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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)

2014

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>A</u>	For the	e 2014 calend	lar year, or tax year begi	nning	07 - 01 , 2014, and e	nding	06-30 ,2015	
В	Check if	applicable	C Name of organization VET	erans of foreign wars	DEPT OF MO		D Employer Identification no	
	Address	change	Doing business as MO	POST 3976			43-1047974	
	Name ch	nange	Number and street (or P O b	ox if mail is not delivered to street address	)	Room/suite	E Telephone number	
$\equiv$	Initial ret	-	12810 E KENTUC		,	7.555	(816) 461-2636	
$\overline{}$		um/terminated		e, country, and ZIP or foreign postal code			208,233	
ĭ	Amende		Independence,	• •				
H			F Name and address of princip	egeneggenge er ver en en en en en en en et 🗀 geeg	· · · · · · · · · · · · · · · · · · ·		G Gross receipts\$	
ш	Applicati	on pending			WO 64050	H(a) Is this a grou	up return for 다. [단기	
			679	KY ROAD, SUGAR CREEK,		subordinate	= =	
		mpt status	501(c)(3) 💹 501(c)( <b>19</b>	) ◀ (insert no )	527	H(b) Are all subo	rdinates included? Yes No attach a list (see instructions) photon number 1504	
		· ► N/A					<del></del>	
_				socration Other >	L Year of formation 1	L964 M State of	of legal domicile MO	
1-1	urt F	Summar	<del></del>			· · · · · · · · · · · · · · · · · · ·		
	1	•	<u>-</u>	sion or most significant activities.			ST 3976 MISSION IS	
ø		_		CACY, HISTORY, EDUCAI			·	
Governance		SECURITY	THROUGH SUPPORT	OF OUR NATIONS MEN A	ND WOMEN IN UNIFO	RM PROMOTING	GOOD	
Ē	-	CITIZENS	HIP, PATRIOTISM	AND COMMUNITY SERVICE	•			
Š	2	Check this b	ox ▶ 🔲 if the organization	n discontinued its operations or d	sposed of more than 25%	of its net assets.		
ල නේ	3	Number of v	oting members of the gove	rming body (Part VI, line 1a) .			3 13	
Se Se	4	Number of in	ndependent voting member	s of the governing body (Part VI,	line 1b)		4 13	
Activities &	5	Total numbe	r of ındı∨ıduals employed ıı	n calendar year 2014 (Part V, line	2a)		5 9	
#5/C	6	Total numbe	r of volunteers (estimate if	necessary)		<i></i> [	6 38	
	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line 12 .		<i>.</i> [	7a 0	
	Ь	Net unrelate	d business taxable income	from Form 990-T, line 34		[	7b 0	
				·		Prior Year	Current Year	
	8	Contributions	s and grants (Part VIII, line	1h)	)Fa		300	
9	9	Program ser	vice revenue (Part VIII, line	1h)	ECEIVED	19,		
Revenue	10			A), lines 3, 4, and 7d)			0	
æ	11		• • • •	nes 5, 6d, 8c, 9c, 10c, and 11e)	<u>-</u>	185,	617 125,073	
	12			(must equal Part VIII, column (A)		205,		
	13		similar amounts paid (Part	-		203,	25, 140,554	
	14		•	O-12	BCtion E:	10	680 14,681	
	15	Solomes oth	er compensation employe	e benefite (Port IV column (A) to		56,		
8		Ozazanes, Out	fundrousing food (Port IV	K, column (A), line 4)	es Summit MO	50,	053 48,202	
Expenses				, ,,		<del></del>	0	
Š	- 1		sing expenses (Part IX, co	· · · · · ———			25	
ш	17		ses (Part IX, column (A), li	·		11,	·····	
	10		•	t equal Part IX, column (A), line 2	· <b>-</b>		126,663	
	19	Revenue les	s expenses Subtract line	18 from line 12	• • • • • • • • • • • • •	118,		
Net Assets or			( <del>-</del>		-	Beginning of Current Y		
858t	20		` '			84,		
¥ ₹	21		s (Part X, line 26)			72,		
			r fund balances Subtract	line 21 from line 20	• • • • • • • • • • • •	12,	073 4,169	
	rt II		re Block					
				m, including accompanying schedules and cer) is based on all information of which pr		knowledge and belief, it i	is .	
	20		1 11		<del></del>		00 01: 10	
			Sim Jelsi	ing	·	<del></del>	8-24-17	
Sig			e of officer				Date	
Hei	' <b>⊖</b> ` ⊇.,	1886	KELSEY, COMMANDE	ir .				
	<u> </u>	Type or	print name and title		· · · · · · · · · · · · · · · · · · ·			
_ (	<i>ز و</i> -	Print/Type pre	parer's name	Preparer's signature	Date	Check	If PTIN	
Pai		DIANA R	OBERTS	Miesa K. Rober	to, c. a 8-23-17	self-employed	P00175690	
	pare		► SMART TA	X LLC		Firm's EIN ▶ 41	-2068167	
Use	<b>Onl</b>	Y Firm's addres	s ▶ 2601 S F	TUB DR STE D		Phone no		
_	CT.		Independ	lence MO 64055		81	6-461-7171	
Мау	itie IR:	S discuss this	return with the preparer sh	nown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		🛚 Yes 🗌 No	
For	Paper	work Reductie	on Act Notice, see the se	parate instructions.			Form 990 (2014)	

