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Form

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

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

2014 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Information about Form 990 and its instructions is at www.irs gov/form990. 07/01/14 , and ending 06/30/15For the 2014 calendar year, or tax year beginning D Employer identification number C Name of organization R Check if applicable VETERANS OF FOREIGN WARS POST 2743 Address change Doing business as 34-4382759 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number 419-668-9297 140 MILAN AVENUE Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated NORWALK 3,245,725 OH 44857 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Yes Application pending HOWARD SMITH 140 MILAN AVENUE H(b) Are all subordinates included? If "No," attach a list (see instructions) OH 44857 NORWALK X 501(c) Tax-exempt status 501(c)(3) (insert no) 4947(a)(1) or 0256 N/A H(c) Group exemption number Website· Form of organization X Corporation Year of formation M State of legal domicile Taust Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities SOCIAL CLUB FOR VETERANS OF FOREIGN WARS 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 7 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 427,666 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 -41,805 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year **34,3**08 32,635 8 Contributions and grants (Part VIII, line 1h) 187,239 213,161 9 Program service revenue (Part VIII, line 2g) 62,866 32,928 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 238,760 239,879 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 522,619 519,157 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,676 3,124 13 Grants and similar amounts paid (Part IX, column (A), lines 1=3) 14 Benefits paid to or for members (Part IX, column (A), line 45 EN EU 186,579 169,817 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines \$\frac{410}{10} Expenses 16a Professional fundraising fees (Part IX, column (A) line (16) ↑ b Total fundraising expenses (Part IX, column (D)) line 25) ▶ 0 404,648 408,418 17 Other expenses (Part IX, column (A), lines 11 -1 Ld, -11f-24e) 578,141 598,121 18 Total expenses Add lines 13-17 (must equal Part IX column (A) Nine 25) -55,522 -78,964 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year Assets or Balances 305,684 226,468 20 Total assets (Part X, line 16) ,736 5,484 21 Total liabilities (Part X. line 26) 220,984 299,948 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Questernester Here Type or print name and title PTIN Print/Type preparer's name Date Paid 05/12/16 self-employed P00106909 RANDALL A RUTHSATZ 20-0434457 Preparer RANDALL RUTHSATZ æ CO A Firm's EIN ▶ Firm's name **Use Only** 191 E MARKET ST 419-625-5000 SANDUSKY, OH 44870 Firm's address X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2014)

9-28

orm 990 (2014)	VETERANS OF FO	REIGN WARS POST 2743	34-4382759	Page 2
		Service Accomplishments	Alexa David III	
	ribe the organization's mission	tains a response or note to any line in	this Part III	
		NS OF FOREIGN WARS		
·····				
•		ant program services during the year which we	re not listed on the	□ v ♡ v
	990 or 990-EZ? scribe these new services on S	chedule O		Yes X No
3 Did the orga		make significant changes in how it conducts, a	ny program	
services?	scribe these changes on Sched	ulo O		Yes X No
	-	ee accomplishments for each of its three larges	t program services, as measured by	
expenses S	Section 501(c)(3) and 501(c)(4)	organizations are required to report the amount		
the total exp	penses, and revenue, if any, for	each program service reported		
4a (Code) (Expenses \$	492,798 including grants of \$	3,124) (Revenue \$)
		ANTEEN OPERATIONS HAVE		
	S AND PROMOTE M	E MONEY FOR VARIOUS CH EMBERS' SOCIAL ACTIVIT		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
3000) 34) (Expenses ψ	moduling grants or \$) (Nevende w	•
4d Other progr	am services (Describe in Sche	dule O)		
(Expenses		including grants of \$ 492,798) (Revenue \$)
40 TOTAL Progra	am service expenses >	432,130		Form 990 (2014
-				

