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Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

A Fo	r the 2	010 calendar year, or tax yea	r beginning 09-01-2010 and ending 08-31-20	)11		Inspection
		C Name of organization	WARS OF THE UNITED STATES		D Employe	er identification number
┌ Add	ress ch	nge	WARS OF THE ONTED STATES		44-047	4290
┌ Nan	ne chai	Doing Business As ge			E Telepho	ne number
┌ Inıtı	ıal retur	Number and street (or P	O box if mail is not delivered to street address)	Room/suite	(816)7	56-3390
<b>Г</b> Теп	mınated	406 W 34TH ST			(==,,	
☐ Ame	ended i	turn City or town, state or cou KANSAS CITY, MO 64111			<b>G</b> Gross red	eipts \$ 158,248,921
Г Арр	lication	pending	1			
			ess of principal officer	H(a) Is this a	group return for a	affiliates? Yes No
		LAWRENCE M MAH 406 W 34TH ST	1ER		661	
		KANSAS CITY, MO	64111	1	affiliates includ	led? Yes No ist (see instructions)
		t etatus	) ( 10 ) <b>-1</b> ( 1 ) <b>-1</b> ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10 ) ( 10		ip exemption	
_			c) ( 19 ) <b>4</b> (Insert no )	4		
		► WWW V FW O RG				T
		nization Corporation Trust	Association  ○ Other ►	<b>L</b> Year of fo	rmation 1899	<b>M</b> State of legal domicile
Pa	rt I	Summary	n's mission or most significant activities			
Governance	E A	DUCATION AND COMMEMO	ND EDUCATIONAL ACTIVITIES INCLUDE RATION, PROMOTING PATRIOTISM, YOUT L DEFENSE AND OUR MEN AND WOMEN IN HEIR FAMILIES	H ACTIVITIES	S AND COM	MUNITY SERVICE,
	2 (	 heck this box ┡─ if the organi	zation discontinued its operations or disposed	d of more than 2	5% of its ne	t assets
Activities &		•	ne governing body (Part VI, line 1a)		3	I
琶	4 1	umber of independent voting m	nembers of the governing body (Part VI, line 1	b)	. 4	33
Act	5 7	otal number of individuals emp	oloyed in calendar year 2010 (Part V, line 2a)		5	205
	6 7	otal number of volunteers (est	ımate ıf necessary)		6	3,000
			ue from Part VIII, column (C), line 12		7:	-,,
	Ьſ	et unrelated business taxable	income from Form 990-T, line 34		7	<del></del>
		Contributions and grants (Dar	t V I I I , lıne 1 h)	Prio	r Year	Current Year
<u>a</u>	8	Program service revenue (Par	15,262,76	· · ·		
Revenue	10		3,045,66			
끂	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				
	12		rough 11 (must equal Part VIII, column (A), lı	ne	87,486,33	93,326,178
	13		aid (Part IX, column (A), lines 1-3)		10,440,989	
	14		rs (Part IX, column (A), line 4)			0 0
	15	•	, employee benefits (Part IX, column (A), lines	5-		
&		10)			13,533,56	· · ·
Expenses	16a		(Part IX, column (A), line 11e)		2,341,98	2,298,001
짚	ь	Total fundraising expenses (Part IX,			50.000.00	
	17		umn (A), lines 11a-11d, 11f-24f)		58,380,39	· · ·
	18 19		-17 (must equal Part IX, column (A), line 25)		2,789,39	
<u>%</u> के ह		ac iess expenses subt		Beginning	g of Current	
Not Assets or Fund Balances				Y	ear	End of Year
A55 Ba	20				187,239,67	
ap again	21	, ,	6)		155,094,07	· · ·
	22		Subtract line 21 from line 20	•	32,145,59	7 42,455,569
Under	edge a	nd belief, it is true, correct, and o	ve examined this return, including accompanying complete. Declaration of preparer (other than offic			
Sign		****** Signature of officer			12-03-09 ate	
Here		LAWRENCE M MAHER QUARTERM	IASTER GENERAL			
		Type or print name and title				
		rint/Type reparer's name   ROBERT H FRAN	Preparer's signature NK ROBERT H FRANK		Check if self- employed • [	_ PTIN
Paid		irm's name FRANK & COMPANY PO			pio; cu *	Firm's EIN
Prepa		ırm's address 🕨 1360 BEVERLY ROAD	) SUITE 300			Phone no  (703) 821-
Use C	nly	MCLEAN, VI 22101				0702 (703) 821-
May t	he IR	·	reparer shown above? (see instructions) .			▼Yes  No
		·	·			

orm	1 990 (2010)	Page <b>2</b>
Par	** Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III	<i>-</i>
1	Briefly describe the organization's mission	
RES ND SOV	ORGANIZATION'S PURPOSE IS TO PROVIDE FRATERNAL, PATRIOTIC, HISTORICAL, AND EDUCATIONAL SERVICES SERVE AND STRENGTHEN COMRADESHIP AMONG MEMBERS, TO ASSIST WORTHY VETERANS, TO PERPETUATE THE HISTORY OF OUR DEAD, AND TO ASSIST THEIR WIDOWS AND ORPHANS, TO MAINTAIN TRUE ALLEGIANCE TO THE VERNMENT OF THE UNITED STATES OF AMERICA, AND FIDELITY TO ITS CONSTITUTION AND LAWS, TO FOSTER TRUCH RIOTISM, TO MAINTAIN AND EXTEND THE INSTITUTIONS OF AMERICAN FREEDOM, AND TO PRESERVE AND DEFENTED STATES FROM ALL OF HER ENEMIES, WHOMSOEVER	MEMORY E JE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	i
4a	(Code ) (Expenses \$ 20,225,347 including grants of \$ 2,741,210 ) (Revenue \$	)
	VETERANS SERVICE ACTIVITIES - THE VFW MISSION INCLUDES THE MANDATE TO PRESERVE AND STRENGTHEN COMRADESHIP AMONG VETERANS AND ASSISTANCE TO THEM, THEIR WIDOWS AND ORPHANS TO MEET THIS OBLIGATION, THE VFW DELIVERS A BROAD RANGE OF PROGRAMS AND SERVICE'S VETERANS THROUGH A NATIONAL ORGANIZATION STRUCTURE THAT EXTENDS TO POSTS IN COMMUNITIES THROUGHOUT THE COUNTRY THE VFW SU POST SERVICE OFFICER WITH TRAINING, INFORMATION AND MATERIALS TO ASSIST THE VETERAN IN THE LOCAL COMMUNITY AT THE STATE LEVEL, T DEPARTMENT SERVICE OFFICER PLAYS A KEY ROLE IN ASSISTING VETERANS IN DEALING WITH THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER THESE OFFICERS ARE FORMALLY TRAINED AND ACCREDITED TO REPRESENT BOTH MEMBER AND NON-MEMBER VETERANS AND THEIR DEPENDENTS O SURVIVORS THE VFW NATIONAL VETERANS SERVICE STAFF PROVIDES ADDITIONAL SPECIALIZED EXPERTISE SUCH AS REPRESENTATION AT THE BOARD VETERANS APPEALS AND AT THE BENEFITS DELIVERY AT DISCHARGE POINTS FOR SOON TO BE DISCHARGED ACTIVE DUTY MILITARY PERSONNEL THIS ENSURES THAT NO VETERAN, DEPENDENT OR SURVIVOR NEEDS TO DEAL WITH THE AGENCIES ADMINISTERING VETERANS PROGRAMS WITHOUT EXPERIES FOR THE FIRM PROVIDED AUGUST 31, 2011, SERVICE OFFICERS AND VFW NATIONAL STAFF ASSISTED 72,157 CLAIMANTS RECOVER ALMOST \$1 4 BILLION	S TO IPPORTS THE HE AGENCIES OR D OF STRUCTURE RT
<b>4</b> b	(Code ) (Expenses \$ 11,541,736 including grants of \$ 7,501,077) (Revenue \$  DEPARTMENT AND LOCAL POST ACTIVITIES - DEPARTMENT AND LOCAL POST ACTIVITIES ARE VITAL COMPONENTS OF THE VETERANS SERVICE, COMMU SERVICE, AND MILITARY ASSISTANCE PROGRAMS SUPPORT FROM THE VFW NATIONAL HEADQUARTERS IS CRITICAL TO THE ACHIEVEMENT OF THE VF THE VFW NATIONAL HEADQUARTERS PROVIDED \$7,501,077 IN GRANTS TO HELP SUPPORT VETERANS SERVICE PROGRAMS AND COMMUNITY SERVICE AT THE VFW STATE LEVEL THESE GRANTS ARE USED TO PROVIDE EQUIPMENT, PERSONNEL AND RESOURCES NEEDED AT THE STATE LEVEL TO CARRY VETERANS SERVICE ACTIVITIES DESCRIBED ABOVE THESE FUNDS ARE ALSO USED TO PROVIDE LEADERSHIP, ADMINISTRATION, INFORMATION AND IN MOBILIZE VOLUNTEER EFFORTS IN LOCAL COMMUNITIES IN SUPPORT OF PATRIOTIC ACTIVITIES, COMMUNITY PROJECTS, YOUTH ACTIVITIES, AND EFF SUPPORT ACTIVE DUTY MILITARY PERSONNEL, GUARD AND RESERVES IN ADDITION, FUNDS ARE PROVIDED TO ASSIST WITH NATURAL DISASTERS AFI MEMBERS AND THEIR FAMILIES AND TO ASSIST NEEDY VETERANS AND MILITARY PERSONNEL AND THEIR FAMILIES	W MISSION PROGRAMS OUT THE ICENTIVES TO FORTS TO
 4с	(Code ) (Expenses \$ 14,184,346 including grants of \$ 228,695 ) (Revenue \$	)
	COMMUNITY SERVICE AND PATRIOTIC ACTIVITIES - COMMUNITY SERVICE IS A MAJOR PRIORITY OF THE VFW THE VFW'S MISSION INCLUDES MAINTA ALLEGIANCE TO THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND FIDELITY TO ITS CONSTITUTION AND LAWS, FOSTERING TRUE PATRIOTIC OF COUNTRY, AND MAINTAINING AND EXTENDING THE INSTITUTIONS OF AMERICAN FREEDOM TO FULFILL THESE OBJECTIVES, THE VFW HAS A COME SET OF EDUCATIONAL AND INFORMATIONAL PROGRAMS, MATERIALS, AND ACTIVITIES THAT REACH OUT TO EVERY AMERICAN VIRTUALLY EVERY DAY OF THE MAJOR ELEMENTS OF VFW COMMUNITY SERVICE INCLUDE COMMUNITY ACTIVITIES, CITIZENSHIP EDUCATION, SAFETY PROGRAMS, AND YOUTH A COMMUNITY ACTIVITIES INCLUDE ASSISTANCE IN CONDUCTING BLOOD DRIVES, RECYCLING PROGRAMS, AND NEIGHBORHOOD AND HIGHWAY BEAUTIFY PROJECTS, COOPERATING WITH OTHER ORGANIZATIONS THROUGH ASSISTANCE IN CAMPAIGNS SUCH AS U S AVAINGS BONDS, AID TO SENIOR CITIZ VOLUNTEERING IN HOSPITALS AND NURSING HOMES, AND ASSISTING FAMILIES IN TIMES OF PERSONAL TRAGEDY OR ILLNESS, AND ASSISTANCE TO CO AND SCHOOLS THROUGH VOLUNTEERING AND SPEAKER PROGRAMS CITIZENSHIP EDUCATION, MATERIALS, AND ACTIVITIES ARE GEARED TO REMIND, AND INFORM CITIZENS OF THEIR COUNTRY'S TRADITIONS, FREEDOMS, AND THE NEED TO PRESERVE AND PROTECT THEM KEY ELEMENTS OF CITIZEN EDUCATION INCLUDES PUBLICATIONS AND DISSEMINATION OF INFORMATION HONORING THE FLAG, PROPER FLAG DISPLAY, THE FLAG HISTORY AND TO CODE AS WELL AS PERIODIC DISTRIBUTION OF FREE FLAGS SUPPORT OF CITIZENSHIP EDUCATION IN SCHOOLS THROUGH DISTRIBUTION OF CITIZEN EDUCATION MATERIALS AND SCHOOL FOLDERS CONTAINING COPIES OF THE DECLARATION OF INDEPENDENCE, THE CONSTITUTION, AND OTHER IMPORTANTION CANDED TO THE PROPER FLAGO DISPLAY, THE FLAG HISTORY AND THE STORY AND THE	INING TRUE SM AND LOVE PREHENSIVE OF THE YEAR INCTIVITIES FICATION IENS, HURCHES EDUCATE, NSHIP THE FLAG ISHIP ORTANT IY, V-J DAY, RIBUTION OF VOTE" NESS, UURAGING IIP HIEVEMENT

