

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)

OMB No. 1545-1150

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2017 calendar year, or tax year beginning March 1, , 2017, and ending February 28, , 20 18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Vietnam Veterans of America Chapter 1041</u>	D Employer identification number <u>30-0646991</u>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 2196</u>	E Telephone number <u>None</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Stuart, Florida 34995</u>	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.vva1041.org

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 ▶ \$

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	31,883
	2 Program service revenue including government fees and contracts		2	0
	3 Membership dues and assessments		3	834
	4 Investment income		4	0
	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	0
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,050	
	b Gross income from fundraising events (not including \$ 24,314 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	29,757	
c Less: direct expenses from gaming and fundraising events	6c	30,867		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	940
7a Gross sales of inventory, less returns and allowances	7a	1,217		
b Less: cost of goods sold	7b	162		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	1,055
8 Other revenue (describe in Schedule O)			8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	34,712
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	43,755
	11 Benefits paid to or for members		11	0
	12 Salaries, other compensation, and employee benefits		12	0
	13 Professional fees and other payments to independent contractors		13	0
	14 Occupancy, rent, utilities, and maintenance		14	2,521
	15 Printing, publications, postage, and shipping		15	202
	16 Other expenses (describe in Schedule O)		16	3,780
	17 Total expenses. Add lines 10 through 16		17	50,258
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-15,546	
Net Assets	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	73,630
	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	58,084

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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	73,630	22 58,084
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	73,630	25 58,084
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,630	27 58,084

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? Assist needy veterans and their families

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 Paid \$18,798 to assist local needy veterans for rent, utilities, repairs, insurance and transportation needs.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	18,798
29 Paid \$5,000 to Freedom Fighter Outdoors to assist injured veterans in their transition from the armed services to civilian life		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,000
30 Paid \$3,000 to VVA Florida State Council for Veteran Hurricane Relief in Florida and Puerto Rico.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,000
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	16,957
32 Total program service expenses (add lines 28a through 31a)	32	43,755

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
Lewis Jones, President	5	0	0	0
John Haddox, 1st Vice	4	0	0	0
Don Johnson, 2nd Vice	4	0	0	0
Mel Sherman, Secretary	4	0	0	0
Bob Rydzewski, Treasurer	5	0	0	0
James Dean, Director	4	0	0	0
Ed Maxwell, Director	4	0	0	0
Tim Curran, Director	4	0	0	0
Don Florin, Director	4	0	0	0
Ric Polzin, Director	4	0	0	0
Steve Dame, Director	4	0	0	0
George Mittler, Past President	4	0	0	0

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		✓
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)		✓
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)?		✓
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			
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			
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			
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			
41	List the states with which a copy of this return is filed ▶ Florida		
42a	The organization's books are in care of ▶ Bob Rydzewski Telephone no. ▶ 772-370-9902 Located at ▶ 2601 S. Indian River Drive, Ft Pierce, FL ZIP + 4 ▶ 34950		
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: ▶	Yes	No
42b			✓
c	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			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> 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			
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			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
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)?		✓
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			

	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	46	✓

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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 <i>Bob Rydzewski</i>	Date <i>5/15/2018</i>
	Type or print name and title <i>Bob Rydzewski, Treasurer</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Sporting Clay Shoot (event type)	Publix Fundraising (event type)	Regatt (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	45,127	5,584	3,360	54,071
	2	Less: Contributions	15,370	5,584	3,360	24,314
	3	Gross income (line 1 minus line 2)	29,757	0	0	29,757
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	21,413			21,413
	7	Food and beverages	3,375			3,375
	8	Entertainment				
	9	Other direct expenses	3,820	675		4,495
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					474

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

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

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: _____

**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
Vietnam Veterans of America Chapter 1041

Employer identification number
30-0646991

Line 10: Grants and similar amounts paid: (Total \$43,755) Paid \$18,798 to assist local needy veterans for rent, utilities, repairs, insurance and transportation needs. Paid \$5,000 to Freedom Fighter Outdoors to assist injured veterans in their transition from the armed service to civilian life. Paid \$3,000 to VVA Florida State Council for veteran hurricane relief in Florida and Puerto Rico. Paid \$3,187 to send Care Packages to our Troops Paid \$3,000 to JROTC students for their Scholastic achievement. Paid \$2,500 to Southeast Honor Fight, Inc. to help fund transportation cost to Washington DC for veterans. Paid \$2,000 to help purchase a van to transport veterans to the VA Hospital for treatment. Paid \$1,500 to support Wreaths Across America, Inc. Paid \$1,000 to VVA Chapter 292 in Texas for Hurricane Aid for Veterans. Paid \$500 to assist widows, widowers and orph of veterans state wide. Paid \$500 to VVA Chapter 566 to support their free baseball tickets for veterans. Paid \$500 to support Wounded Warriors of South Florida, Inc. Paid \$300 to support the Mary Jo Neeson Benefit. Paid \$270 to place a bike rack at our pick up lot that transport Veterans to VA. Paid \$200 to VVA Chapter1046 in support of their Clay Shoot Paid \$1,500 for expenses of Job Fair for veterans.

Line 16: Other Expenses (\$3,780) Bank Fees \$480. Travel & Meetings \$3,001 Office Expense \$238 License & Taxes \$61

Line 31: Other Program Services (\$16,957) See items in Line: 10 above