Part IV Checklist of Required Schedules

	•		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		<u> </u>
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		<u> </u>
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		<u> </u>
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> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			77
_	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			37
_	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		ı	
_	VII, VIII, IX, or X as applicable	j	ŧ	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
	complete Schedule D, Part VI	ııa	^	
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	11ь		X
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	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		X
е	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	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,	ĺ	ĺ	
	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		<u> </u>
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		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ĺ	i	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, .		77
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ـ ر	ا ب	
· • ·	If "Yes," complete Schedule G, Part III	19	X	v
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes," complete Schedule L, Part I 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 X disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X 34 or IV, and Part V, line 1 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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 38 19? Note. All Form 990 filers are required to complete Schedule O

	rt 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 1a 14			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 14	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to pnze winners?	1c	X	
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 2a 15	_		
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	X	
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			x
	account)?	4a_		^
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	5a		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 55		
6a	organization solicit any contributions that were not tax deductible as charitable 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		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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			l
	required to file Form 8282?	7c	ļ	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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. Did a donor advised fund maintained by the	8	1	ŧ
_	sponsoring organization have excess business holdings at any time during the year?			ļ
9	Sponsoring organizations maintaining donor advised funds.	9a	•	ţ
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			Ī
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7		ŧ
11	Section 501(c)(12) organizations. Enter			Ī
	Gross income from members or shareholders			Ī
b	Gross income from other sources (Do not net amounts due or paid to other sources			Ī
	against amounts due or received from them)			Ī
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	_ ` _		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			I
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			I
C	Enter the amount of reserves on hand	 	 	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Ļ	X
h	If "Ves." has it filed a Form 720 to report these nayments? If "No." provide an explanation in Schedule O	14b	1	ı

Form 990 (2014) VETERANS OF FOREIGN WARS POST 2743 34-4382759 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this 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 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 7 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 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, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8b b 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 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 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 X 13 Did the organization have a written whistleblower policy? 13 X 14 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b 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 X 16a with a taxable entity during the year? b 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 20 140 MILAN AVENUE BRIAN ALGER

419-668-9297

OH 44857

NORWALK

Form 990 (2014) VETERANS	OF	FOREIGN	WARS	POST	2743	34-	<u>-438275</u>	9	Page 7
Part VII	Compensation	of O	fficers, Direc	ctors, Ti	rustees,	Key Em	ployees	, Highest	Compensated Employees, a	and
	Independent C	ontra	actors							
	Check if Schedi	ule O	contains a re	sponse	or note t	to anv lin	e 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

- 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

(A) Name and Title	(B) Average hours per week (list any	bo of	x, unie icer a	Pos check ess pe	rson I	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for 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)	from the organization and related organizations
(1) GARY FELTER								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	0.00			İ						
JUDGE ADVOCATE	0.00	X						0	0	0
(2) ROBERT WOLCOTT					Γ					
	0.00					'				
TRUSTEE	0.00	x						0	0	0
(3) JOHN ARBOGAST		1								
(-)	0.00					ŀ				
CHAPLAIN	0.00	X						o	0	0
(4) ANTHONY CESA				T						
(,,==:=:=:=	0.00									
FINANCE COMMITTEE	0.00	X						o	ol	0
(5) PAUL ROWE		+		\vdash	+-					-
(0,2200	0.00									
FINANCE COMMITTEE	0.00	x				İ		l ol	o	0
(6) RICHARD NICKOLI		1				1				
(0) 212 212 212 212 212 212	0.00						ŀ			
FINANCE COMMITTEE	0.00	x	1			1		l ol	o	0
(7) DEAN HALES	<u> </u>	+==	-	-	<u> </u>	 				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00									
TRUSTEE	0.00	x						l ol	o	0
(8) KENNETH SHUTT		+	_		┢	†	_			
(0)1	0.00									
BUILDING COMMITTEE	0.00	X			Į			l ol	ol	0
(9) TIMOTHY CONNOR		+	┢	1	 	<u>† </u>		1		
(0) 1 2 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00			İ						
SURGEON	0.00	x	1					l ol	o	0
(10) TERRY TRUMPOWER	1 3.33	+==	 	T		+				
(,	0.00	1					1]		
TRUSTEE	0.00	x						l ol	o	0
(11) DON RATLIFF	† · · · · · · · · · · · · · · · · · · ·	+	H	T	†	+	 			
(11/2011 10:12222	0.00									
BUILDING COMMITTEE	0.00	$ \mathbf{x} $			İ		1	l o	o	0
DAA	3.55			т		1		<u> </u>		Form 990 (2014