4e Total program service expenses►\$

13,141,717

(Expenses \$

4d

59,093,146

including grants of \$

Other program services (Describe in Schedule O ) See also Additional Data for Description

) (Revenue \$

Part IV Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 708	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	,]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country • See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_		
	See instructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No.
d	If "Yes," indicate the number of Forms 8282 filed during the year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
e	contract?	7e 7f		No No
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			NO
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79 7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO -	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities  Section F01/c)/12) organizations Enter			
l1 a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
_	in which the organization is licensed to issue qualified health plans	_		
C	Enter the amount of reserves on hand 13c			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

406 W 34TH ST

(816) 756-3390

KANSAS CITY, MO 64111

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	Yes	
ь	governing body?	7a 7b	162	N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	76		110
а	year by the following  The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)			
- NC	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100	163	
	Thus the organization provided a copy of this Form 550 to an intempers of its governing body before ining the form	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	431	V	
_	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160	Vas	
h	taxable entity during the year?	16a	Yes	
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Sa	ction C. Disclosure	TOD	162	
	List the States with which a copy of this Form 990 is required to be filed AK, AZ, AR, CO, CT, FL, GA, IL, KY	. I A .	MF.M	 D .
	MN, MS, NH, NJ, NY, NC, ND, OH, OUT, WA, WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Vopon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the LAWRENCE M MAHER	e orga	nızatıor	ı <b>►</b>

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours per	(C) rage Position (check all that apply)			Position (check all			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		<u> </u>	1						I I				<del></del> 1
	<b>(A)</b> Name and Title	Name and Title Average Position (check all Reportable compensation				( <b>F)</b> Estima amount o	ated fother						
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from f organizat relat organiza	the on and ed
See A	ee Additional Data Table												
1b	Sub-Total							<u> </u>			_		
	Total from continuation sheets				<u> </u>	÷	<u></u>						
d	Total (add lines 1b and 1c) .							<b> -</b>	1,746,984		0		350,476
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					eye •	mploy •	ee, o	r highest compensa	ated employee	3		No
4	For any individual listed on line organization and related organiz										4	Yes	
5										5	165	No	
	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from	hıghest compei		ndep	ende	ent o	ontra	tors	that received more	than			

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
BRICKMILL MARKETING SERVICES 24 MILL BROOK RD WILTON, NH 03086	FUNDRAISING SERVICES	1,463,781
PARADYSZ MATERA AND CO 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	MARKETING SERVICES	1,424,916
SOUTHWEST CAGING CORPORATION 5342 NW 25TH STREET TOPEKA, KS 66618	CAGING SERVICES	1,358,906
GLM COMMUNICATIONS INC 242 W 27TH STREET 1B NEW YORK, NY 10001	MAGAZINE BROKER	1,327,114
COMMERCE REGISTER INC PO BOX 190 MIDLAND PARK, NJ 07432	DATA PROCESSING SERVICES	818,196
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►22	) who received more than	

Form 9							Pa	ge <b>9</b>
Part V	<u> </u>	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
								513, or 514
\$ 2	1a	Federated campaigns	1a					314
튪	ь	Membership dues	. 1b					
s, g	c	Fundraising events	. 1c					
±g±	d	Related organizations	. 1d	815,920				
E, S		Government grants (contributions)	1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lii		68,556,364				
E E	-	Total. Add lines 1a-1f			69,372,284			
	"	Total. Add imes 1a-11		Business Code	05,572,204			
Program Service Revenue	2~	MEMBEDOUTD DUEC		Business Code		9 004 430		
₹6.4%	2a b			900099	8,004,439 4,295,138	8,004,439	4,295,138	
- Se	С			524298	1,968,329		1,250,200	1,968,329
er E	d	RENTAL INCOME FROM AFF		531390	252,066			252,066
3	e	CONVENTION REGISTRATIO		900099	218,669			218,669
্ৰয়	f	All other program service rev	venue		80,726			80,726
δ	g	Total. Add lines 2a-2f			14,819,367			
	3	Investment income (includin	ıg dıvıdends, ınterest					
		and other similar amounts)			2,237,265			2,237,265
	4	Income from investment of tax-ex-	empt bond proceeds					
	5	Royalties			1,968,855			1,968,855
	62	Gross Rents	(i) Real 807,781	(II) Personal 35,881				
		Less rental	556,732	35,829				
	_	expenses Rental income	251,049	52				
		or (loss)	·	32	251 101		F.3	351.040
	d	Net rental income or (loss)		(u) O th a r	251,101		52	251,049
	7a	from sales of assets other	(1) Securities 62,884,698	(II) O ther 225				
		than inventory Less cost or other basis and sales expenses	61,153,447	2,500				
	_	Gain or (loss)	1,731,251	-2,275	1,728,976			1,728,976
		Net gain or (loss) Gross income from fundraisii			1,720,370			1,720,370
ще		(not including	ng events					
Other Revenue		\$of contributions reported on See Part IV, line 18	•					
₽	b	Less direct expenses	a b					
0		Net income or (loss) from fur						
	9a	Gross income from gaming a	ctivities See Part IV, line 19 . a					
	ь	Less direct expenses						
	С	Net income or (loss) from ga	ming activities					
	10a	Gross sales of inventory, les returns and allowances	s					
		I and American	а	6,153,242				
	ь	Less cost of goods sold .	. ь	3,174,235				
	С	Net income or (loss) from sa	les of inventory 🟲		2,979,007	2,979,007		
		Miscellaneous Revenue		Business Code	0.011			0.01.
		SUBSCRIPTION REVENUE		511120	8,014		20.50:	8,014
		INCOME(LOSS) FROM PAS	<u> </u>	900001	-38,691		-38,691	
	•							
		d All other revenue	•					
	e	Total. Add lines 11a-11d .	· · · · · · · · •		-30,677			
	12	Total revenue. See Instruction	ons					
		<b></b>			93,326,178	10,983,446	4,256,499	8,713,949
	-						rm <b>990</b> (20	110)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	ll other organizations must complete column (A) but are not required to c		s (B), (C), and	· ·	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	9,024,707	9,024,707		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,382,071	1,382,071		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	64,204	64,204		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,643,278	1,279,288	320,330	43,660
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,044,253	6,898,501	932,225	213,527
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,248,533	1,931,943	253,809	62,781
9	Other employee benefits	1,875,842	1,484,409	344,642	46,791
10	Payroll taxes	759,226	646,794	92,211	20,221
а	Fees for services (non-employees) Management				
b	Legal	54,705		54,705	
С	Accounting	101,286		101,286	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	2,298,001			2,298,001
f	Investment management fees	246,786		246,786	
g	Other	1,141,040	444,029	257,462	439,549
12	Advertising and promotion	479,402	453,104	15,722	10,576
13	Office expenses	1,521,993	1,058,795	424,244	38,954
14	Information technology				
15	Royalties				
16	Occupancy	785,427	716,113	67,345	1,969
17	Travel	1,490,264	1,318,281	162,665	9,318
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,338,385	2,321,488	16,828	69
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,287,270	1,115,178	169,717	2,375
23	Insurance	216,525	197,036	18,936	553
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	DIRECT MAIL & DUES NOTI	47,325,921	22,246,477	1,139,775	23,939,669
b	VFW MAGAZINE & OTHER PU	5,571,979	5,571,979		
c	OTHER PROGRAMMATIC ACTI	658,160	658,160		
d	MISCELLANEOUS	176,407	148,820	24,538	3,049
e	TEMPORARY HELP	147,632	131,769	8,848	7,015
f	A II other expenses				
25	Total functional expenses. Add lines 1 through 24f	90,883,297	59,093,146	4,652,074	27,138,077
26	<b>Joint costs.</b> Check here <b>▶ ▽</b> If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	45,329,682	21,365,703	621,355	23,342,624
	1 5 2				000 (2010)