	rt III   Statement of Program Service Accomplishments
Fa	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	VETERANS OF FOREIGN WARS POST 3976 MISSION IS TO PROMOTE VERERANS ADVOCACY. HISTORY,
	EDUCATION AND COMMENTORATION, ENCOURAING NATIONAL SECURITY THROUGH SUPPORT OF OUR NATIONS MEN
	AND WOMEN IN UNIFORM PROMOTING GOOD CITIZENSHIP, PATRIOTISM 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?
	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?
	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 measured by
Ť	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	the total expenses, and revende, if any, for each program service reported
	/O. I
<b>4a</b>	(Code:) (Expenses \$14,681 including grants of \$) (Revenue \$14,681)
	FUNDRAISING THROUGH MEMBERSHIP FELLOWSHIP. THESE FUNDS ARE USED TO FURTHER OUR VETERANS
	ADVOCACY MISSION AND TO HELP FAMILIES IN NEED. THIS WAS ACCOMPLISHED THROUGH MEMBER DINNERS,
	POPPY SALES AND A HOG ROAST AND BIKER RALLY.
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ▶ 14,681

Form 990 (2014) VETERANS OF FOREIGN WARS DEPT OF MO 43-1047974 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 98-197 If "Yes," complete Schedule C. X 5 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 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ......... 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11<del>0</del> 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 Х 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

20b

12a

12b

13

13

**Checklist of Required Schedules** (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> X</u>
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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u>-x</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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		<u> </u>
36	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			35
••	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<b>.</b> ,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c X 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 ..... 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) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... 58 X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 charitable contributions? X If "Yes." did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Х Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Яa Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter-Initiation fees and capital contributions included on Part VIII, line 12 ........... h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ...... Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? h Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		ago o
• ••	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	140		
				₹
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	· · · ·	
<u> </u>	tion 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 1a 13			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	i	X
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		İ	
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following <sup>.</sup>			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
	to the state of the second requirement and the second requirements of the second secon		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	- vou		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
		11a		
		40.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
			}	
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ł	
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	х	
b		15a 15b	x x	
	The organization's CEO, Executive Director, or top management official			
b	The organization's CEO, Executive Director, or top management official			
	The organization's CEO, Executive Director, or top management official			x
b 16a	The organization's CEO, Executive Director, or top management official	15b		X
b	The organization's CEO, Executive Director, or top management official	15b		X
b 16a	The organization's CEO, Executive Director, or top management official	15b 16a		X
b 16a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?	15b 16a		X
b 16a b Sec	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?  tion C. Disclosure	15b 16a		х
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?  List the states with which a copy of this Form 990 is required to be filled  MO	15b 16a		x
b 16a b Sec	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  MO  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	15b 16a		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?  tion 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) available for public inspection. Indicate how you made these available Check all that apply.	15b 16a		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official	15b 16a		x
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?  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) available for public inspection. Indicate how you made these available Check all that apply.  Own website  Another's website  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	15b 16a		X
b 116a b Sec 177 118	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?  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) available for public inspection. Indicate how you made these available Check all that apply.  Own website  Another's website  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.	15b 16a		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?  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) available for public inspection. Indicate how you made these available Check all that apply.  Own website  Another's website  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	15b 16a		X

