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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| <u> </u> | For ti | he 2 | 013 calendar year, or tax year beginning | 07-01 , 2013, and end | ling | 06- | 30 , 2014 |
|---------------|------------|---------------|--|---|----------------------------------|---------------|-----------------------------|
| В | Check | ıf app | C Name of organization Veterans of Fo | reign Wars Dept of MO 3976 | | | Employer identification no. |
| | Addres | s cha | · · · · · · · · · · · · · · · · · · · | | | | 43-1047974 |
| | Name o | hang | Number and street (or PO box if mail is not delive | ed to street address) | Room/suite | E | Telephone number |
| | Initial re | eturn | 12810 E Kentucky Rd | · | | | (816) 461-2636 |
| | Termina | ated | City or town, state or province, country, and ZIP or | foreign postal code | | $\neg \vdash$ | 228,684 |
| | Amend | ed re | | | | ١ | Gross receipts \$ |
| Ī | Applica | tion i | pending F Name and address of principal officer Leon | Kelsev | | | |
| | | | Same as C above | | H(a) Is this a gro | | m for Yes X No |
| | Тах-өхө | mpt | ET ET | 4947(a)(1) or 527 | H(b) Are all sub | ordinate | s included? Yes No |
| | | | N/A | | If "No," atta H(c) Group exer | ich a list | (see instructions) |
| | | | anization Corporation Trust Association Other | L Year of formation 19 | | | ···· |
| _ | rt I | | Summary | a loui of formation 25 | 0.5 1.11 0.0.0 | or loga. | 2300000 |
| <u></u> | 1 | | Briefly describe the organization's mission or most signi | ficant activities Veteran of Foreic | m Ware Po | <u></u> | 976 Mission is |
| | ' | | o promote veterans advocacy, histo | | | | |
| & Governance | Ì | _ | | | | | |
| ш | | _ | ecurity through support of our nat | tons men and women in unifor | m promocin | g gu | od Citizenship |
| Ver | 1 | _ | and community service Check this box ▶ ☐ If the organization discontinued its | anarations or disposed of more than 25% of | to not apporte | | |
| တိ | 2 | | _ - | - | its fiet assets. | 3 | 205 |
| ∞ಶ | 3 | | lumber of voting members of the governing body (Part | | | | 325 |
| Activities | 4 | | Number of independent voting members of the governing | • • • • • | | 4 | 0 |
| Σį | 5 | | otal number of individuals employed in calendar year 2 | , | | 5 | 6 |
| Act. | 6 | | · · · · · · · · · · · · · · · · · · · | | | 6 | 5 |
| • | 7 | | otal unrelated business revenue from Part VIII, column | | | 7a | 222,250 |
| | | b N | let unrelated business taxable income from Form 990- | T, line 34 | | 7b | 0 |
| n | | | | | Pnor Year | | Current Year |
| ~> | 8 | C | Contributions and grants (Part VIII, line 1h) | | 55 | ,412 | 0 |
| Revenue | 9 | F | Program service revenue (Part VIII, line 2g) · · · · · | | 3 | ,833 | 2,000 |
| <u>1</u> | 10 | lı | nvestment income (Part VIII, column (A), lines 3, 4, and | l7d) · · · · · · · · · · · | | | 0 |
| 2 | 11 | C | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c | 10c, and 11e) | 237 | ,132 | 226,684 |
| \Box | 12 | Т | otal revenue - add lines 8 through 11 (must equal Part | VIII, column (A), line 12) | 296 | ,377 | 228,684 |
| = | 13 | (| Grants and similar amounts paid (Part IX, column (A), li | nes 1-3) | | | 0 |
| = | 14 | В | Benefits paid to or for members (Part IX, column (A), lin | e 4) | | | 955 |
| Expenses | 15 | | Salaries, other compensation, employee benefits (Part | X, column (A), lines 5-10) | 71 | , 585 | 19,065 |
| ့ဆွဲ နွဲ | 16 | a F | Professional furpoats no Heet (Part X, column (A), line | 11e) · · · · · · · · · · · · · · · · · · · | | | 0 |
| <u>ე</u> ნ | | | otal fundraising expenses (Part IX, column (D), line 25 | | | | |
| FX | 17 | | Other expenses (Park X, colum) (17), lines 11a-11d, 11f | | 189 | 630 | 143,377 |
| _ | 18 | | otal expenses. Add lines 13-17 (mus) equal Part IX, co | | | 215 | 163,397 |
| | 19 | | Revenue less expenses Subtradifine 18 from line 12 | | | ,162 | 65,287 |
| | | <u> </u> | terende cas extended Extended the 10 hanning 12 | | eginning of Current | | End of Year |
| ets | ᇣ 20 | т | otal assets (Part X, line 16) | | 359 | | 358,560 |
| Net Assets or | B 21 | | otal liabilities (Part X, line 26) | | | 579 | |
| Net | 돌 22 | | let assets or fund balances Subtract line 21 from line | 20 | | , 566 | 78,568 279,992 |
| | rt II | $\overline{}$ | Signature Block | 20 | 207 | ,300 | 219,992 |
| | | les c | of perjury, I declare that I have examined this return, including accompa | nying schedules and statements, and to the best of my kno | wledge and belief, it | | |
| | | | complete Declaration of preparer (other than officer) is based on all in | | | | |
| | | 1. | Year Valory | | | | 05 00 0015 |
| Sig | ın | | Leon Kelsey Signature of officer | July | | Date | 05-20-2015 |
| | | | | - / | | Date | |
| He | ıe | | Leon Kelsey, Commander | | | | |
| | | | Type or print name and title |) Care Date | ् स्त्र | Т- | |
| D-: | i al | | Print/Type preparer's name | COMMY | Check 🛚 | | TIN |
| Pai | | | Pamela R Smith Pamela R S | | self-employe | d] | P00745580 |
| | pare | | Firm's name Yellow Pad Busines | s Services Inc | Firm's EIN | | |
| US | e On | ııy | Firm's address 33804 E Nebgen Rd | | Phone no | | |
| | | | Oak Grove MO 64075 | | | | 07-6262 |
| May | the IF | RS c | discuss this return with the preparer shown above? (se | e instructions) | | | · · · 🔯 Yes 🗌 No |

