

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

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. **1906**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2019** calendar year, or tax year beginning **JULY 1 2018**, 2019, and ending **JUNE 30**, 20 **19**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminal year
- Amended return
- Application pending

Name of organization: **VETERANS MEMORIAL ASSOCIATION**

Employer identification number: **34-6569833**

Telephone number: **(419) 823-9490**

Group Exemption Number: **C2**

City or town, state or province, country, and ZIP or foreign postal code: **TOVTOGANY OH 43856** **02**

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)

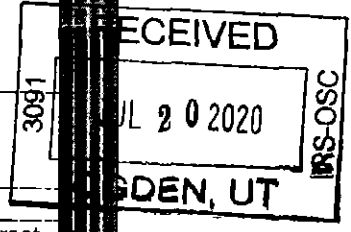
J Tax-exempt status: check only one - 501(c)(3) 501(c) **2** (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 8b, 6, 7, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (E)) 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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	27,979
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
6a	Gross income from gaming (attach Schedule G if greater than \$5,000)	
6b	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)	
6c	Less: direct expenses from gaming and fundraising events	
6d	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	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	4,096
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	32,075
10	Gains and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	9,275
14	Occupancy, rent, utilities, and maintenance	16,396
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O)	5,740
17	Total expenses. Add lines 10 through 16	31,411
18	Excess or (deficit) for the year (subtract line 17 from line 9)	664
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)	431,398
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	432,062



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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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35c 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures direct or indirect as described in the instructions <input type="text" value="37a"/>		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b Gross receipts included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4951 <input type="text" value="40a"/> , section 4912 <input type="text" value="40a"/> , section 4955 <input type="text" value="40a"/>		
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		<input checked="" type="checkbox"/>
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 <input type="text" value="40c"/>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="40d"/>		
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed <input type="text" value="41"/>		
42a The organization's books are in care of <input type="text" value="42a"/> Telephone no <input type="text" value="42a"/> Located at <input type="text" value="42a"/> ZIP + 4 <input type="text" value="42a"/>		
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 <input type="text" value="42b"/>		<input checked="" type="checkbox"/>
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 <input type="text" value="42c"/>		<input checked="" type="checkbox"/>
43 Section 507(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter amount of tax-exempt interest received or accrued during the tax year <input type="text" value="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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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-LZ. See instructions		<input checked="" type="checkbox"/>

**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

2019

**Open to Public
Inspection**

Name of the organization

VETERANS MEMORIAL ASSOCIATION

Employer identification number

346569833

Part 1

8 hall rental

16 bank fees, purchased new lawn mower and new copier