Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For the	2021 calenda	ir year, or tax year beginning January 1 , 2021, and ending		ember 3	
В	Check if ap	plicable:	C Name of organization	D Empl	oyer ident	ification number
	Address cl	hange	Veterans' Families United Foundation		208	877536
	Name chai	nge	Number and street (or P.O. box if mail is not delivered to street address)	E Telep	hone num	oer
Ц	Initial retur	rn	4001 E. 30th St.		405-5	35-1925
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exemp	tion
H	Amended Application		Edmond, OK 73013			21
G	7. 5.1	ting Method:		Check I		ne organization is not
	Website	.,	Veterans Families United org			Schedule B
		10000000	ock only one) —	(Form 9		7 Ocheddie B
			Corporation Trust Association Other charity	(1 01111 0		
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	l accete		
			S500,000 or more, file Form 990 instead of Form 990-EZ	abscrs	•	
Termina and	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	inetru	ctions for	or Dart I) 5
	arti					
Service Co.	11 4		the organization used Schedule O to respond to any question in this Part I			
7	_		ons, gifts, grants, and similar amounts received		1	13,290
3.		·	ervice revenue including government fees and contracts		2	
?			ip dues and assessments		3	
?		Investment			4	
	5a		ount from sale of assets other than inventory 5a			
	b		or other basis and sales expenses			
	С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	_	d fundraising events:			
4	a		ome from gaming (attach Schedule G if greater than			
ĕ		\$15,000) .				
Revenue	b		me from fundraising events (not including \$ of contribution)	ns		
æ			aising events reported on line 1) (attach Schedule G if the			
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b			
	c	Less: direc	t expenses from gaming and fundraising events 6c			
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c) .			6d	
	7a	Gross sale	s of inventory, less returns and allowances			
	b	Less: cost	of goods sold			
	C	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other rever	nue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	13,290
	10		d similar amounts paid (list in Schedule O)		10	
	11	Benefits pa	aid to or for members		11	
S	12	Salaries, of	ther compensation, and employee benefits 🌃		12	
LI S	13	Profession	al fees and other payments to independent contractors 22		13	128
Expenses	. 14	Occupancy	y, rent, utilities, and maintenance		14	1132
ш	15		ublications, postage, and shipping		15	283
	16		enses (describe in Schedule O) 🔯		16	7,453
	17		enses. Add lines 10 through 16		17	8,996
"	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18	4,294
et	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree		_	
155			ar figure reported on prior year's return)		19	
Net Assets	20		nges in net assets or fund balances (explain in Schedule 0)		20	18,616
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	22,910
_			ion Act Notice see the senarate instructions	• •		- 000 F7