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe compens	ted t of r	
·	hours for related organizations below dotted line)	Individual trustee or director	r	Officer	Key employee	Highest compensated employee	_	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization organization	he ation ated	
(12) BRIAN ALGER	-	┝				ä							
	30.00												
QUARTERMASTER (13) DONOVAN PLATTE	0.00	ļ	ļ	X	_	-		31,200	0	 			<u> </u>
(13)DONOVAN PLATIE	0.00												
JR VICE COMMANDER	0.00			x				o	0				0
(14) HOWARD SMITH													
	0.00								•				_
COMMANDER (15) ORVILLE PLATTE	0.00 IR	├	-	X	-			0	0	 			С
(15)ORVILLE PLATE	0.00												
SR VICE COMMANDER	0.00			x				0	0				0
(16)													
(17)													
(18)			_		ļ	ļ							
(10)													
(19)													
1b Sub-total	I	1	<u> </u>	<u> </u>		_		31,200			-		
c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A				>	31,200					
Total number of individuals (increportable compensation from				ose	liste	d abo	ve)		00,000 of	<u>.</u> I			
	•											Yes	No
3 Did the organization list any fo employee on line 1a? If "Yes,"								ee, or nignest compensated			3		X
4 For any individual listed on line organization and related organ									n the				v
individual 5 Did any person listed on line 1:	a receive or accr	ue co	ompe	ensat	ion f	rom a	any	unrelated organization or inc	dividual		4		X
for services rendered to the or Section B. Independent Contractor		es," c	omp	lete :	Sche	dule	J fo	r such person			5		X
Complete this table for your five compensation from the organization.	e highest compe	nsate	ed in	depe	nde	nt cor	ntrac	ctors that received more that	n \$100,000 of he organization's tax year				
	(A) I business address							Descrip	(B) tion of services		Co	(C) mpensa	tion
Total number of independent or received more than \$100,000.								listed above) who	0				
DAA											Fo	m 99	0 (201

Form 990 (2014) VETERANS OF FOREIGN WARS POST 2743 34-4382759 Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII Part VIII

		•	ii oonedale e				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សស	1a	Federated carr	paigns	1a	· · · · · · · · · · · · · · · · · · ·					
E		Membership di	. –	1b			1			
S E		Fundraising ev		1c					1	
i i		Related organi		1d						
P, Gi∺		Government grants (1e						
<u>Sign</u>	_	All other contribution		1			1			
		and similar amounts		1f		34,308			1	
٦	g	Noncash contribution	rs included in lines 1a-1	f S	5					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add line	s 1a–1f			•	34,308			
						Busn. Code				
Program Service Revenue	2a	RESTAURA	ANT & BAR			722513	207,680		207,680	
§	b	LIFE MEN	MBER REBATES				2,845	2,845		
<u>.</u>	С	DUES - 1	ASSOCIATES				1,587	1,587		
Š	d	DUES					1,049	1,049		
Ē	е									
g	f	All other progra	am service reven	ue						
g		Total. Add line				•	213,161	^		
			ome (including di	vidend	s, interes	t,				
		and other simil	-			•	25,113	25,113		
	4 Income from investment of tax-exemp		t bond pro	ceeds 🕨						
	5	Royalties				▶ [
		-	(ı) Real		(II) F	Personal				
	6a	Gross rents	7,	992						
	b	Less rental exps								
	С	Rental inc or (loss)	7,	992						
	d	Net rental inco	me or (loss)			•	7,992	7,992		
	7a	Gross amount from	(i) Secunties		(u)	Other				
		sales of assets other than inventory	1,640,	059		883				
	b	Less cost or other								
		basis & sales exps	1,633,	127						,
	С	Gain or (loss)	6,	932		883				
	d	Net gain or (los	ss)			•	7,815	7,815		
a)	8a	Gross income fro	om fundraising even	ts					<u> </u>	
une		(not including \$		ļ						
eve		of contributions r	eported on line 1c).	- 1						
ž		See Part IV, line	18	a		600				
Other Reve	b	Less direct ex	penses	ь		75			1	
J			(loss) from fundr		events	•	525			
	9a		om gaming activities	;						
		See Part IV, line		а		313,352				
	b	Less direct ex	penses	b	1,	093,366			[
			(loss) from gamı	ng acti	vities		219,986		219,986	
	10a	Gross sales of	inventory, less							
		returns and all	owances	а						
	b	Less cost of g	oods sold	ь		_				
	С		(loss) from sales	of inv	entory	•				
		Mis	cellaneous Revenue			Busn Code				
	11a	MISCELLAN	EOUS				6,125	6,125		
	þ	ATM REBAT	res				4,132	4,132		
	С									
	d	All other reven				L	10.05	n. r. m		
	е	Total. Add line				•	10,257	F.0. 050	407 666	
	12	Total revenue	. See instruction	S		<u> </u>	519,157	56,658	427,666	0