For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 1990 (2013) Veterans of Foreign Wars Dept of MO 3976 | 43-1047974 | Page 2 |
|---------|--|-----------------|-------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | <u></u> |
| 1 | Briefly describe the organization's mission | | |
| | Veteran of Foreign Wars Post 3976 Mission is to promote veterans advocacy, | | |
| | and commentoration, encouraging national security through support of our na | tions men an | ıd |
| | women in uniform promoting good citizenship and community service | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| - | prior Form 990 or 990-EZ? | · · · · · T Yes | No No |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | |
| | services? | · · · · 🗌 Yes | No No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measure | - | |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or | thers, | |
| | the total expenses, and revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 1,198 including grants of \$) (Revenue | \$ 1 | ,892) |
| Tu | Support of Patriotic and Veterans Assistance Programs Community and Educati | | |
| | Support of facilitate and vecerans Assistance Flograms Community and Educati | Onar Frogram | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| <i></i> | Other program services (Describe in Schedule O.) | | |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 40 | Total program service expenses 1,198 | | |

Part IV

| | | | 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 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 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 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | X |
| 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 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| _ | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | ļ | | |
| | 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 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| 44 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u>X</u> |
| 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 | | 44 | 37 | |
| h | complete Schedule D, Part VI | 11a | Χ | |
| U | 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 | 446 | | v |
| _ | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | 11b | | <u>X</u> |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 110 | | |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| 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 | | Х |
| 12a | · · · · · · · · · · · · · · · · · · · | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| 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 and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Χ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 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 | | X |
| 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 |] | <u>X</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | Ī | | |
| | If "Yes," complete Schedule G, Part III | 19 | | <u>X</u> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

3) Veterans of Foreign Wars Dept of MO 3976
Checklist of Required Schedules (continued) Part IV

| | | | Yes | No |
|----------|---|-----|-----|--|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | | İ |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | _X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 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 | | _X_ |
| 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 | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 ar- | 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? | | | |
| 26 | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | - 11 |
| | 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 IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 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 | | X |
| 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 | L | <u>X</u> _ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | 3,7 |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 256 | | v |
| 26 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 36 | | |
| 27 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 30 | | <u> </u> |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | İ | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| 55 | 19? Note . All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | 10. 11250 1 , Orni 000 more site requires to complete controller | | | |