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VETERANS OF FOREIGN WARS DEPT OF MO

43-1047974

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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 Position (B) (D) (F) (do not check more than one Name and Title Áveráúe กิจมนถ่อไทย ല്പോവങ് Esumateo box, unless person is both an compensation from neg shuod officer and a director/trustee) compensation amount of veek (list any from related other hours for organizations compensation retated Individual trustee organization (W-2/1099-MISC) from the nstitutional trustee Highest compensated organizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) LEON KELSEY 10.00 X COMMANDER X 0 0 0 (2) ANDY JASSON 6.00 VICE PRESIDENT AND BOARD MEMBER X X 0 0 O (3) WARREN ATCHINSON 30.00 Х SECRETARY TREASURER AND BOARD MEMBE X 0 0 0 (4) NORMAN WILSON Х BOARD OF DIRECTOR 0 0 0 (10)(13)(14)\_\_\_

Part VII Section A. Officers, Directors, Trustees,	Key Employ	/008, 8	nd (	High	est	Comp	ens	ated Employees (	continued)	············	
(A) Name and title	(B) Average hours per week (list any	box, office	unles	s pers l a dir	ition ore the son is ector/	nan one both an		(D) Reportable compensation from	(E) Reportable compensation from related	Estu amo	(F) mated unt of ther
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organ and	ensation in the nization related izations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total	on A				· ·	 	<b>A</b>	0	0		0
2 Total number of individuals (including but not limited reportable compensation from the organization ▶	to those liste	ed abo	ve) v	who	rece	eived n	ore	than \$100,000 of	0_		
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	for such ındı	vidual								3	/es No X
4 For any individual listed on line 1a, is the sum of rep organization and related organizations greater than individual	\$150,000? If	"Yes,"	con	nplet	te So	chedul	e J f	or such		4	х
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or	-		-			-				5	х
Complete this table for your five highest compensate compensation from the organization. Report compensation year											
(A) Name and business address								(B) Description of		(C Compe	
Total number of independent contractors (including l			ose	liste	d ab	ove) w	ho				
received more than \$100,000 of compensation from	the organiza	tton	<b>•</b>						<u>,                                     </u>		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (A) (D) Total revenue Revenue excluded from tax Related or Lincolated business tevenue exempt under sections 512-514 Federated campaigns . . . . . . . . Contributions, Giffis, Grants and Other Similar Amounts 1b 300 1c Related organizations . . . . . . . . 1d đ Government grants (contributions) . . 10 All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f ...... 300 **Business Code** Program Service Revenue 2a HOG ROAST BIKE RALLY 900099 999 999 b poppy sales and flags 900099 320 320 c VETERAN FAMILY SUPPORT 900099 4,963 4,963 COMMUNITY SUPPORT 900099 8,699 8,699 f All other program service revenue . . . . . . 14,981 Investment income (including dividends, interest, and other similar amounts) ....... Income from investment of tax-exempt bond proceeds Royalties . . . . . . . . . . . (i) Real (ii) Personal 6a Gross rents . . . . . . . 4,050 b Less rental expenses . . . . 4,050 c Rental income or (loss) . . . d Net rental income or (loss) . . . . . . . . . . . . . . . . ▶ 4.050 4.050 (i) Securities 7a Gross amount from sales of 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) **b** Less direct expenses . . . . . . . . . . c Net income or (loss) from fundraising events . . . . . . . ▶ 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . . . . . . 11,927 b Less direct expenses .... b 4,741 7,186 c Net income or (loss) from gaming activities . . 7,186 10a Gross sales of inventory, less 176,975 returns and allowances . . . . . . . . . . . . b Less cost of goods sold .... b 63,138 c Net income or (loss) from sales of inventory . . . 113,837 113,837 Miscellaneous Revenue **Business Code** 11a b e Total. Add lines 11a-11d Total revenue. See instructions