Part IX Statement of Functional Expenses

	rt iX Statement of Functional Expon 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. All other of		e column (A)	
	Check if Schedule O contains a respon			(0)	X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			1	
	individuals See Part IV, line 22	3,124	3,124		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	21 000		21 000	
_	trustees, and key employees	31,200		31,200	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	137,900	97,900	40,000	
7	Other salaries and wages	137,900	91,900	40,000	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	17,479	9,988	7,491	
11	Fees for services (non-employees)	2,,2,5	- 3,300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
'' a	Management				
b	Legal				
c	Accounting	4,000		4,000	
d	Lobbying	7			· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	12,081		12,081	
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)				·····
12	Advertising and promotion	2,908	2,908		
13	Office expenses	10,619	5,399	5,220	
14	Information technology				
15	Royalties				
16	Occupancy	37,834	37,834	001	
17	Travel	221		221	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 574		1,574	
19	Conferences, conventions, and meetings	1,574		1,374	
20	Interest				
21	Payments to affiliates	34,045	34,045		
22	Depreciation, depletion, and amortization	12,310	12,310		
23 24	Insurance Other expenses Itemize expenses not covered	12,310	,	<u> </u>	······································
44	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)				
а	COGS	111,934	111,934		
b	CONTRIBUTIONS	57,037	57,037		
С	TAXES - OTHER	35,062	34,896	166	
d	REPAIRS & MAINTENANCE BUI	28,953	28,953		
e	All other expenses	59,840	56,470	3,370	
25	Total functional expenses. Add lines 1 through 24e	598,121	492,798	105,323	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 51,592 29,352 Cash-non-interest bearing 34,952 192,534 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 5,820 5,813 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,222,987 10a other basis Complete Part VI of Schedule D 347,680 875,307 318,004 10b 10c b Less accumulated depreciation 627,206 915,358 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 2,205 1,636 15 15 Other assets See Part IV, line 11 1,226,468 1,305,684 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,736 17 5,484 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 5,736 5,484 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,180,984 1,259,948 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 40,000 40,000 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,299,948 1,220,984 33 33 Total net assets or fund balances 1,226,468 1,305,684 Total liabilities and net assets/fund balances

5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	598	8,1 8,9	964
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in	598 -78	8,1 8,9	121 964
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in	598 -78	8,1 8,9	121 964
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4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in	.,29	<u>9,9</u>	948
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
7 Investment expenses 8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
8 Pnor period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in	1,220	<u>0,9</u>	<u> </u>
1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
If the organization changed its method of accounting from a prior year or checked "Other," explain in		 -	┷
If the organization changed its method of accounting from a prior year or checked "Other," explain in	<u> Y</u>	Yes	No
		I	
Schedule O		1	
	- 1	ŧ	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	\dashv	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		I	
reviewed on a separate basis, consolidated basis, or both		1	
Separate basis Consolidated basis Both consolidated and separate basis		Ŧ	7.7
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		1	
separate basis, consolidated basis, or both		1	
Separate basis Consolidated basis Both consolidated and separate basis	1	ŧ	
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		,,,,,,
If the organization changed either its oversight process or selection process during the tax year, explain in		1	
Schedule O		ŧ	
3a 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?	3a	\dashv	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	a.		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	- 1	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

· Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• §	Section 501(c)(4), (5), or (6) organizations. Complete Part III				
Nam	e of organization VETERANS OF FOREIGN	WARS POST 2743	·	Employer identi 34-43827	fication number 59
Pa	rt I-A Complete if the organization is exem		or is a section		
1	Provide a description of the organization's direct and indirect				
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	rt I-B Complete if the organization is exem	pt under section 501(c)	3).		
1	Enter the amount of any excise tax incurred by the organiza	tion under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fore	m 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exem			n 501(c)(3).	· · · · · · · · · · · · · · · · · · ·
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	l		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for secti	on		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ente	r here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification nur				
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pron				
	as a separate segregated fund or a political action committee	ee (PAC) If additional space is no	eded, provide infor	mation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			i	filing organization's funds if none, enter -0-	contributions received and promptly and directly
				Tarios ir tiorio, cinor o	delivered to a separate
					political organization If none, enter -0-
		 			Holle, effici -0-
(1)					
					