Form 990 (2013) Veterans of Foreign Wars Dept of MO 3976

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|---------|--|----------|-----|------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | _ |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | ļ | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | ł | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 6 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Χ | |
| 4a | 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 | | Х |
| b | If "Yes," enter the name of the foreign country: | 4а | | |
| - | See instructions for filling requirements for Form TD 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? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | 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 as chantable contributions? | 6a | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | X |
| 7 | 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 | | |
| 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 | _ | 1 | |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | ļ | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 76 7f | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | : |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 _ | Section 501(c)(12) organizations. Enter. | | | |
| a | Gross income from members or shareholders | | | |
| b | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | ' | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | 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 | | | i |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in the Part VI Section 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 325 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? X Each committee with authority to act on behalf of the governing body? 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х Other officers or key employees of the organization 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 16a Χ with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Upon request Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 ▶Leon Kelsey (816)461-2636, 12810 E Kentucky Rd, Independence, MO 64050

| orm 990 (2013) | Veterans of Foreign Wars Dept of MO 3976 | 43-1047974 | Page 7 |
|----------------|--|------------|--------|
| (, | 10002dilb of foreign hard pope of the contract | | |

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

Check if Schedule O contains a response or note to any line in this Part VII

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 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 organization nor any related organization compensated any current officer, director, or trustee. (F) (C) (D) (E) (A) (B) Name and Title Average Position Reportable Reportable Estimated hours per compensation compensation from amount of (do not check more than one week (list any related other from box, unless person is both an the organizations hours for compensation (W-2/1099-MISC) related organization from the officer and a director/trustee) organizations (W-2/1099-MISC) organization Individual trustee or director Institutional trustee and related below dotted Key employee lighest compensated organizations line) (1) Leon Kelsey X O Ω ٥ Commander (4) (5) (6) (8) (9) (10)(11)(12) (13) (14)

| Part | VII Section A. Officers, Directors, Trustees, | Key Employ | ees, a | nd F | ligh | est | Comp | ensa | ted Employees (| continued) | т | | |
|--------------|---|---|-----------------------------------|-----------------------|---------|-----------------|------------------------------|--------|---------------------------------------|---|----------|---|---------------|
| | ` (A) Name and title | (B) Average hours per week (list any hours for | box, ı | untes | s pers | tion ore the | nan one both an ustee) | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | а | (F) stimated mount of other npensati | đ |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | on ar | from the ganization nd relate ganization | on ed |
| 15)_ | | | | | | | | | | | | | |
| 16) | | | | | | | } | | | | | | |
| 17)_ | | | | | | | | | | | | | |
| 18) | | | | | | | | | | | | | |
| 19)_ | | | | | | | | | | | | | |
| 20)_ | | | | | | | | | | | | | |
| 21)_ | | | | | | | | | | | | | - |
| 22)_ | | | | . ! | | | | | | | | | |
| 23) | | | | | | | | | | | | | |
| 24) | | | | | | | | | | | | | |
| 25) | | | | | | | | | | | | | |
| 1b c d | Sub-total | on A . | | | ••• | | | | 0 | 0 | | , | 0 |
| 2 | Total number of individuals (including but not limited reportable compensation from the organization | | | | | | | ore | | 0 | l | | |
| 3 | Did the organization list any former officer, director, | or trustoo ka | | lovo | | r bio | hast c | omn | enested | | | Yes | No |
| 4 | employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep | for such indiv | /idual | - | | | | | | | 3 | | Х |
| | organization and related organizations greater than individual | \$150,000? If | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or | - | | - | | | _ | izati | on or individual | | 5 | | x |
| ecti | on B. Independent Contractors | | | | | | | | | | · | | |
| 1 | Complete this table for your five highest compensate compensation from the organization. Report compensation | - | | | | | | | | | | | |
| | year. (A) Name and business address | | | | | | | | (B) Description of | Services. | | (C) pensatio | |
| | isting did presides 900less | | | | | | | | Description of | | | | |
| | | | | | | | | | | | | | |
| | | | 11 | | | | | | | | | | |
| 2 | Total number of independent contractors (including I | | | | isted | abo | ove) w | no | | | | | |

43-1047974

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) Revenue excluded from tax Total revenue Related or Unrelated exempt business function under sections revenue 512-514 ontributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a b 1b Fundraising events C 1c 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ h Total, Add lines 1a-1f **Business Code** Revenue 2,000 2,000 2a Poppy Income 900099 b Donations 900099 Program Service f All other program service revenue g Total. Add lines 2a-2f 2,000 3 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (ı) Real (ii) Personal 6a Gross rents **b** Less: rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · ▶ (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 292 292 11a VFW Merchandise 900099 900099 b Recycle Income 900099 226,392 222,250 4,142 e Total. Add lines 11a-11d 226,684 2,292 4,142 12 Total revenue. See instructions 228,684 222,250

