

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545 1150

2016

► Do not enter social security numbers on this form as it may be made public. *MDV*

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 1/01, 2016, and ending 6/30, 2017

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

C

VETERANS OF FOREIGN WARS, POST #5951
1315 NORTHGATE ROAD
BOSSIER CITY, LA 71112

D Employer identification number

72-0878883

E Telephone number

318-746-7612

F Group Exemption
NumberG 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 527K 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 ► \$ 79,817.

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 3,710
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c 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 3,339
b Gross income from fundraising events (not including \$ 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 3,186
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 153
7a Gross sales of inventory, less returns and allowances	7a 72,768
b Less cost of goods sold	7b 16,432
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 56,336
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 60,199
10 Grants and similar amounts paid (list in Schedule O)	10 2,140
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 18,523
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 36,363
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 26,326
17 Total expenses. Add lines 10 through 16	17 83,352
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -23,153
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)	19 206,918
20 Other changes in net assets or fund balances (explain in Schedule O)	20 -1
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 183,764

BAA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II)

Schedule O to respond to any question in this Part II.

X

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	207,289	22	184,139.	
23 Land and buildings		23		
24 Other assets (describe in Schedule O)		24		
25 Total assets	207,289	25	184,139	
26 Total liabilities (describe in Schedule O)	371	26	375	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	206,918	27	183,764.	

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? See Schedule O

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 Schedule O			
	(Grants \$ _____) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	83,852.
29				
	(Grants \$ _____) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30				
	(Grants \$ _____) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
	(Grants \$ _____) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► 32	83,852

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.

1

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

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	Yes	No
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
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)?	35 a	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	35 b	
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	35 c	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a	37 a	0
b	Did the organization file Form 1120-POL for this year?	37 b	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?	38 a	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39	Section 501(c)(7) organizations Enter	39 a	N/A
a	Initiation fees and capital contributions included on line 9	39 b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► 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	40 b	
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 ► 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 ► 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	40 e	X
41	List the states with which a copy of this return is filed ► None		

42 a	The organization's books are in care of ► JOE SMITH	Telephone no ► 318-746-7611	
	Located at ► 1315 NORTHGATE ROAD BOSSIER CITY LA	ZIP + 4 ► 71112	
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 ►	42 b	X
c		42 c	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 ►

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	N/A	
		N/A	
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	44 a	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	44 b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c	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	44 d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	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)	45 b	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
43		

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

47

49

49 b

100 -

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'.

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.

Signature of officer		Date
<input checked="" type="checkbox"/> <u>James E. Reynolds</u> <input checked="" type="checkbox"/> <u>JAMES E. REYNOLDS, POST QUARTERMASTER</u> <small>Type or print name and title</small>		
Sign Here	1-29-18	

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

2016Open to Public
Inspection

Name of the organization

VETERANS OF FOREIGN WARS, POST #5951

Employer identification number

72-0878883

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

Depreciation	\$	11,026
LEGAL/PROFESSIONAL		1,375
MEETINGS		851
MISC LABOR		175
Office Expenses		2,369
SALES TAX		3,988
SUPPLIES		5,094
TAXES		850
Travel		598
Total	\$	<u>26,326</u>

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

ROUNDING	\$	-1
Total	\$	<u>-1</u>

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

	Beginning	Ending
PAYROLL TAXES WITHHELD	\$ 371	\$ 375
Total	<u>\$ 371</u>	<u>\$ 375</u>

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

Organization of social and informational activities for US veterans

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Canteen/Restaurant. Providing food and social activities for US war veterans who are members of the organization. Food, recreational activities for veterans and their families. Newsletter that provides information of interest to and for the benefit of US veterans and their families. Financial assistance and support for other veterans' organizations and activities, other charitable organizations, honor guard, Memorial Day activities, parade, war memorials, and local civic organizations and schools. Assistance and relief aid to needy veterans with medical and/or living expenses

Name of the organization

VETERANS OF FOREIGN WARS, POST #5951

Employer identification number

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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