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,700	1	2,700
	2	Savings and temporary cash investments			21,393,358	2	18,569,195
	3	Pledges and grants receivable, net				3	1,883,244
	4	Accounts receivable, net			1,936,276	4	1,881,165
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	ers, and				
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
٨	8	Inventories for sale or use			1,487,842	8	1,612,143
	9	Prepaid expenses and deferred charges			1,623,085	9	2,117,156
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	28,922,155			
	ь	Less accumulated depreciation	10ь	21,465,888	8,749,302	10c	7,456,267
	11	Investments—publicly traded securities			146,038,198	11	161,034,173
	12	Investments—other securities See Part IV, line 11			5,570,214	12	5,262,599
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			438,697	15	396,373
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			187,239,672	16	200,215,015
	17	Accounts payable and accrued expenses .			9,003,365	17	6,272,174
	18	Grants payable			770,560	18	798,098
	19	Deferred revenue	31,850,228	19	31,505,402		
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability Complete Part IV of Schedu			21		
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			113,469,922	25	119,183,772
	26	Total liabilities. Add lines 17 through 25			155,094,075	26	157,759,446
-5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
<u>Ş</u>		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			28,087,582	27	38,142,250
Fund Balances	28	Temporarily restricted net assets			4,058,015	28	4,313,319
nd	29	Permanently restricted net assets			29		
Fu		Organizations that do not follow SFAS 117, check here ► ☐ ar	nd con	plete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			32,145,597	33	42,455,569
	34	Total liabilities and net assets/fund balances			187,239,672	34	200,215,015

Ра	Tt XII Reconciliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93,3	326,178
2	Total expenses (must equal Part IX, column (A), line 25)	2		90,8	383,297
3	Revenue less expenses Subtract line 2 from line 1	3			142,881
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,1	145,597
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,8	367,091
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		42,4	155,569
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

Software ID: Software Version:

**EIN:** 44-0474290

Name: VETERANS OF FOREIGN WARS OF THE UNITED STATES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)	(B)	dent Contractors						(D)	(E)	(F)	
Name and Title	Average hours per	Posi t		che	)		1	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
THOMAS J TRADEWELL SR PAST COMMANDER-IN-CHIEF	40 00	Х		Х				141,463	0	4,806	
RICHARD L EUBANK COMMANDER-IN-CHIEF	40 00	X		X				156,554	0	7,125	
RICHARD L DENOYER SENIOR VICE COMMANDER-IN-CHIEF	40 00	Х		х				143,188	0	6,553	
JOHN E HAMILTON JUNIOR VICE COMMANDER-IN-CHIEF	40 00	X		X				48,829	0	0	
ALLEN F KENT ADJUTANT GENERAL	40 00	X		×				185,376	0	33,766	
LAWRENCE M MAHER QUARTERMASTER GENERAL	40 00	X		X				177,695	0	60,818	
ELMER R LIIMATTA CHAPLAIN	1 00	X		×				1,232	0	0	
LARRY B MINTON JUDGE ADVOCATE GENERAL	1 00	Х		Х				1,790	0	0	
WILLIAM J SCHMITZ SR SURGEON GENERAL	1 00	X		×				3,329	0	0	
DAVID B NORRIS CHIEF OF STAFF	1 00	Х		X				4,890	0	0	
DARRELL F BENCKEN INSPECTOR GENERAL	1 00	Х		х				2,715	0	0	
EUGENE A PAWLIK NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						2,924	0	0	
VITO S DEMARCO NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,972	0	0	
JAMES L YOUNGBLOOD NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						5,689	0	0	
CHARLIE W SMITH NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						1,213	0	0	
PAUL E CONNERS NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,915	0	0	
HAROLD J ROESCH NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,269	0	0	
JOHN H RANSON NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,260	0	0	
DEAN E SMITH NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						4,251	0	0	
ROY C MEARES NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,916	0	0	
ROBERT A CLARK NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,297	0	0	
LARRY J LARSON NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						5,468	0	0	
GARY K MATHISEN NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						1,895	0	0	
CHARLEY L SHOEMAKER NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						5,944	0	0	
GEORGE C BERTHIAUME NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,653	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(C tion ( hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
VINCENT BJ LAWRENCE NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						5,901	0	0	
GEORGE F BARLETT NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						1,349	0	0	
MICHAEL H MUSGROVE NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						4,144	0	0	
STANLEY W BORUSIEWICZ JR NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						2,455	0	0	
THOMAS J KIJAK NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						6,910	0	0	
STEVEN P VAN BERGEN NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						6,859	0	0	
WILLIAM A DOBBIE NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						6,734	0	0	
ALBERT S THOMAS JR NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						4,781	0	0	
DONALD R SMITHENRY NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						4,991	0	0	
BERNARD L THOMPSON NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						3,914	0	0	
ROGER A FRYE NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						1,801	0	0	
JOHN P WOLFE NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						4,406	0	0	
ELISEO CANTU JR NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						2,952	0	0	
ROBERT SHEPHERD NATIONAL COUNCIL OF ADMIN MEMBER	1 00	Х						6,394	0	0	
ROBERT E WALLACE ASSISTANT ADJUTANT GENERAL	40 00			x				164,770	0	58,710	
ROBERT E GREENE ASSISTANT QUARTERMASTER GENERAL	40 00			х				133,946	0	63,082	
JOHN J MCNEILL ASSISTANT ADJUTANT GENERAL	40 00			x				136,234	0	35,746	
WILLIAM BRADSHAW DIRECTOR, NATIONAL VETERANS SERVICE	40 00					х		124,388	0	4,601	
PATRICK BOTBYL CHIEF INFORMATION OFFICER	40 00					х		102,659	0	30,274	
RICHARD KOLB DIRECTOR, PUBLICATIONS	40 00					х		101,669	0	44,995	
JAMES J LIERZ CONTROLLER, MNGR OF PURCH & MEMBR INSURANCE	40 00					х		99,790	0	33,210	
MATHEW CLAUSSEN DIRECTOR, MEMBERSHIP	40 00					х		92,077	0	29,696	

4d. Other program	services				
PROMOTE HISTOF VFW MAGAZINE PI ADMINISTRATIVE COMMEMORATIVE	RICAL EDUCATION AND CO ROVIDES MEMBERS AND TH ISSUES RELATING TO VET E EVENTS AND ACTIVITIES	MMEMORATI HE GENERAL I ERANS, HEAI S, SUPPORT P	ON AND PROMOTION OF P PUBLIC INFORMATION CON LTH PROBLEMS CONFRONT	) (Revenue \$ TO MEMBERS AND VETERANS TATRIOTIC SUPPORT AND ACTIVICERNING LEGISLATIVE AND ING VETERANS, HISTORICAL ASUPPORT OF VFW SPONSORED FRS TO ACT	VITIES THE
AND ENHANCEME VETERANS ARE PF THE MEMBERSHIP REPORTER VFWR	NT OF VETERAN'S BENEFIT RESENTED TO LEGISLATOR IS KEPT INFORMED OF TH EGULARLY APPEALS TO LA	ES - LEGISLA S AT FEDERA S AND PROVI ESE ACTIVIT WMAKERS AN	L, STATE AND LOCAL LEVE IDES RECOMMENDATIONS IES THROUGH THE VFW MA ID DEFENSE LEADERSHIP T	) (Revenue \$ E MEMBERSHIP THROUGH PROT LS THIS SERVICE ENSURES TH CONCERNING PROPOSED LEGI: GAZINE AND THE WASHINGTOI O ENSURE THE HIGHEST LEVEL AIRMEN, MARINES, AND COAST	E VIEWS OF SLATION N ACTION OF
(Code EDUCATIONAL AN	) (Expenses \$ ID INFORMATIVE ACTIVIT	499,247 IES	including grants of \$	) (Revenue \$	)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493069008092

Held at the End of the Year

2a

OMB No 1545-0047

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES 44-0474290 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- Total number of conservation easements
- Total acreage restricted by conservation easements
- 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and
  - enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2010