(2)					
(3)					
(4)					
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Sched	ule C (Form 990 or 990-EZ) 2014 VETER	ANS OF FOR	EIGN WARS F	POST 274	3 34	-4382759		Page 2
	II-A Complete if the organiza	tion is exempt	under section 50	01(c)(3) and	filed For	m 5768 (elec	tion unde	
	section 501(h)). heck ▶ ☐ if the filing organization name, address, EIN, etc. heck ▶ ☐ if the filing organization	xpenses, and s	hare of excess lob	bying exper	ditures)	affiliated grou	p member'	s
		oying Expendit		101		Filing	(b) Affiliat	ed
	(The term "expenditures" m					tion's totals	group total	
1a	Total lobbying expenditures to influence publi							
b	Total lobbying expenditures to influence a leg	islative body (direct	lobbying)					
C	Total lobbying expenditures (add lines 1a and	i 1b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add line	s 1c and 1d)						
f	Lobbying nontaxable amount Enter the amount	unt from the following	g table in both					
_	columns	 						
-	If the amount on line 1e, column (a) or (b) is:	· · · · · · · · · · · · · · · · · · ·	taxable amount is:			1		
\vdash	Not over \$500,000	20% of the amoun				1		
F	Over \$500,000 but not over \$1,000,000		6 of the excess over \$500			I		
-	Over \$1,000,000 but not over \$1,500,000	1	6 of the excess over \$1,0			1		
-	Over \$1,500,000 but not over \$17,000,000	\$225,000 pius 5% \$1,000,000	of the excess over \$1,50	10,000		1		
	Over \$17,000,000 Grassroots nontaxable amount (enter 25% o		· · · · · · · · · · · · · · · · · · ·	1				
-	Subtract line 1g from line 1a If zero or less, e							
	Subtract line 1f from line 1c If zero or less, e					*	<u></u>	
	If there is an amount other than zero on either		id the organization file	Form 4720				
,	reporting section 4911 tax for this year?		 -				Yes	No
	(Some organizations that made		ing Period Under s			ho fivo column	se balow	
			nstructions for line			ine nve colum	is below.	
	3.	ce tile separate i		za unougi				
	Lo	bbying Expendit	ures During 4-Year	Averaging F	eriod			
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 201	3	(d) 2014	(e) 1	otal
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount			1				
	(150% of line 2a, column(e))			<u> </u>				
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount							
	(150% of line 2d, column (e))			 				
f	Grassroots lobbying expenditures							

Sche	tule C (Form 990 or 990-EZ) 2014 VETERANS OF FOREIGN WARS POST 2743 34	<u>1-438</u>	<u> 275</u>	<u> </u>		Р	age :
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).						
For	each-"Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	1)		(b)		
	cription of the lobbying activity	Yes	No	Ar	nou	nt	
4	Duran the year and the films expensivation attempt to influence foreign national state or local	-		·····			
1	Dunng the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or						
_	referendum, through the use of Volunteers?		Ī				
_	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		\neg				
	Media advertisements?		\neg				
_	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?						
	Total Add lines 1c through 1i						
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), d	or sec	tion			
	501(c)(6).						
				_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	_	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	\rightarrow	<u>X</u>	-
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?	(+)(F)		3			X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501	(C)(5), (or sec	XION		ia	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OK (b)	Pan	BI-A, UNG	∌ 3,	15	
	answered "Yes."						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).		2a				
a	Current year		2a 2b				
t	Carryover from last year		120				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.qov/form990.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