43-1047974

3) Veterans of Foreign Wars Dept of MO 3976
Statement of Functional Expenses Part IX

| Sect | ion 501(c)(3) and 501(c)(4) organizations must complete all co | | | | |
|-------|--|-----------------------|---------------------|-----------------------|---------------------------------------|
| | Check if Schedule O contains a response or note to an | · | | | |
| Do n | not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 8b, 9 | b, and 10b of Part VIII. | Iotal expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 • | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | 1 | İ | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 955 | 955 | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | * | |
| 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 salanes and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | 1 | |
| | section 401(k) and 403(b) employer contributions) | | | | · · · · · · · · · · · · · · · · · · · |
| 9 | Other employee benefits | | | | · · · · · · · · · · · · · · · · · · · |
| 10 | Payroll taxes | 19,065 | · | 19,065 | ····· |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| C | Accounting | 3,695 | | 3,695 | |
| d | Lobbying | | | | |
| 9 | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | 1 | | |
| 12 | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 13 | Advertising and promotion | | 042 | | |
| 14 | Information technology | 300 | 243 | 57 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | · · · · · · · · · · · · · · · · · · · |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | · · · · · · · · · · · · · · · · · · · |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | ** | | | |
| 22 | Depreciation, depletion, and amortization | | | | · · · · · · · · · · · · · · · · · · · |
| 23 | Insurance | 10,663 | | 10,663 | |
| 24 | Other expenses Itemize expenses not covered | , | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | j | } | |
| а | Building Maintence | 300 | | 300 | · · · · · · · · · · · · · · · · · · · |
| þ | Club Room Expenses | 124,490 | | 124,490 | |
| C | Bank Fees | 2,974 | | 2,974 | |
| d | Program Expenses | 955 | | 955 | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e · | 163,397 | 1,198 | 162,199 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | | 1 | j | |

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 24,510 23,925 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 397,857 Less: accumulated depreciation 10b 10c 63.222 334,635 334,635 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 359,145 358,560 17 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 91,579 78,568 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 26 91,579 26 78,568 Organizations that follow SFAS 117 (ASC 958), check here > and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporanty restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 267,566 279,992 33 33 Total net assets or fund balances 279,992 267,566 34 34 359,145 358,560

| Form | 990 (2013) Veterans of Foreign Wars Dept of MO 3976 | 43-10 | 47974 | | Pa | age 12 |
|------|---|-------------|----------|------|-------|--------------|
| Par | t XI Reconciliation of Net Assets | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | <u>. 🛮 _</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | · 1 | | 2 | 28,6 | 584 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | 1 | 63,3 | 397 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | . 3 | | | 65,2 | 287 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | - 4 | | 2 | 67,5 | 566 |
| 5 | Net unrealized gains (losses) on investments | - 5 | | | | |
| 6 | Donated services and use of facilities | - 6 | | | | |
| 7 | Investment expenses | . 7 | | | | |
| 8 | Prior period adjustments | . 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | . 9 | | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | - 10 | <u> </u> | 3 | 32,8 | 353 |
| Par | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | $\cdot \Box$ |
| | | | - | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | • • • | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | - 1 | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | • • • | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | ŀ | | | 1 |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | • • • • | • • • | 2c | | ļ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | 1 |
| | Schedule O | | ŀ | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | 1 | _ | | ١,, |
| | the Single Audit Act and OMB Circular A-133? | • • • • | • • • | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | ŀ | | | Ì |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | • • • | 3b | | <u> </u> |
| EEA | | | | Form | 990 (| 2013) |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public