Cat No 52283D

Part		Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	easu	res, or C	<u> Othe</u>	<u>r Similar <i>F</i></u>	\sse	ts (cc	ntınued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	y of th	ne foll	owing th	hat ar	e a sıgnıfıc	ant u	se of its colle	ction	า	
а	$\Gamma$ F	Public exhibition		d	Γ	Loan o	rexc	hange prog	rams				
b	Γ s	Scholarly research		e	Γ	Other							
c	┌ F	Preservation for future generations											
4	Provi Part 2	de a description of the organization's co XIV	ollections and expla	ın hov	w they	y further	r the o	organizatioi	n's ex	empt purpos	e ın		
5		ig the year, did the organization solicit of ts to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	t IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	ed "Y	es" to Form	990	),	
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	lan or other interme	diary	for c	ontribut	ions	or other ass	setsı	not	Γ	Yes	┌ No
b	If"Y€	es," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	able		-					
								-		/	Mou	ınt	
С	Begii	nning balance						-	1c				
d	Addı	tions during the year							1d				
е	Dıstr	ributions during the year							1e				
f	Endı	ng balance						L	1f				
2a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
b	If "Y∈	es," explain the arrangement in Part XIV	1										
Par	t V	Endowment Funds. Complete											
_	_	6	(a)Current Year	(b)	Prior \	rear	(c)Tw	o Years Back	(d)	Three Years Bac	k (e	)Four Ye	ears Back
1a		nning of year balance									-		
b		ributions									+		
с		stment earnings or losses									-		
d		ts or scholarships									-		
e		r expenditures for facilities programs											
f	•	inistrative expenses											
g	End	of year balance											
2	Provi	de the estimated percentage of the yea	r end balance held a	as									
а		d designated or quasi-endowment 🕨											
ь		anent endowment											
c 3a		endowment <b>►</b> here endowment funds not in the posse:	ssion of the organiza	ation 1	that a	are held	and a	ıdmınıstere	d for	the			
		nization by										Yes	No
	(i) ur	nrelated organizations									a(i)		
		elated organizations								3	a(ii)		
		es" to 3a(II), are the related organizatio	•						•		3b		
4		ribe in Part XIV the intended uses of th	-						4.0				
Par	t VI	Investments—Land, Buildings	s, and Equipme	nt. S									
		Description of investment				Cost or c s (investr		(b)Cost or o basis (oth		(c) Accumula depreciation		( <b>d)</b> Bo	ok value
<b>1a</b> L	and			•				1,43	5,663				1,435,663
b E	Buildin	ngs		•				15,25	2,504	11,406	,803		3,845,701
c L	.easel	hold improvements		•									
d E	quipn	nent						12,23	3,988	10,059	,085		2,174,903
<b>e</b> (	Other		<u> </u>										

Part VIII Investments—Other Securities. See	form 990, Part X, line 12	<u>/</u> .
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip		(b) Book value
(a) Besetip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19	5)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
LIFE MEMBER DUES FOR FUTURE DISTRIBUTION -		
STATE & POSTS	65,532,623	
PAYABLE FOR COLLATERAL RECEIVED FOR		
SECURITIES LENDING	38,592,601	
PENSION & POSTRETIREMENT LIABILITY	15,058,548	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	119,183,772	

	·		Page •
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	93,326,178
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	90,883,297
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,442,88
4	Net unrealized gains (losses) on investments	4	5,147,72
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,719,364
9	Total adjustments (net) Add lines 4 - 8	9	7,867,09:
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	10,309,972
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	106,845,168
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	14,334,910
3	Subtract line <b>2e</b> from line <b>1</b>	3	92,510,258
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 815,920		
c	Add lines <b>4a</b> and <b>4b</b>	4c	815,920
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	93,326,178
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	1	98,460,704
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	8,393,32
3	Subtract line <b>2e</b> from line <b>1</b>	3	90,067,377
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	815,920
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	90,883,297

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
ESCRIPTION OF UNCERTAIN AX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION APPLIES THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES, (ASC 740) WITH RESPECT TO UNCERTAIN TAX POSITIONS ASC 740 REQUIRES THAT ALL TAX POSITIONS BE EVALUATED USING A RECOGNITION THRESHOLD AND MEASUREMENT OF A TAPOSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN DIFFERENCES BETWEEN POSITIONS TAKEN IN A RETURN AND AMOUNTS RECOGNIZED IN THE FINANCIAL STATEMENTS ARE RECORDED AS ADJUSTMENTS TO INCOME TAXES PAYABLE OR RECEIVABLE, OR ADJUSTMENTS TO DEFERRED INCOME TAXES, OR BOTH ASC 740 ALSO REQUIRES EXPANDED DISCLOSURES AT THE END OF EACH ANNUAL REPORTING PERIOD NO AMOUNTS HAVE BEEN RECORDED AT AUGUST 31, 2011 WITH RESPECT TO UNCERTAIN TAX POSITIONS
		PART XI, LINE 8 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST PART XII, LINE 2D THE AMOUNT ON LINE 2D IS COMPRISED OF THE FOLLOWING AMOUNTS 1) \$5,350,267 IS REVENUE FROM THE VFW FOUNDATION THAT IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS, 2) \$592,561 FOR RENTAL EXPENSES THAT ARE INCLUDED IN PART VIII, LINE 6B, AND 3) \$3,174,235 IS THE COST OF GOODS SOLD THAT ARE INCLUDED ON PART VIII, LINE 10B PART XII, LINE 4B THIS REPRESENTS INTERCOMPANY ELIMINATIONS BETWEEN THE VFW AND VFW FOUNDATION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS PART XIII, LINE 2D THE AMOUNT ON LINE 2D IS COMPRISED OF THE FOLLOWING AMOUNTS 1) \$4,626,531 IS EXPENSE FROM THE VFW FOUNDATION THAT IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS, 2) \$592,561 FOR RENTAL EXPENSES THAT ARE INCLUDED IN PART VIII, LINE 6B, AND 3) \$3,174,235 IS THE COST OF GOODS SOL THAT ARE INCLUDED ON PART VIII, LINE 10B PART XIII, LINE 4B THIS REPRESENTS INTERCOMPANY ELIMINATIONS BETWEEN THE VFW AND VFW FOUNDATIO ON THE CONSOLIDATED AUDITED FINANCIAL

DLN: 93493069008092

OMB No 1545-0047

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#### SCHEDULE F (Form 990)

Department of the Treasury

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

**Inspection** 

Name of the organization	Employer identification number
VETERANS OF FOREIGN WARS OF THE UNITED STATES	
	44-0474290

Internal Revenue Service Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total region (by type) (e g , offices in the employees or program service, describe expenditures for agents in region or fundraising, program services, specific type of region/investments region investments, grants to service(s) in region ındependent ın region contractors recipients located in the region) CENTRAL AMERICA AND THE 0 PROGRAM SERVICE VETERANS SERVICE 7,064 0 CARIBBEAN GRANTS FOR AND DEPARTMENT RECIPIENTS LANDPOST LOCATED IN THE ACTIVITIES

			REGION	ACTIVITIES	
EAST ASIA AND THE PACIFIC	0		GRANTS FOR RECIPIENTS	VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	26,256
EUROPE	0		GRANTS FOR RECIPIENTS	VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	30,884
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		4,193,691

0

**b** Total from continuation sheets

to Part I

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	21,450	ELECTRONIC FUND TRANSFER			
			VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	6,000	ELECTRONIC FUND TRANSFER			
			VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	21,273	ELECTRONIC FUND TRANSFER			
		AND THE CARIBBEAN	VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES		ELECTRONIC FUND TRANSFER			

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

#### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	✓	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	V	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US		SCHEDULE F, PART I, LINE 2 PERIODIC FINANCIAL REPORTS ARE SUBMITTED BY THESE DEPARTMENTS IN ADDITION, SPECIFIC DOCUMENTATION MUST BE SUBMITTED TO JUSTIFY MOST GRANTS, INCLUDING THOSE RELATED TO MEMBERSHIP PROMOTION FINALLY, NATIONAL REPRESENTATIVES PERIODICALLY VISIT THESE DEPARTMENTS AND OBSERVE FIRSTHAND THE MANNER IN WHICH FUNDS ARE EXPENDED IN ADDITION, GRANTS HAVE BEEN MADE TO POSTS IN THOSE AREAS IN MOST INSTANCES THOSE GRANTS WERE MADE TO SUPPORT ACTIVITIES RELATING TO ASSISTING ACTIVE DUTY MILITARY PERSONNEL AND THEIR FAMILIES APPLICATIONS FOR GRANTS MUST INCLUDE SPECIFIC EXPENSE INFORMATION AND RECEIPTS MUST BE PRODUCED TO VERIFY EXPENDITURES

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 METHOD USED TO ACCOUNT FOR EXPENDITURES ACCRUAL BASIS

ldentifier	Return Reference	Explanation
OTHER INFORMATION	SCHEDULE F, PART V	SCHEDULE F, PART II, LINE 1(D) - PURPOSE OF GRANT AS DESCRIBED IN THE CORE FORM, PART III, PARAGRAPH 4(B) OF THE STATEMENT OF PROGRAM ACCOMPLISHMENTS, THIS ORGANIZATION PROVIDES GRANTS TO THE STATE ORGANIZATIONS, CALLED DEPARTMENTS, AND LOCAL ORGANIZATIONS, CALLED POSTS, TO HELP SUPPORT THE VETERANS SERVICE PROGRAMS AND OTHER VFW SPONSORED PROGRAMS AT THE STATE AND LOCAL LEVEL BECAUSE THE ORGANIZATION HAS MEMBERS LIVING OUTSIDE THE UNITED STATES, MANY OF WHOM ARE ON ACTIVE DUTY IN THE MILITARY OR ARE EMPLOYED BY THE US GOVERNMENT IN OVERSEAS LOCATIONS, THREE OVERSEAS DEPARTMENTS AND SEVERAL POSTS HAVE BEEN ORGANIZED TO FACILITATE MEMBERS AND PROMOTE PROGRAMS IN THOSE AREAS THE GRANTS REFLECTED IN SCHEDULE F, PART I, ARE PRIMARILY GRANTS MADE TO THOSE OVERSEAS DEPARTMENTS TO FURTHER VFW PROGRAMS, INCLUDING MEMBERSHIP PROGRAMS, IN THOSE AREAS

Schedule F (Form 990) 2010

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DLN: 93493069008092

OMB No 1545-0047

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

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Department of the Treasury Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

**Supplemental Information Regarding** 

**Employer identification number** 

VETERANS OF FOREIGN WARS OF THE UNITED STATES 44-0474290 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

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?