V	ETERANS OF FOREIGN WARS POST 2743		34-4	382759
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Ac		
		(a) Donor advised funds) Funds and other accounts
1	Total number at and of year	(a) Donor agreed regions		ny runus and other accounts
_	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	La conta baldus denos educad		
5	Did the organization inform all donors and donor advisors in writing that the			
	funds are the organization's property, subject to the organization's exclus			∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in w			
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		П у П "
D.	conferring impermissible private benefit? art II Conservation Easements.			Yes No
F-5	Complete if the organization answered "Yes" to F			
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import		area
	Protection of natural habitat	Preservation of a certified historic s	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation	4	
	easement on the last day of the tax year		-	Held at the End of the Tax Year
а			2a	
b			2b	
C	Number of conservation easements on a certified historic structure include		2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	s, and not on a		
_	historic structure listed in the National Register		2d	·
3	Number of conservation easements modified, transferred, released, extir	iguished, or terminated by the organization d	uring the	!
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	iring, inspection, handling of		□ vaa □ Na
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
-				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co \$ \infty\$	inservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(R)(i)		
Ů	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement, an	d	
•	balance sheet, and include, if applicable, the text of the footnote to the or			
	organization's accounting for conservation easements			
Pá	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar A	Assets.
	Complete if the organization answered "Yes" to F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce of	
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance s	heet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce of	
	public service, provide the following amounts relating to these items.			
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items		
а	Revenue included in Form 990, Part VIII, line 1		•	\$
	Assats restricted in Form COO. Book V			œ.

	dule D (Form 990) 2014 VETERANS O					34-4382		1 2 2 2 1 2			ge 2
	rt III Organizations Maintaining C							ts (contin	ued)	<u> </u>	
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records,	check ar	y of the follow	ing that are a	significant use o	f its				
а	Public exhibition	d 📘	Loan or e	exchange prog	rams						
b	Scholarly research	e 💹	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collect	tions and explain h	ow they	further the orga	anızatıon's ex	empt purpose in	Part				
	XIII										
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be					lar			res		No
Pa	at IV Escrow and Custodial Arran		t or the o	rgumzation o	JOIICOGOTT*			<u> </u>			
•	Complete if the organization a 990, Part X, line 21	_	to For	m 990, Part	t IV, line 9,	or reported a	an amour	nt on Form	1		
1a	Is the organization an agent, trustee, custodian of	or other intermedia	y for con	tributions or of	ther assets n	ot .					
	included on Form 990, Part X?		•						es '		No
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	wing tabl	е							
		•	-					Amou	int		
С	Beginning balance						1c				
	Additions during the year						1d				_
	Distributions during the year						1e	•			_
f	Ending balance						1f				_
2a	Did the organization include an amount on Form	990. Part X. line 2	1. for esc	row or custod	ial account lia	ıbılıtv?			es/		No
	If "Yes," explain the arrangement in Part XIII Ch							_		П	
	ert V Endowment Funds.			•							
	Complete if the organization a	inswered "Yes"	to For	m 990. Part	t IV. line 10)					
	Sompleton in Sugaring	(a) Current year		Pnor year	(c) Two yea	I	Three years ba	ck (e) F	our yea	rs ba	ıck
10	Paginging of year halance	(4) 0	,-,								
	Beginning of year balance										
	Contributions										
C	Net investment earnings, gains, and										
	losses	· · · · · · · · · · · · · · · · · · ·					***				
đ	,	·						-			
е	Other expenditures for facilities and										
_	programs				<u> </u>						
T	Administrative expenses					 -					
9	End of year balance		<u></u>								
2	Provide the estimated percentage of the current		(line 1g, c	column (a)) he	eld as						
а	•	%									
b	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should e										
3a	Are there endowment funds not in the possession	on of the organization	on that a	re held and ad	ministered to	r the			آ√-		No.
	organization by							<u> </u>	Ye	8	No
	(i) unrelated organizations							3a(i		+	
	(ii) related organizations							3a(i		+	
b	If "Yes" to 3a(II), are the related organizations lis	·						3b			
4	Describe in Part XIII the intended uses of the organization		ment fun	ds							
Pa	art VI Land, Buildings, and Equip	ment.	_								
	Complete if the organization a	nswered "Yes"	' to For	m 990, Par	t IV, line 1						
	Description of property	(a) Cost or other		(b) Cost or o		(c) Accumula	I	(d) Bo	ok valu	е	
		(investment)		(oth		depreciatii	on				
1a	Land				86,000				86		
b	Buildings				69,664		6,736				228
С	Leasehold improvements				68,821		8,728		170		
d	Equipment			3	98,502	37	9,843		18	, 6	<u> 559</u>
е	Other					L					

347,680

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2014 VETERANS OF FOREIGN WARS	POST 2743 34	-4382759	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" to Form 9	90, 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	1 1		
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	_2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
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	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 9	90, 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	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	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		
b	Other (Describe in Part XIII)	4b		
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	

Part XIII Supplemental Information.

