS OF UNITED STATES, INC. POST 221363 0952427

OTHER INCOME, LINE 8

RENTAL \$2,143.00

VIEW PAYMENT 2,116.58

MISC. OTHER 213.000

TOTAL \$4,472.58

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

VETERANS OF FOREIGN WARS OF UNITED STATES, INC.

Employer identification number
63 0952427

LINE 14, OCCUPANCY

UTILITIES \$ 9 021.94

LAWN CARE 1 750.00

REPAIRS AND MAIN. 26 222.62

TOTAL \$ 36 994.56

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

VETERANS OF FOREIGN WARS OF UNITED STATES, INC.

Employer identification number
63 0952427

LINE 16, OTHER EXPENSES

FOOD \$ 5 083.85

BINGO 1 095.00

CHAMPIONSHIP GAME 67.50

NATIONAL HOME 500.00

POPPIES 300.00

MEMPHIS BELLE 400.00

VET DOG 700.00

BANNER 88.00

RIDES 1 000.00

DONATIONS 500.00

EQUIPMENT 6 031.61

CONFERENCE EXPENSES 4 263.85

TOTAL OTHER EXPENSES \$ 20 029.81