Inspection

Name of the organization Employer Identification number Veterans of Foreign Wars Dept of MO 3976 43-1047974 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 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 can 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? 🗌 Yes 📑 No **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 an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 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 7 Amount 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) Tyes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Sched | ule D (Form 990) 2013 Veterans of Fore | oign Wars Dept of | MO 3976 | 43-10 | |
|----------|--|---------------------------------|---------------------------|----------------------------|------------------------|
| Pa | rt III Organizations Maintaining Co | llections of Art, Hist | orical Treasures, | or Other Similar A | ssets (continued) |
| 3 | Using the organization's acquisition, accession, ar | | | | |
| | collection items (check all that apply): | | | | |
| а | Public exhibition | d Loan or excha | ange programs | | |
| b | Scholarly research | e 🔲 Other | • • | | |
| С | Preservation for future generations | | | | |
| 4 | Provide a description of the organization's collection | ons and explain how they fur | ther the organization's e | vemot numose in Part | |
| | XIII. | mo and explain flow they far | anor and organization of | Acmpt purpose in r dit | |
| 5 | During the year, did the organization solicit or rece | ive donations of art. historics | al treasures or other sin | nılar | |
| • | assets to be sold to raise funds rather than to be r | | | | · · · TYes TNo |
| Pa | rt IV Escrow and Custodial Arrange | | anzadoris Conectioni | | · · · □ ies □ ito |
| | Complete if the organization ans | | On Part IV line 0 | or reported an amo | vent on Form |
| | 990, Part X, line 21. | wered les to Follin | oo, raitiv, iiie o, | or reported an anic | ditt off i offi |
| 10 | | alban atama adian fan antul | | | |
| 14 | Is the organization an agent, trustee, custodian or | | | | |
| | · | | | • • • • • • • • • • • • • | · · · L Yes L No |
| D | If "Yes," explain the arrangement in Part XIII and c | omplete the following table: | | | |
| | | | | | Amount |
| C | 203 | | | | |
| d | The second secon | | | | |
| 0 | | | | | |
| f | Ending balance | | | | |
| 2a | Did the organization include an amount on Form 9 | 90, Part X, line 21? | • • • • • • • • • • | | · · · L Yes L No |
| | If "Yes," explain the arrangement in Part XIII. Chec | k here if the explanation has | been provided in Part > | KIII | <u></u> |
| Pa | t V Endowment Funds. | | | _ | |
| | Complete if the organization ans | wered "Yes" to Form 9 | 990, Part IV, line 10 |). | |
| | <u></u> | (a) Current year (b) P | nor year (c) Two year | rs back (d) Three years ba | ck (e) Four years back |
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| C | Net investment earnings, gains, and | | | | |
| | losses | | | | |
| d | Grants or scholarships | | | | |
| 8 | Other expenditures for facilities and | | | | |
| | programs | | 1 | | , |
| f | Administrative expenses | | | | |
| 9 | End of year balance | | | | |
| 2 | Provide the estimated percentage of the current ye | ear end balance (line 1g, col | umn (a)) held as | | |
| a | Board designated or quasi-endowment | % | | | |
| b | Permanent endowment > % | | | | |
| c | Temporarily restricted endowment | % | | | |
| | The percentages in lines 2a, 2b, and 2c should eq | | | | |
| 3a | Are there endowment funds not in the possession | | neld and administered for | or the | |
| | organization by | or the organization that are r | .0.0 2.12 3.0 | | Yes No |
| | (i) unrelated organizations · · · · · · · · | | | | 3a(i) |
| | (ii) related organizations · · · · · · · · · | | | | 3a(ii) |
| . | If "Yes" to 3a(ii), are the related organizations liste | d an required on Cabadula D | | | 3b |
| b | | • | | | 30 |
| 4 Da | Describe in Part XIII the intended uses of the organit VI Land, Buildings, and Equipme | | | | |
| га | | | 000 Part IV line 11 | ta Saa Form 000 F | Part Y line 10 |
| | Complete if the organization ans | | T | Υ | |
| | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |
| | | (investment) | (other) | depreciation | |
| 1a | Land | 22,100 | | <u> </u> | 22,100 |
| þ | Buildings | 307,900 | 1 | 63,222 | 244,678 |

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------|--|--------------------------------------|------------------------------------|------------------------------|----------------|
| 1a | Land | 22,100 | | | 22,100 |
| þ | Buildings | 307,900 | | 63,222 | 244,678 |
| c | Leasehold improvements | 16,197 | | | 16,197 |
| d | Equipment | 51,660 | | | 51,660 |
| 0 | Other | | | | |
| Fota | I. Add lines 1a through 1e. (Column (d) must equal For | n 990, Part X, column (B |), line 10(c).) | | 334,635 |