Schedule D (Form 990) 2014 VETERANS OF FOREIGN WARS POST 2743 34-4382759

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of	the organization VETERANS OF FOREIG	N WARS PO	ST	274	13	Employer identifica	
Par	Fundraising Activities. Complete it Form 990-EZ filers are not required				ed "Yes" to Form 99	0, Part IV, line	17.
1	Indicate whether the organization raised funds through a	any of the following a	ctivitie	s Ch	eck all that apply		
a	Mail solicitations	e Solicitation	of nor	n-gove	ernment grants		
b	Internet and email solicitations	f Solicitation	of gov	ernm/	ent grants		
c [Phone solicitations	g Special fur	draisir	ng eve	ents		
d (In-person solicitations						
b	Did the organization have a written or oral agreement wi or key employees listed in Form 990, Part VII) or entity in If "Yes," list the ten highest paid individuals or entities (fu compensated at least \$5,000 by the organization	n connection with pr	ofession of the office of the	onai fu reeme	undraising services?	aiser is to be	Yes No
	(I) Name and address of individual		raise	d fund- r have	(Iv) Gross receipts	(v) Amount paid to (or retained by)	(vI) Amount paid to
	or entity (fundraiser)	(ii) Activity		ody or rol of	from activity	fundraiser listed in	(or retained by) organization
				utions?		col (i)	
1			Yes	NO			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				<u> </u>			
3	List all states in which the organization is registered or li	censed to solicit coi	ntributi	ons o	r has been notified it is ex	empt from	

34-4382759

Page 2

P	more than \$15	events. Complete if the org ,000 of fundraising event c less receipts greater than \$5	ontributions and gross income	•	•
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
41		(event type)	(event type)	(total number)	col (c))
Revenue					
Rev	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)				
	4 Cook				
	4 Cash prizes	· · · · · · · · · · · · · · · · · · ·			
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
xbei	7 Food and beverages				
ᄧ					
٥	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary	Add lines 4 through 9 in column (d)	•	
	11 Net income summary Sut	otract line 10 from line 3, column (d)	<u> </u>	
P	•	_	swered "Yes" to Form 990, Pa	rt IV, line 19, or reported	l more
	than \$15,000 c	on Form 990-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
une		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue			1 101 710	101 622	1 212 250
_	1 Gross revenue		1,121,719	191,633	1,313,352
	2 Cash prizes				
(benses	= 323.1. p .1. 233				
Expe	3 Noncash prizes				
Direct Ex	4 Rent/facility costs				
٥	4 Nentracinty Costs				
	5 Other direct expenses		974,671	118,695	1,093,366
		Yes %	Yes %	Yes %	
	6 Volunteer labor	No	X No	X No	
	7 Direct expense summary	Add lines 2 through 5 in column (d)	▶ [1,093,366
					010 000
	8 Net gaming income summ	nary. Subtract line 7 from line 1, co	olumn (d)	<u>P</u>	219,986
9	Enter the state(s) in which the	organization conducts gaming ac	tivities OH		
а		conduct gaming activities in each			🗓 Yes 🗌 No
b	If "No," explain				
10a	Were any of the organization's	gaming licenses revoked, suspe	nded or terminated during the tax year	?	Yes X No
	If "Yes," explain	•	·		