(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) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
BRICKMILL MARKETING SERVICES 24 MILL BROOK ROAD WILTON, NH 03086	DIRECT MAIL		No	63,675,410	1,254,657	62,420,753
MDS COMMUNICATIONS 545 W JUANITA AVENUE MESA, AZ 85210	TELEMARKETING		No	1,602,427	948,664	653,763
Total			65,277,837	2,203,321	63,074,516	

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
£					(**************************************	
Revenue	1 2	Gross receipts Less Charitable				
₩ Ф	-	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မွာ	5	Non-cash prizes				
anse T	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	🛌	
	11	Net income summary Combine III	nes 3 and 10 ın column	(d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ញ ថ្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	☐ Yes % ☐ No	┌ Yes %	_
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities		
а		the organization licensed to operate				· Fyes Fno
b	If"	No," Explain				
						1
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno
b	If"	Yes," Explain				
						1

11	Does the organization operate g	aming activities with nonmembers?		
12	Is the organization a grantor, be	neficiary or trustee of a trust or a m	ember of a partnership or other entity	
	formed to administer charitable	gamıng?		· Fyes FN
13	Indicate the percentage of gami			, , , , , , , ,
а	The organization's facility .		13a	
b	An outside facility		13b	
14	Provide the name and address of records	fthe person who prepares the organ	ization's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	•	entract with a third party from whom	the organization receives gaming	
b	If "Yes," enter the amount of ga		ızatıon 🟲 \$ and the	, 103 , 10
c	If "Yes," enter name and addres	S		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	<b>&gt;</b> \$		
	Description of services provided	i►		
	Director/officer	<b>┌</b> Employee	Independent contractor	
17	Mandatory distributions	, Limpioyee	, Independent contractor	
	•	er state law to make charitable dist	ributions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{Yes}$ $\Gamma_{Nes}$
ь	Enter the amount of distribution	s required under state law distribute	d to other exempt organizations or spent	, 163 , 16
	ın the organization's own exemp	t activities during the tax year 🟲 💲		
Par	t IV Complete this part to instructions.)	provide additional information (	or responses to question on Schedule G	(see
	Identifier	ReturnReference	Explanation	
	LANATION OF FUNDRAISING MENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE AGREEMENT AND INVOICES SPECTOUT THE PROFESSIONAL FUNDRAISING THE OTHER REIMBURSABLE COSTS OF PROGRAM BRICKMILL MARKETING SER TOTAL OF \$37,395,978 FOR THE DIREC	G SERVICES FROI THE DIRECT MAI VICES WAS PAID

AND \$1,254,657 WAS SPECIFICALLY BROKEN-OUT AS FUNDRAISING MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493069008092

OMB No 1545-0047

Employer identification number

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

**Inspection** 

Schedule I (Form 990) 2010

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

VETERANS OF FOREIGN WARS OF THE UNITED STATES 44-0474290 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other) See Additional Data Table 

Cat No 50055P

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL ASSISTANCE	318	348,857			
(2) SCHOLARSHIPS FOR PATRIOTIC ESSAY PROGRAM	68	175,765			
(3) SAVINGS BOND FOR PATRIOTIC ESSAY PROGRAM	46	46,000			
(4) PHONE CARDS AND FREE "CALL DAYS" FOR MILITARY	1528482		712,592	FMV	CALLING CARDS AND FREE "CALL DAYS"
(5) FOOD, SHELTER, AND UTILITIES FOR VETERANS	38	10,366			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PERIODIC FINANCIAL REPORTS ARE SUBMITTED BY THESE DEPARTMENTS IN ADDITION, SPECIFIC DOCUMENTATION MUST BE SUBMITTED TO JUSTIFY MOST GRANTS, INCLUDING THOSE RELATED TO MEMBERSHIP PROMOTION FINALLY, NATIONAL REPRESENTATIVES PERIODICALLY VISIT THESE DEPARTMENTS AND OBSERVE FIRSTHAND THE MANNER IN WHICH FUNDS ARE EXPENDED IN ADDITION, GRANTS HAVE BEEN MADE TO POSTS IN THOSE DEPARTMENTS IN MOST INSTANCES THOSE GRANTS WERE MADE TO SUPPORT ACTIVITIES RELATING TO ASSISTING ACTIVE DUTY MILITARY PERSONNEL AND THEIR FAMILIES APPLICATIONS FOR GRANTS MUST INCLUDE SPECIFIC EXPENSE INFORMATION AND RECEIPTS MUST BE PRODUCED TO VERIFY EXPENDITURES
OTHER INFORMATION	PART IV	PART II, QUESTION 1(H) PURPOSE OF GRANT - AS DESCRIBED IN THE CORE FORM, PART III, PARAGRAPH 4(B) OF THE STATEMENT OF PROGRAM ACCOMPLISHMENTS, THIS ORGANIZATION PROVIDES GRANTS TO THE STATE ORGANIZATIONS, CALLED DEPARTMENTS, AND LOCAL ORGANIZATIONS, CALLED POSTS, TO HELP SUPPORT THE VETERANS SERVICE PROGRAMS AND OTHER VFW SPONSORED PROGRAMS AT THE STATE AND LOCAL LEVEL THE GRANTS REFLECTED IN SCHEDULE I, PART II, ARE PRIMARILY GRANTS MADE TO THOSE DEPARTMENTS AND POSTS TO FURTHER VFW PROGRAMS, INCLUDING MEMBERSHIP PROGRAMS

Software ID: Software Version:

**EIN:** 44-0474290

Name: VETERANS OF FOREIGN WARS OF THE UNITED STATES

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Sta	ites	_
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VFW DEPARTMENT OF ALABAMA1231 CARMICHAEL WAY MONTGOMERY,AL 36123	63-0243614	501 (C)(19)	64,526				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF ALASKA2925 DEBARR RD STE 3106 ANCHORAGE, AK 99514	92-0017695	501 (C)(19)	32,594				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF ARIZONA6907 E THOMAS RD SCOTTSDALE,AZ 85251	86-0076886	501 (C)(19)	138,695				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF ARKANSAS1719 BROADWAY ST LITTLE ROCK,AR 72206	71-0184020	501 (C)(19)	61,064				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF CALIFORNIA1510 J ST SACREMENTO, CA 95814	94-0955210	501 (C)(19)	634,329				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF COLORADO1400 CARR ST LAKEWOOD, CO 80214	84-0360493	501 (C)(19)	137,857				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF CONNECTICUT287 WEST ST ROCKY HILL,CT 06067	06-0575593	501 (C)(4)	84,377				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
V FW DEPARTMENT OF DELA WARE 6 BROOKSIDE DR WILMINGTON, DE 19804	51-0057830	501 (C)(4)	52,123				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DISTRICT OF COLUMBIA4704 CEDELL PL TEMPLE HILLS,MD 20748	53-0175153	501 (C)(4)	38,884				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF FLORIDA 543 SANCHEZ AVE OCALA, FL 34470	59-0494095	501 (C)(19)	377,358				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF GEORGIA4952 COLUMBUS RD MACON,GA 31212	58-0512677	501 (C)(19)	85,157				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF HAWAII2127A PAUOA RD HONOLULU,HI 96813	99-0040331	501 (C)(19)	31,909				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

