

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)

-29492 17905106 1

OMB No 1545-0047

**2019**

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. 1912

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2019 calendar year, or tax year beginning , 2019, and ending ,

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

**C**

Veterans of Foreign Wars 3917  
POB 5355  
Colorado Springs, CO 80931

**D** Employer identification number  
84-0677315

**E** Telephone number

**F** Group Exemption Number  
19

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶ N/A

**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) ( 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 136,587.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

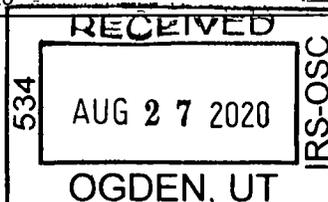
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED NOV 9 8 2021

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	6,989.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,688.
	4	Investment income	4	73.
	5a	Gross amount from sale of assets other than inventory	a	
	5b	Less cost or other basis and sales expenses	b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	a	31,768.
Expenses	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)	b	
	6c	Less direct expenses from gaming and fundraising events	c	9,394.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	d	22,374.
	7a	Gross sales of inventory, less returns and allowances	a	93,208.
	7b	Less cost of goods sold	b	38,116.
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	c	55,092.
	8	Other revenue (describe in Schedule O) See Schedule O	8	861.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,077.	
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	700.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	40,304.
	13	Professional fees and other payments to independent contractors	13	2,600.
	14	Occupancy, rent, utilities, and maintenance	14	20,127.
	15	Printing, publications, postage, and shipping	15	441.
	16	Other expenses (describe in Schedule O) See Schedule O	16	35,409.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	99,581.
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-10,504.	
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	266,010.	
20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	20	4,407.	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	259,913.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)



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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 See Sch O

	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		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.		X
35 a 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)?	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	X	
35 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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	38 b 0.	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39 a 0.	
b Gross receipts, included on line 9, for public use of club facilities.	39 b 0.	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0. N/A		
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		
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="checkbox"/> 0.		
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="checkbox"/> 0.		
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		X
41 List the states with which a copy of this return is filed <input type="checkbox"/> None		

42 a The organization's books are in care of Robert Kidd Telephone no 719-392-8677  
 Located at 4715 Clearview Drive Colorado Springs CO ZIP + 4 80911

	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)? If 'Yes,' enter the name of the foreign country <input type="checkbox"/>		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 <input type="checkbox"/>		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  N/A  N/A  43

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		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		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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
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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
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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: *[Signature]* Date: 8/6/20  
 Name and title: Robert Kidd, Quartermaster

**Paid Preparer Use Only**  
 Print/Type preparer's name: Nila Beum, EA  
 Preparer's signature: *[Signature]* Date: 8-4-2020  
 Check  if self-employed PTIN: P00000878  
 Firm's name: SPEED & COMPANY CPA PLLC  
 Firm's address: 3204 N ACADEMY BLVD #200, COLORADO SPRINGS, CO 80917  
 Firm's EIN: 20-0333562  
 Phone no: 719-590-9555

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Veterans of Foreign Wars 3917

Employer identification number

84-0677315

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	None (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts			
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)			
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
	11	Net income summary Subtract line 10 from line 3, column (d)			

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1	Gross revenue	31,768.		31,768.
	2	Cash prizes			
DIRECT EXPENSES	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		9,394.	9,394.
DIRECT EXPENSES	6	Volunteer labor	Yes <u>0</u> % <input checked="" type="checkbox"/> No	Yes <u>0</u> % <input checked="" type="checkbox"/> No	Yes <u>0</u> % <input checked="" type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			9,394.
	8	Net gaming income summary Subtract line 7 from line 1, column (d)			22,374.

9 Enter the state(s) in which the organization conducts gaming activities CO

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If 'Yes,' explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	100.0 %
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Robert Kidd

Address ▶ 4715 Clearview Dr, Colorado Springs, CO 80911

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Veterans of Foreign Wars 3917

Employer identification number

84-0677315

**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

Membership Events

Total \$ 861.  
\$ 861.

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Bank charges  
Conferences, Conventions, and Meetings  
Direct TV  
Insurance  
Janitorial  
Licenses  
Membership Dues  
Office Expenses  
Operating supplies  
Pest Control  
Quartermaster Reimbursement  
Repairs & Mtce  
Sales Tax  
Special Events

\$ 10.  
42.  
1,891.  
13,724.  
1,054.  
2,065.  
376.  
1,629.  
2,939.  
780.  
1,800.  
5,078.  
3,421.  
600.  
Total \$ 35,409.

**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Asset Basis adjustments

Total \$ 4,407.  
\$ 4,407.

**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 5,684.	\$ 2,752.
Inventories	7,433.	7,433.
Prepaid Expenses and Deferred Charges	5,700.	0.
Total	\$ 18,817.	\$ 10,185.

**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 8,433.	\$ 6,452.
Total	\$ 8,433.	\$ 6,452.

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Promote programs for veterans and awareness of veterans' service to our country.

Name of the organization

Veterans of Foreign Wars 3917

Employer identification number

84-0677315

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No