Sche	dule G (Form 9	990 or 990-EZ) 20)14 V .	ETERANS	OF	FOREIGN	WARS	POST	2743	34	-438	32759	9		Page 3
11	Does the orga	anization conduct	gaming activit	ties with nonme	embers	?								Yes	X No
2	Is the organiz	ation a grantor, be	eneficiary or tr	rustee of a trust	t or a m	nember of a par	tnership or (other entity	•						
	formed to adn	nınıster charitable	gaming?											Yes	X No
3	Indicate the p	ercentage of gam	ing activity co	nducted in.											
а	The organizat	ion's facility										13a	10	<u>o.c</u>	<u>)0 %</u> _
b	An outside fac	-										13b			%_
4	Enter the nam	ne and address of	the person w	ho prepares the	e orgar	nization's gamin	g/special ev	ents books	s and						
	records														
	Name ►	BRIAN ALG													
	A 44 N	140 MILAN	AVENUE							011	4405	-			
	Address ►	NORWALK								On	4485) /			
52	Does the oras	nization have a c	ontract with a	third north from	a whom	the ergenization	n rooswoo	aamina							
Ja	revenue?	anization have a c	JOHN ACL WILL A	tilliu party iron	ii wiion	i tile organizatio	on receives	gaming					\Box	Vaa	X No
b		the amount of ga	imina revenile	received by th	e orga	nization >	\$			and the			ш	162	A NO
_		ming revenue reta	-	=	\$	inzation P	Ψ			and the					
С		name and addres	=	· -	•										
	,			, ,											
	Name ▶														
	Address >														
6	Gaming mana	ager information													
	Name ► DC	NOVAN PLAT	TTE												
	Coming mone		- h - c	40	000										
	Garning mana	iger compensation	n ▶ \$	40,	000										
	Description of	services provide	d▶ CLI	UB MANA	ER										
		provide.													
	Director/o	officer	X Employe	e	Inde	ependent contra	actor								
					_										
7	Mandatory dis	tributions													
а	Is the organization	ation required und	der state law to	o make charital	ble dist	ributions from th	ne gaming p	roceeds to	•				_		_
		e gaming license?											X	Yes	∐ No
b		ount of distribution							or						
		rganization's own						7,037	- Ob -	_1	(i.i)	. ۱،۱ ام			
r ali	-	oplemental In t III, lines 9, 9													
		ructions)	D, 100, 13L	7, 13C, 10, a	iiu i i	o, as applica	aule Alsc	provide	ally au	uilionai	IIIIOIIII	ialion (, 5 EE		
SCI		RT III, L	INE 17	B - REOU	JIRE	D DISTR	IBUTIO	NS PE	RST	ATE L	AW			-	
	,	STATE		-		UTION A									
)H	01			\$	\$	57,0	37								
						•									

Schedule G (Form 990 or 990-EZ) 2014

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.

2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Employer Identification number 34-4382759

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION. MEMBERS MUST BE VETERANS

TO FULLY PARTICIPATE IN THE VOTING PROCESS. SOCIAL MEMBERSHIPS ARE

AVAILABLE BUT ARE NOT PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE GOVERNING BODY ARE ELECTED BY ALL MEMBERS OF THE ORGANIZATION PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ALL DECISIONS ARE SUBJECT TO FINAL APPROVAL FROM THE VOTING MEMBERSHIP.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A REVIEW HAS BEEN DONE WITH THE QUARTERMASTER OF QUESTIONS, AMOUNTS, ETC.

ON THE FORM 990 PRIOR TO FILING. THIS RETURN WILL BE DISCUSSED AND

REVIEWED AT A FUTURE TRUSTEE MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS
NECESSARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS NECESSARY.

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Employer identification number

34-4382759

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PA	RT IX, L	INE 24E - OTHER	EXPENSE	ES							
DESCRIPTION			AMO	DUNT							
FIREWORKS DONATIONS											
	\$	19,265	\$	0	\$	0					
REPAIRS & MA	INTENANC	E EQU									
	\$	9,458	\$	0	\$	0					
MUSIC & ENTE	RTAINMEN	T									
	\$	7,800	\$	0	\$	0					
MANAGER COME	LIMENTAR	IES									
	\$	5,051	\$	0	\$	0					
POST SOCIAL	EVENTS										
	\$	4,059	\$	0	\$	0					
LICENSES, FE	ES & PER	MITS									
	\$	3,198	\$	0	\$	0					
LAUNDRY											
	\$	3,196	\$	0	\$	0					
RETURNS & AI	LOWANCES	1									
	\$	2,425	\$	0	\$	0					
MISCELLANEOU	JS										
	\$	0	\$	1,790	\$	0					
DISTRICT PER	R CAPITA	DUES									
	\$	1,588	\$	0	\$	0					
BAD CHECKS											

PAGE 1 OF 2

Schedule O (Form 9	990 or 9	990-EZ) (2014)							Page 2
Name of the organization						•		Employer identification number	
VETERANS	OF	FOREIGN	WARS	POST	2743			34-4382759	
•		\$		0		\$	1,168	\$	0
PENALTIES	S								
		\$		0		\$	412	\$	0
COLOR GUA	ARD	EXPENSE							
		\$	16	56		\$	0	\$	0
CONTRACTI	ED I	ABOR							
		\$	15	50		\$	0	\$	0
CASH OVE	R &	SHORT							
		Ś	11	L 4		Ś	0	s	0