rorm 990,Schedule 1, Pari	t 11, Grants and	Totilei Assistance	to dovernments	and Organization	T The Officed Sta	1103	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VFW DEPARTMENT OF IDAHO1425 S ROOSEVELT ST BOISE,ID 83705	82-0182104	501 (C)(19)	29,571				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF ILLINOIS3300 CONSTITUTION DR SPRINGFIELD,IL 62707	37-6059313	501 (C)(19)	329,969				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF INDIANA9555 E 59TH ST INDIANAPOLIS,IN 46216	35-6042820	501 (C)(19)	141,595				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF IO WA 3601 BEAVER AVE DES MOINES,IA 50310	42-0331186	501 (C)(19)	90,060				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF KANSAS115 SW GAGE BLVD TOPEKA,KS 66606	48-0641005	501 (C)(19)	101,537				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF KENTUCKY3031 POPLAR LEVEL RD LOUISVILLE, KY 40217	61-0406448	501 (C)(19)	68,213				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF LOUISIANA 10185 MAMMOTH AVE BATON ROUGE, LA 70814	72-0499659	501 (C)(19)	53,122				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF MAINE64 WASHBURN ST CARIBOU,ME 04736	01-0191822	501 (C)(19)	61,209				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF MARYLAND101 N GAY ST BALTIMORE, MD 21202	52-0517415	501 (C)(19)	168,398				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF MASSACHUSETTES24 BEACON ST BOSTON, MA 02133	04-1242419	501 (C)(19)	182,395				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF MICHIGAN924 N WASHINGTON AVE LANSING,MI 48906	38-1133442	501 (C)(19)	280,059				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF MINNESOTA20 W 12TH ST ST PAUL, MN 55155	41-0593068	501 (C)(19)	192,934				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Par	t 11, Grants and	d Other Assistance	to dovernments	and Organization	s in the officed Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VFW DEPARTMENT OF MISSISSIPPI120 N STATE ST JACKSON, MS 39201	64-0275576	501 (C)(4)	37,502				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF MISSOURI2420 HYDE PARK DR JEFFERSON CITY, MO 65109	44-0515305	501 (C)(19)	185,576				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF MONTANA1900 WILLIAMS ST HELENA,MT 59601	81-0225542	501 (C)(4)	84,427				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NEBRASKA 2431 N 48TH ST LINCOLN, NE 68504	47-0343845	501 (C)(19)	57,795				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NEVADA121 W 3RD ST HAWTHORNE, NV 89415	88-0055900	501 (C)(19)	85,959				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NEW HAMPSHIRE22 RIDGEVIEW TER DALTON,NH 03598	02-0213632	501 (C)(19)	86,928				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NEW JERSEY135 W HANOVER ST TRENTON, NJ 08618	21-0586655	501 (C)(19)	221,530				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NEW MEXICOPO BOX 8411 ALBUQUERQUE,NM 87198	85-0123009	501 (C)(19)	51,052				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NEW YORK1044 BROADWAY ALBANY,NY 12204	13-1436995	501 (C)(19)	349,287				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NORTH CAROLINA917 NEW BERN AVE RALEIGH, NC 27601	56-0470953	501 (C)(19)	154,661				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF NORTH DAKOTA802 KENNEDY CT N FARGO,ND 58702	45-0215848	501 (C)(19)	43,996				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF OHIO35 E CHESTNUT ST COLUMBUS,OH 43215	31-4332217	501 (C)(19)	275,797				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VFW DEPARTMENT OF OKLAHOMA 2311 N CENTRAL AVE OKLAHOMA CITY, OK 73105	73-0496245	501 (C)(19)	71,789				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF OREGON12440 NE HALSEY ST PORTLAND, OR 97230	93-0304245	501 (C)(19)	114,093				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF PENNSYLVANIA 201 N FRONT ST HARRISBURG, PA 17101	23-1182480	501 (C)(4)	435,552				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF RHODE ISLAND1 CAPITOL HILL PROVIDENCE, RI 02908	05-0254985	501 (C)(19)	70,785				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF SOUTH CAROLINA210 GLASSMASTER RD LEXINGTON, SC 29072	57-0279614	501 (C)(4)	67,643				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF SOUTH DAKOTA5309 W 52ND ST SIOUX FALLS,SD 57106	46-0210486	501 (C)(4)	33,572				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF TENNESSEE311 6TH AVE NASHVILLE,TN 37243	62-6050445	501 (C)(19)	59,537				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF TEXAS8503 NORTH IH-35 AUSTIN,TX 78753	74-0964465	501 (C)(19)	354,919				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF UTAH1114 N 390 W SUNSET,UT 84015	87-0200672	501 (C)(19)	76,728				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF VERMONT126 STATE ST MONTPELIER,VT 05602	03-0179180	501 (C)(19)	71,275				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF VIRGINIA403 LEE JACKSON HWY STAUNTON,VA 24401	54-0449022	501 (C)(19)	127,263				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF WASHINGTON5213 PACIFIC HWY E FIFE, WA 98424	91-0454080	501 (C)(19)	184,600				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES

rorm 990,Schedule 1, Par	t 11, Grants and	U Other Assistance	to dovernments	and Organization	is in the officed Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VFW DEPARTMENT OF WEST VIRGINIA5532 MACCORKLE AVE SW S CHARLESTON, WV 25309	55-0320759	501 (C)(19)	45,960				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF WISCONSIN214 N HAMILTON ST FL 1 MADISON, WI 53703	39-0677613	501 (C)(19)	197,671				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF WYOMING59 STRAWBERRY HILL RD HULETT, WY 82720	83-6005906	501 (C)(19)	61,869				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF ALABAMA13230 ALABAMA ST ELBERTA,AL 36530	63-0695811	501 (C)(19)	7,775				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF ARIZONA 5630 S 41ST WAY PHOENIX,AZ 85040	86-0828017	501 (C)(19)	11,194				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF CALIFORNIA 3100 FITE CIRCLE SACRAMENTO, CA 95827	94-1011531	501 (C)(19)	48,566				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF COLORADOPO BOX 262 SOUTH FORK, CO 81154	84-6033115	501 (C)(19)	17,413				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF CONNECTICUT422 FORSYTH RD SALEM,CT 06420	06-6052666	501 (C)(4)	6,498				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF FLORIDA PO BOX 773490 OCALA,FL 34477	23-7326563	501 (C)(19)	20,718				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF GEORGIA PO BOX 53949 FORT BENNING, GA 31995	23-7413009	501 (C)(19)	5,364				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF ILLINOIS PO BOX 62 AROMA PARK,IL 60910	36-2385214	501 (C)(19)	26,189				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF INDIANA PO BOX 86 MORRIS,IN 47033	35-6042937	501 (C)(19)	15,657				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES AUXILIARY DEPARTMENT OF IOWA 1812 19TH ST HARLAN,IA 51537	42-6062345	501 (C)(19)	5,336				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF KANSAS PO BOX 158 OSWEGO, KS 67356	48-0507090	501 (C)(19)	18,149				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF MARYLAND26595 BLUE JAY LN HEBRON,MD 21830	52-1407051	501 (C)(19)	11,694				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF MINNESOTA25733 JASON AVE CHISAGO CITY, MN 55013	41-0664094	501 (C)(19)	35,106				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF MISSOURI2189 FOREST LANE ARNOLD, MO 63010	23-7203133	501 (C)(19)	15,193				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF NEBRASKA311 OAK ST STEINAUER,NE 68441	47-6028250	501 (C)(19)	12,380				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF NEW JERSEY1224 81ST ST NORTH BERGEN,NJ 07047	22-3086413	501 (C)(19)	14,954				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF NEW YORK1044 BROADWAY ALBANY,NY 12204	14-1682753	501 (C)(19)	33,259				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF NORTH DAKOTAPO BOX 191 MAYVILLE,ND 58257	23-7336346	501 (C)(19)	6,371				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF OKLAHOMAPO BOX 95726 OKLAHOMA CITY, OK 73143	73-6096027	501 (C)(19)	6,425				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF OREGON PO BOX 1134 MEDFORD,OR 97501	93-6025794	501 (C)(19)	8,073				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF PENNSYLVANIA4002 FENTON AVE HARRISBURG,PA 17109	23-1642712	501 (C)(4)	23,565				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES

Form 990,Schedule 1, Par	t 11, Grants all		to governments	anu Organization	s in the omiteu Sta		<u> </u>
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES AUXILIARY DEPARTMENT OF SOUTH DAKOTA2617 S DULUTH AVE SIOUX FALLS, SD 57105	46-6019029	501 (C)(4)	5,284				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF TEXAS 2839 MCKINZIE RD 1 CORUPUS CHRISTI,TX 78410	74-6074588	501 (C)(19)	21,774				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF VIRGINIA539 WESTWOOD DR RICKERSVILLE,VA 22968	54-0697456	501 (C)(19)	10,262				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF WASHINGTON5213 PACIFIC HWY E FIFE, WA 98424	91-0499052	501 (C)(19)	22,220				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF WEST VIRGINIA740 LOWER DONNALLY RD CHARLESTON, WV 25304	55-6017166	501 (C)(19)	7,035				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF WISCONSINPO BOX 666 SILVER LAKE, WI 16275	39-6056026	501 (C)(19)	31,154				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY DEPARTMENT OF WYOMINGPO BOX 21509 CHEYENNE, WY 82003	51-0163580	501 (C)(19)	7,070				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
LADIES AUXILIARY NATIONAL HEADQUARTERS406 WEST 34TH ST KANSAS CITY, MO 64111	44-0319970	501 (C)(19)	188,063				VETERANS SERVICE, COMMUNITY SERVICE AND DEPARTMENT AND POST ACTIVITIES
MARINE CORP SCHOLARSHIP FOUNDATION11232 PFLUMM RD OVERLAND PARK, KS 66215	22-1905062	501 (C)(3)	25,000				VETERANS SERVICE
2ND BATTALION 4TH MARINES ASSOCIATION PO BOX 6511 CONCORD, NC 28027	31-1720488	501 (C)(3)	5,000				VETERANS SERVICE
VFW NATIOANL HOME3573 WAVERLY RD S EATON RAPIDS,MI 48827	38-1359597	501 (C)(3)	100,520				VETERANS SERVICE
ARMY HISTORICAL FOUNDATION2425 WILSON BLVD ARLINGTON,VA 22201	52-1367225	501 (C)(3)	500,000				VETERANS SERVICE

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABLED AMERICAN VETERANS807 MAINE AVE SW WASHINGTON, DC 20024	31-1017324	501 (C)(3)	15,000				VETERANS SERVICE
FORT CAMPBELL FAMILY MORAL AND WELFAIR RELIEF FUND5663 SCREAMING EAGLE BLVD FT CAMPBELL, KY 42223	58-1666932		10,000				VETERANS SERVICE
IMWFR-WHITE SANDS MISSLE RANGE F&MWRPO BOX 400 WHITE SANDS MISSLE RAN,NM 88002	02-1909440		25,000				VETERANS SERVICE
KENTUCKY NATIONAL GUARD HISTORIC FOUNDATION1111 LOUISVILLE RD FRANKFORT, KY 40601	61-1171279	501 (C)(3)	5,000				VETERANS SERVICE
KU ENDOWMENT ACCOCIATIONPO BOX 928 LAWRENCE,KS 66044	48-0547734	501 (C)(3)	5,000				VETERANS SERVICE
MARINE CORPS MWR ACTIVITY 0110PO BOX 4009 ARLINGTON,VA 22204	62-1383809		6,000				VETERANS SERVICE
STUDENT VETERANS OF AMERICAPO BOX 77673 WASHINGTON, DC 20013	26-1971279	501 (C)(3)	10,000				VETERANS SERVICE
WOMEN IN LILITARY SERVICE FOR AMERICA MEMORIALCIRCLE 500 WASHINGTON, DC 20042	52-1513535	501 (C)(3)	10,000				VETERANS SERVICE
WOUNDED WARRIOR PROJECT1120 G STREET NW SUITE 700 WASHINGTON, DC 20005	20-2370934	501 (C)(3)	8,015				VETERANS SERVICE
USO 2111 N WILSO N BLVD ARLINGTON, VA 22201	13-1610451	501 (C)(3)	15,000				VETERANS SERVICE
VFW POST 100474337 N LAS VEGAS BLVD LAS VEGAS,NV 89115	88-0103973	501 (C)(19)	6,379				VETERANS SERVICE
VFW POST 4008PO BOX 36 BELTON,TX 76513	74-6066507	501 (C)(19)	12,000				VETERANS SERVICE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VFW POST 824207 COINJOCK RUN YORKTOWN, VA 23693	54-1692687	501 (C)(19)	5,271				VETERANS SERVICE
VFW POST 85613221 HOWELL ST ARLINGTON,TX 76010	23-7038089	501 (C)(19)	5,000				VETERANS SERVICE