Pa	rt II	Balance Shee	i+i · ·	C-ll					
		Gneck if the org	janization u	sea Scriedule	O to respond to ar	ly question in this	(A) Beginning of year		B) End of year
22	Casi	h savings and in	vestments			<u> </u>	(, , , , , , , ,	22	
23		· · · · · · · · · · · · · · · · · · ·				-		23	
24						L	18,616		22,910
25		The second secon				_	10/010	25	22/7/10
26								26	
27					(B) must agree with	<u></u>		27	22,910
					plishments (see th		Part III)	21	22,710
(Casala)			_		O to respond to ar		,		Expenses
'ha	t is the	organization's pri			non-profit charity			(Requ	uired for section
					shments for each or			organ	c)(3) and 501(c)(4) nizations; optional fo
s n	neasure	ed by expenses. nefited, and other	In a clear a	and concise m	nanner, describe the	e services provided	d, the number of	other	s.)
28					ary, veterans, families				
?;	(Grant	 ts \$		If this amount	includes foreign gra	ants check here	▶ □	28a	1,707
29		ss to improved hea	101.					200	1,707
	/0								0.40
0	(Grant	rals ratraats			includes foreign gra			29a	2,605
U	Keleli								
	(Grant				includes foreign gra			30a	1,889
31	Other	program services	(describe in	Schedule O)					1,889
	Other (Grant	program services	(describe ir)	n Schedule O) If this amount	includes foreign gra	ants, check here		31a	1,889
32	Other (Grant Total	program services ts \$ program service	(describe ir) e expenses (n Schedule O) If this amount (add lines 28a	includes foreign gra through 31a)	ants, check here .		31a 32	6,201
32	Other (Grant	program services ts \$ program service List of Officers, I	s (describe ir) e expenses (Directors, Tro	n Schedule O) If this amount (add lines 28a ustees, and Key	includes foreign gra through 31a) . y Employees (list each	ants, check here .	pensated—see the	31a 32	6,201
32	Other (Grant Total	program services ts \$ program service List of Officers, I	s (describe ir) e expenses (Directors, Tro	n Schedule O) If this amount (add lines 28a ustees, and Key	includes foreign gra through 31a)	ants, check here n one even if not comny question in this	pensated—see the	31a 32 instruc	6,201
32	Other (Grant Total	program services ts \$ program service List of Officers, I Check if the org	s (describe ir) e expenses (Directors, Tro ganization u	n Schedule O) If this amount (add lines 28a ustees, and Key	includes foreign grathrough 31a) y Employees (list each to respond to all (b) Average	ants, check here	pensated—see the Part IV	31a 32 instruc	6,201 tions for Part IV)
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П	
		instructions for Part V.) Offeck if the organization used Schedule O to respond to any question in this) i ait	Yes	No	С
	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		V	
?	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		v	
	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)?				
			35a			
	C	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		7	· I
	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		~	23
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		sec.		
	b	Did the organization file Form 1120-POL for this year?	37b	86-22/22/8060-24		
	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			21
	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				
	b	Gross receipts, included on line 9, for public use of club facilities				
	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		V	21
	С	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				Witchelline
	е	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		v	Willes Building
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ▶ Telephone no. ▶				
		Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over				
	b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓	
		If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
		Financial Accounts (FBAR).				
	С	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		. 1		
		and enter the amount of tax-exempt interest received or accrued during the tax year • 43		,	,	
	440	Did the everyingting projecting and development of the development of the CV (1) CV (1	LOWING STORE	Yes	No	
	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		V	-
	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			- Child
	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				ZG7 mm-
		explanation in Schedule O	44d			_
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	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				
		, o 000 L2, 000 Induduono, , , , , , , , , , , , , , , , , , ,	15h	ı	./	

	2021)	ACCUSATION OF THE PROPERTY OF							age 4
Did t	the organization e	ngage, directly or in	ndirectly, in political c	ampaign activities o	n behalf of or	in opposit	ion	Yes	No
			complete Schedule C						V
rt VI		(3) Organizations						L	
			s must answer que	stions 47–49b and	52, and cor	nplete the	e tables f	or line	29
	50 and 51.								
	Check if the org	anization used Scl	hedule O to respond	l to any question in	this Part VI		<u></u>		
								Yes	No
			activities or have a				1		
•		te Schedule C, Par							<i>V</i>
			n section 170(b)(1)(A)(i				. 48		
			o an exempt non-cha					-	
			ection 527 organization Five highest compen					es and	d ke
			s \$100,000 of comper						a no
	, ,			(c) Reportable	(d) Health		,		
(a	a) Name and title of eac	h employee	(b) Average hours per week	compensation	contributions t	o employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MISC 1099-NEC)	compeh		otner con	ipensati	ion
			4						
f Tota	l number of other	omployees paid ov							*****
		employees paid ov			at contractors	who exel	rassived	moro	that
Com	nplete this table fo	or the organization	's five highest comp	ensated independer	nt contractors	who each	ı received	more	thar
5100	nplete this table fo 0,000 of compens	or the organization ation from the orga	's five highest componization. If there is no	ensated independer ne, enter "None."					thar
5100	nplete this table fo 0,000 of compens	or the organization	's five highest componization. If there is no	ensated independer			received		thar
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(a	nplete this table for 0,000 of compens. Name and business a	or the organization ation from the orga address of each independ	's five highest composite in no dent contractor	ensated independer ne, enter "None." (b) Type of se	ervice				thar
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d Tota 2 Did com ler penaltie, correct, a	al number of other the organization pleted Schedule As of perjury, I declare the documents of complete. Declaration Signature of office of the complete.	independent contra complete Schedu hat I have examined this on of preparer (other that	's five highest composite actors each receiving ule A? Note: All services in a compare notificer) is based on all info	ensated independer the, enter "None." (b) Type of second the seco	ervice Janizations m ments, and to the er has any knowled	ust attach I best of my kr	Compensati	on .	No

Preparer Use Only

Firm's name

Firm's address ▶

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

Firm's EIN ▶

Phone no.