EEA

| | (a) Description of security or category | (b) Book value | (c) Method of valuation |
|---|--|--|--|
| | (including name of security) | | Cost or end-of-year market value |
|) Financial d | | •- | |
| | Id equity interests | • • | |
| Other | | - | |
| (A) | | _ | |
| (B) | | | |
| (C) | | _ | - |
| (D) | | | |
| (E) | | - | · · · · · · · · · · · · · · · · · · · |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| art VIII | Investments - Program Related | <u> </u> | |
| art VIII | | | V, line 11c. See Form 990, Part X, line 13 |
| | Complete if the organization answ | vered les to l'oni 330, l'ait i | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation |
| (1) | | | Cost or end-of-year market value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (0) | | | |
| | | | |
| (7) | | | |
| (7) (8) (9) Ital. (Column (b |) must equal Form 990, Part X, col (B) line 13) | • | |
| (7) (8) (9) tal. (Column (b | Other Assets. | vered "Yes" to Form 990, Part I | V, line 11d. See Form 990, Part X, line 15 |
| (7) (8) (9) tal. (Column (b) | Other Assets. | | V, line 11d. See Form 990, Part X, line 15 |
| (7) (8) (9) tal. (Column (b) art IX | Other Assets. | vered "Yes" to Form 990, Part I | |
| (7) (8) (9) tal. (Column (b) art IX (1) (2) | Other Assets. | vered "Yes" to Form 990, Part I | |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) | Other Assets. | vered "Yes" to Form 990, Part I | |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) | Other Assets. | vered "Yes" to Form 990, Part I | |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) | Other Assets. | vered "Yes" to Form 990, Part I | |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) (5) | Other Assets. | vered "Yes" to Form 990, Part I | |
| (7) (8) (9) tal. (Column (b) art IX (1) (2) (3) (4) (5) (6) | Other Assets. | vered "Yes" to Form 990, Part I | |
| (7) (8) (9) tal. (Column (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. | vered "Yes" to Form 990, Part I | |
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| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column | Other Assets. Complete if the organization answ n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | vered "Yes" to Form 990, Part I (a) Description | (b) Book value |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) Part X | Other Assets. Complete if the organization answ n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answ | vered "Yes" to Form 990, Part I (a) Description | (b) Book value |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Stal. (Column (b) Part X | n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answ line 25. | vered "Yes" to Form 990, Part I (a) Description e 15) | (b) Book value |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal | n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answ line 25. (a) Description of liability | vered "Yes" to Form 990, Part I (a) Description e 15) | (b) Book value |
| (7) (8) (9) tal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal (2) | n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answ line 25. (a) Description of liability | vered "Yes" to Form 990, Part I (a) Description e 15) | (b) Book value |
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| (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (btal. (Column (b)) (at IX) (1) Federal (2) (3) (4) | n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answ line 25. (a) Description of liability | vered "Yes" to Form 990, Part I (a) Description e 15) | (b) Book value |
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| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. | | | |
|--|---|----------|--|
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | _ | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants |] | |
| d | Other (Describe in Part XIII.) | | |
| 0 | Add lines 2a through 2d | _2e | |
| 3 | Subtract line 2s from line 1 · · · · · · · · · · · · · · · · · · | 3 | |
| 4 | Amounts 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 XIII.) | 7 | |
| C | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. | | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | | |
| а | Donated services and use of facilities | | |
| b | Pnor year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) |] | |
| 0 | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts 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 | <u> </u> | |
| b | Other (Describe in Part XIII.) | | |
| | | 7 1 | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| 5 | | | |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, | 5 | |
| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, | 5 | |
| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, | 5 | |
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| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, | 5 | |
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| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, | 5 | |
| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, | 5 | |
| 5 Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, line 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, lines 4, Part IV, lines 1b and 2b; Part V, | 5 | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Inspection Employer Identification number

| Veterans of Foreign Wars Dept of MO 3976 | 43-1047974 |
|---|------------------|
| 01. Members or stockholder classes and rights (Part VI, | line 6) |
| Members are eligible thru their services in the Armed Forces who have se | erved overseas |
| during a war | |
| | ···· |
| 02. Member election for additional members (Part VI, li | ne 7a) |
| Members are investigated and are voted on by the membership | - A |
| 03. Governing body decisions (Part VI, line 7b) | |
| All members present at the regular monthly meeting are eligible to vote | on any decisions |
| brought up on the floor | |
| 04. Form 990 governing body review (Part VI, line 11) | |
| The form 990 is reviewed by the commander and quartermaster before filing | ng |
| 05. Governing documents, etc, available to public (Part | VI, line 19) |
| All forms are available upon request | |
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