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OMB No 1545-0047

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Schedule J** (Form 990)

Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES **Employer identification number** 

44-0474290

Pai	rt I Questions Regarding Compensation	on			
				Yes	Νο
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	•	organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv	reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4с		Νο
	If "Yes" to any of lines 4a-c, list the persons and $\mathfrak p$	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"	A , line 1a, did the organization provide any non-fixed ' describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follow to section 53 4958-6(c)?	he rebuttable presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) RICHARD L EUBANK	(I) (II)	150,838 0	0 0	5,716	5,947 0	1,178 0	163,679	)	
(2) ALLEN F KENT	(I) (II)	177,202 0	0	8,174	32,588	1,178 0	219,142	)	
(3) LAWRENCE M MAHER	(I) (II)	171,124 0	0		42,176	18,642	2 238,513	)	
(4) ROBERT E WALLACE	(I) (II)	163,735 0	0 0	1,035	I		223,480	)	
(5) ROBERT E GREENE	(ı) (ıı)	133,623	0	323			197,028	)	
(6) JOHN J MCNEILL	(ı) (ıı)	135,524	0	710	1 ' 1	1			
(7)	<u> </u>			,					
(8)									
(9)	_   '	<u> </u>	<u> </u>	,		1			
(10)		,							
(11)									
( 12 )	<u> </u>			,		1			
(13)									
( 14 )		1		,					
( 15 )	-	'							
( 16 )	+	<del>                                     </del>							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	1 A	FIRST CLASS TRAVEL IS AUTHORIZED FOR CERTAIN OFFICERS UNDER CERTAIN CIRCUMSTANCES, BUT IS NOT GENERALLY AUTHORIZED FOR MOST OFFICERS, DIRECTORS OR KEY EMPLOYEES AND IS NOT USED, EVEN WHEN AUTHORIZED, IN MOST INSTANCES SPOUSAL TRAVEL IS NOT GENERALLY AUTHORIZED FOR OFFICERS AND DIRECTORS, BUT IS AUTHORIZED BY WRITTEN POLICY FOR CERTAIN OFFICERS AND DIRECTORS FOR SPECIFIC ACTIVITIES

Schedule J (Form 990) 2010

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OMB No 1545-0047

2010

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**SCHEDULE 0** (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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES **Employer identification number** 

44-0474290

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		SEE ANSWER TO FORM 990, PART VI, SECTION A, QUESTION 1A

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS, ACTING THROUGH DELEGATES SELECTED BY VFW POSTS, ELECT CERTAIN NATIONAL OFFICERS AT THE NATIONAL CONVENTION IN ADDITION, ALTHOUGH DECISIONS OF THE NATIONAL COUNCIL OF ADMINISTRATION ARE NOT SUBJECT TO APPROVAL BY THE MEMBERS, MEMBERS ACTING THROUGH DELEGATES AT THE NATIONAL CONVENTION MAY MAKE DECISIONS THAT ARE BINDING ON THE NATIONAL COUNCIL OF ADMINISTRATION AND THE ORGANIZATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THIS 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHO WORKED WITH PROFESSIONAL EMPLOYEES IN THE ACCOUNTING DEPARTMENT OF THE VFW NATIONAL HEADQUARTERS IT WAS REVIEWED BY THE PRINCIPAL OFFICERS OF THE ORGANIZATION PRIOR TO EXECUTION IN ADDITION, A COPY WAS PROVIDED TO EACH MEMBER OF THE GOVERNING BODY, THE NATIONAL COUNCIL OF ADMINISTRATION, PRIOR TO THE TIME OF FILING FOR THEIR REVIEW

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IN ORDER TO SUSTAIN THE VETERANS OF FOREIGN WARS OF THE UNITED STATES' REPUTATION AND CONTINUED SUCCESS, NATIONAL OFFICERS, COUNCIL MEMBERS, EMPLOYEES AND MEMBERS IN LEADERSHIP POSITIONS ARE EXPECTED TO CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AND ADHERE TO THE HIGHEST STANDARDS OF HONESTY AND INTEGRITY ALL OF THE ABOVE NAMED INDIVIDUALS ARE REQUIRED TO EXECUTE AN APPROPRIATE ACKNOWLEDGEMENT OF ADHERENCE TO A CODE OF ETHICS POLICY UPON ASSUMING THEIR POSITIONS AND NATIONAL OFFICERS, COUNCIL MEMBERS, AND KEY EMPLOYEES ARE REQUIRED TO MAKE ANNUAL DISCLAIMER OR DISCLOSURE OF CONFLICTS OF INTEREST IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE GUIDELINES

	turn erence	Explanation
FORM PART SECTION LINE 19	VI, ION B, I5B	THE ORGANIZATION'S CEO, THE COMMANDER-IN-CHIEF, AND THE TWO VICE COMMANDERS-IN-CHIEF ARE ELECTED BY THE NATIONAL CONVENTION AND TYPICALLY SERVE A SINGLE, ONE YEAR TERM IN EACH POSITION THEIR COMPENSATION IS SPECIFICALLY ESTABLISHED BY THE NATIONAL COUNCIL OF ADMINISTRATION (BOARD OF DIRECTORS) AND IS SPECIFICALLY APPROVED BY THE NATIONAL COUNCIL OF ADMINISTRATION AS PART OF ITS DELIBERATION AND APPROVAL OF THE ANNUAL BUDGET HOWEVER, BECAUSE OF THE UNIQUE DUTIES AND RESPONSIBILITIES OF THESE OFFICERS, COMPARABILITY DATA IS NOT TYPICALLY RELEVANT THE ORGANIZATION HAS IN PLACE A SALARY ADMINISTRATION POLICY THAT APPLIES TO OTHER COMPENSATED OFFICERS AND KEY EMPLOYEES THAT POLICY USES COMPARABILITY DATA TO ASSIGN ALL EMPLOYEE POSITIONS INTO 1 OF 21 GRADES AND TO ESTABLISH SALARY RANGES FOR EACH GRADE INCREASES IN COMPENSATION ARE BASED ON ANNUAL EVALUATIONS. THE NATIONAL COUNCIL OF ADMINISTRATION, AS PART OF ITS DELIBERATION ON THE ANNUAL BUDGET, APPROVES ALL SALARIES, INCLUDING THE OTHER OFFICERS AND KEY EMPLOYEES.

Identifier	Return Reference	Explanation
1	FORM 990, PART VI, SECTION C, LINE 18	THE VETERANS OF FOREIGN WARS OF THE UNITED STATES COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO MEMBERS OF THE VETERANS OF FOREIGN WARS THE BY-LAWS OF THE ORGANIZATION ARE ALSO AVAILABLE FOR PURCHASE THROUGH THE ORGANIZATION'S ON-LINE EMBLEMATIC SUPPLY STORE

ldentifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PART VI, SECTION A, LINE 4	IN AUGUST 2011, THE VFW NATIONAL CONVENTION VOTED TO AMEND THE BY-LAWS OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES THE NATIONAL CONVENTION APPROVED THE CHANGES TO THE SIZE OF THE NATIONAL COUNCIL TO INCLUDED ONE REPRESENTATIVE FROM EACH OF THE FIFTY-FOUR VFW STATE DEPARTMENTS, PLUS ELEVEN OFFICERS WHO ARE MEMBERS OF THE COUNCIL BECAUSE OF THE OFFICE THAT THEY HOLD WITHIN THE ORGANIZATION OF THIS TOTAL OF SIXTY-FIVE COUNCIL MEMBERS, FIFTY-NINE ARE INDEPENDENT MEMBERS THIS CHANGE IN THE SIZE AND MAKE-UP OF THE COUNCIL OF ADMINISTRATION WILL COMMENCE IN JULY 2012 WHILE THIS CHANGE DOES IMPACT THE VFW'S ORGANIZATIONAL DOCUMENTS AND ITS NATIONAL COUNCIL, THE CHANGE IS DETERMINED TO BE NOT SIGNIFICANT

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 5,147,727 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 2,719,364 TOTAL TO FORM 990, PART XI, LINE 5 7,867,091

ldentifier	Return Reference	Explanation
YEAR OF FORMATION	FORM 990, PAGE 1, QUESTION L	VETERANS OF FOREIGN WARS OF THE UNITED STATES WAS FORMED AS AN UNINCORPORATED ASSOCIATION IN 1899 IT WAS CHARTERED AS A CORPORATION IN 1936 BY AN ACT OF CONGRESS PUBLIC LAW NO 630 - 74TH CONGRESS (HR 11454) 36 USC 230101 ET SEQ

ldentifier	Return Reference	Explanation
STATE OF LEGAL DOMICILE	FORM 990, PAGE 1, QUESTION M	THE ORGANIZATION IS CONGRESSIONALLY CHARTERED HEADQUARTERS ARE LOCATED IN KANSAS CITY, MISSOURI

ldentifier	Return Reference	Explanation
TOTAL NUMBER OF VOLUNTEERS	FORM 990, PART I, QUESTION 6	MORE THAN THREE THOUSAND VOLUNTEERS ARE ESTIMATED TO PARTICIPATE DIRECTLY IN THE NATIONAL ORGANIZATION ACTIVITIES THESE VOLUNTEERS SERVE ON VARIOUS COMMITTEES THAT WORK ON VETERANS SERVICE ACTIVITIES, NATIONAL MILITARY SERVICE ACTIVITIES, LEGISLATIVE SERVICE ACTIVITIES AND COMMUNITY SERVICE ACTIVITIES MORE IMPORTANTLY, HUNDREDS OF THOUSANDS OF MEMBERS, AND THEIR FAMILIES, ARE ESTIMATED TO PARTICIPATE WITH THEIR RESPECTIVE STATE ORGANIZATIONS AND POSTS IN PROGRAMS SPONSORED OR CONDUCTED BY THE VETERANS OF FOREIGN WARS OF THE UNITED STATES FOR INSTANCE, OVER 13 MILLION HOUR OF VOLUNTEER SERVICE WERE REPORTED BY VFW POSTS TO THE VFW NATIONAL HEADQUARTERS LAST YEAR IN SUPPORT OF THE ORGANIZATION'S COMMUNITY SERVICE PROGRAMS

ldentifier	Return Reference	Explanation							
POLICIES - ADDITIONAL INFORMATION	FORM 990, PART VI, SECTION B, LINES 10A AND 10B	PURSUANT TO ITS CONGRESSIONAL CHARTER, THE VETERANS OF FOREIGN WARS OF THE UNITED STATES ISSUES CHARTERS TO STATE ORGANIZATIONS CALLED "DEPARTMENTS". THOSE DEPARTMENTS ARE ETHER UNINCORPORATED OR ARE INCORPORATED UNDER THE LAWS OF THE STATE IN WHICH THEY ARE LOCATED EACH DEPARTMENT GOVERNS ITSELF AND ELECTS ITS OWN OFFICERS. DEPARTMENTS CONDUCT THEIR OWN PROGRAMS, DIRECT AND MANAGE THEIR BUSINESS AND FINANCIAL AFFAIRS AND OWN AND MAINTAIN THEIR OWN PROFERTY. PURSUANT TO ITS CONGRESSIONAL CHARTER, THE VETERANS OF FOREIGN WARS OF THE UNITED STATES ALSO ISSUES CHARTERS TO LOCAL ORGANIZATIONS CALLED "POSTS". THOSE POSTS ARE EITHER UNINCORPORATED ASSOCIATIONS OR ARE INCORPORATED UNDER THE LAWS OF THE STATE IN WHICH THEY ARE LOCATED EACH POST GOVERNS ITSELF AND ELECTS. ITS OWN OFFICERS POSTS CONDUCT THEIR OWN PROGRAMS, DIRECT AND MANAGE THEIR OWN BUSINESS AND FINANCIAL AFFAIRS, AND OWN AND MAINTAIN THEIR OWN PROPERTY. THE RELATIONSHIP BETWEEN VETERANS OF FOREIGN WARS OF THE UNITED STATES AND A STATE DEPARTMENT OR A POST ARE ESTABLISHED BY THE CHARTER AND SET FORTH IN THE BY-LAWS AND MANUAL OF PROCEDURES OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES SECTION 709 OF THE MANUAL OF PROCEDURES PROVIDES, IN PART VETERANS OF FOREIGN WARS OF THE UNITED STATES HAS IS A FEDERALLY CHARTERED MEMBERSHIP CORPORATION CREATED BY ACT OF CONGRESS IN ACCORDANCE WITH THAT LEGISLATION, VETERANS OF FOREIGN WARS OF THE UNITED STATES HAS ISSUED CHARTERS TO THE LADIES AUXILIARY, DEPARTMENTS AND OTHER UNITS, INCLUDING POSTS PURSUANT TO THEIR CHARTERS, THOSE UNITS ARE BOUND TO PURSUE THE PURPOSES SET FORTH IN THE LAWS OF THE UNITED STATES HAS ISSUED CHARTERS TO THE LADIES AUXILIARY, DEPARTMENTS AND OTHER UNITED STATES HAS ISSUED CHARTERS TO THE LADIES OF CREIGN WARS OF THE UNITED STATES HAS ISSUED CHARTERS TO THE LADIES OF CORPORATION OR CREATED BY AND FUNDER SISING ACTIVITY OPERATED FOR OR ON BHALF OF FOREIGN WARS OF THE UNITED STATES AND THE LAWS OF THE UNITED STATES FOR THE VETERANS OF FOREIGN WARS OF THE UNITED STATES OF THE VETERANS							

ldentifier	Return Reference	Explanation
GOV ERNING BODY AND MANAGEMENT	FORM 990, PART VI, SECTION A, LINE 1A	PLENARY POWER CAN BE EXERCISED BY THE ANNUAL NATIONAL CONVENTION OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES, PRIMARILY UNDER THE POWER OF THE CONVENTION TO AMEND THE BY-LAWS OF THE ORGANIZATION THE NATIONAL CONVENTION CONSISTS OF CERTAIN PRESENT AND PAST NATIONAL OFFICERS, MEMBERS OF THE NATIONAL COUNCIL OF ADMINISTRATION, CERTAIN OFFICERS OF THE SEPARATE STATE ORGANIZATIONS AND THOUSANDS OF DELEGATES ELECTED BY POSTS HOWEVER, ADMINISTRATION OF THE ORGANIZATION'S AFFAIRS BETWEEN CONVENTIONS IS VESTED IN THE NATIONAL COUNCIL OF ADMINISTRATION, WHICH SERVES AS THE ORGANIZATION'S BOARD OF DIRECTORS AMONG THE DUTIES OF THE COUNCIL IS BUDGETING, THE ESTABLISHMENT OF SALARIES FOR OFFICERS AND EMPLOYEES AND APPROVAL OF POLICIES AND PROCEDURES THE COUNCIL CONSISTS OF CERTAIN ELECTED AND APPOINTED OFFICERS, NUMBERING 11, AND REGIONAL NATIONAL COUNCIL MEMBERS WHO REPRESENT MEMBERS IN ONE OR MORE STATES AND ARE ELECTED BY DELEGATES AT THEIR RESPECTIVE STATE ORGANIZATION'S CONVENTIONS THE REGIONAL NATIONAL COUNCIL MEMBERS TOTAL 28 THREE MEMBERS OF THE NATIONAL COUNCIL OF ADMINISTRATION ARE APPOINTED, RATHER THAN ELECTED APPOINTED MEMBERS HAVE ALL VOTING RIGHTS OF ELECTED MEMBERS EXCEPT THAT THEY DO NOT VOTE ON THE APPOINTMENT OR REMOVAL OF SALARIED OFFICERS OF THE ORGANIZATION

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**SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2010

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Department of the Treasury Internal Revenue Service

Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES	Employer iden	tification number					
Part I Identification of Disregarded Entities (Com	nplete if the organization	on answered "Yes"	' on Form 990, Pai	•			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity			(e) End-of-year assets	(f) Direct controlling entity		
	Organizations (Complete if the organization answered "during the tax year.)  (b)  Primary activity  Legal domicile (state or foreign country)  (c)  Legal domicile (state or foreign country)  VETERANS SERVICE  MO  501 (C)(3)						
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		ıf the organization	n answered "Yes" (	on Form 990, Part	: IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 cont	<b>g)</b> 512(b)(13 trolled nization
(1) VETERANS OF FOREIGN WARS FOUNDATION						Yes	No
406 W 34TH STREET  KANSAS CITY, MO 64111 43-1758998	VETERANS SERVICE	мо	501 (C)(3)	7	N/A		No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	ctions for Form 990.	Cat No 50	)135Y	1	Schedule R (	Form 990'	2010

<b>(a)</b> lame, address, and EIN of related organization	<b>(b)</b> Primary activity			(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	<b>(k)</b> Percentage ownership
								Yes	No			Yes	No			
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,		
Name, address, an	(a) Id EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership		

Schedu	ıle R (Form 990) 2010		Рa	age <b>3</b>
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	lote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
<b>b</b> 0	Gift, grant, or capital contribution to other organization(s)	1b		No
<b>c</b> G	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c	Yes	
d L	oans or loan guarantees to or for other organization(s)	1d		No
e L	oans or loan guarantees by other organization(s)	1e		No
f S	Sale of assets to other organization(s)	1f		No
g P	Purchase of assets from other organization(s)	1g		No
h E	Exchange of assets	1h		No
i L	ease of facilities, equipment, or other assets to other organization(s)	1i		No
j L	ease of facilities, equipment, or other assets from other organization(s)	1j		No
k P	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I P	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m S	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n S	Sharing of paid employees	1n		No
_		-		No.
	Reimbursement paid to other organization for expenses	10	W	No
p F	Reimbursement paid by other organization for expenses	1р	Yes	+
q	O ther transfer of cash or property to other organization(s)	1q		No
r O	Other transfer of cash or property from other organization(s)	1r		No

2	If the answer to any of the above is "Yes,"	' see the instructions for information on who must comp	olete this line,	ıncludıng covered relat	onships and transaction	n thresholds
				(h)		(-1)

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) VETERANS OF FOREIGN WARS FOUNDATION	С	815,920	
(2) VETERANS OF FOREIGN WARS FOUNDATION	Р	782,772	
(3) VETERANS OF FOREIGN WARS FOUNDATION	Α	44,255	
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	501(c)(3 organizatio		(d) Are all partners section 501(c)(3) organizations		<b>(e)</b> Share of end-of-year assets	(f) Disproprtio allocations		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or lanaging partner?	
			Yes	No		Yes	No		Yes	N			
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010