140,354

140,054

0

-	rt (A ) Statement of Functional Expenses	Lumpa All other course.			
Seci	ion 501(c)(3) and 501(c)(4) organizations must complete all col Check if Schedule O contains a response or note to an				
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				**************
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıviduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	14,681	14,681		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		İ		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	44,777		44,777	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,425		3,425	
11	Fees for services (non-employees)				
a	Management				
b	Legal	3 600		3 600	····
C	Accounting	3,600		3,600	
d e	Lobbying				
f	Investment management fees	<del></del>			
q q	Other. (If line 11g amount exceeds 10% of line 25, column				
v	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	837		837	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy	28,907		28,907	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	59		59	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,230		9,230	
23	Insurance	10,689		10,689	
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)	2 001		2 001	
a	BANK AND MERCHANT CHARGES	3,021		3,021	<del> </del>
b	OFFICE EXPENSE	837		837	· · · · · · · · · · · · · · · · · · ·
c d					<del></del>
	All other expenses				·
е 25	Total functional expenses. Add lines 1 through 24e .	120,063	14,681	105,382	0
<del>25</del> <del>26</del>	Joint costs. Complete this line only if the	120,003	74,001	103,302	
	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 1 Cash - non-interest-bearing 12,067 1 12,620 2 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 7 8 Ω Prepaid expenses and deferred charges ..... Ω 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . . 10a 454,984 Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 72,814 63,182 11 11 Investments - other securities. See Part IV, line 11 ........... 12 13 13 14 14 154 15 Total assets. Add lines 1 through 15 (must equal line 34) ...\_.... 84,881 75,802 16 16 17 2,348 17 2,348 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 70,460 55,987 23 23 24 24 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 13,298 71,633 26 72,808 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 12,073 27 4,169 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🔲 and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

Total liabilities and net assets/fund balances .........

33

34

4,169

75,802

12,073

84,881

33

34

**********	990 (2014) VETERANS OF FOREIGN WARS DEPT OF MO	43-104	7974	1	P.	age 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		• • • •			
1	Total revenue (must equal Part VIII, column (A), line 12)	· — —		1	40,	354
2	Total expenses (must equal Part IX, column (A), line 25)			1	.20,	063
3	Revenue less expenses Subtract line 2 from line 1	. 3			20,	291
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			12,	073
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		(	(28,	195)
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			4,	169
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990.		ſ			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	<del></del>				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ľ			
	reviewed on a separate basis, consolidated basis, or both			- 1		
	Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			- 1		
ь	Were the organization's financial statements audited by an independent accountant?			2b		х
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		· · ·			<del></del>
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1		
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		ĺ	2c	Х	Ì
	If the organization changed either its oversight process or selection process during the tax year, explain in		· · ·	-	-11	
	Schedule O.			- 1		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		İ	1		
Ja				20		х
6			-	3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			26		
EEA	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• • • • •		3b	000 (	L 2014)

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# SCHEDULE D (Form 990)

# **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public

Inspection

Employer identification number Name of the organization VETERANS OF FOREIGN WARS DEPT OF MO 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 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (dunng 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area 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 2 easement on the last day of the tax year Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ 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 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)(i) Yes No 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. (i) Revenue included in Form 990, Part VIII, line 1 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. Revenue included in Form 990, Part VIII, line 1 

16,197

67,587

C

Leasehold improvements

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

732

63,182

15,465

67,587

Part VII	Investments - Other Securities. Complete if the organization answer	ed "Yes" to Form 990, Pa	nt IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial d		<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ld equity interests		
(3) Other	• •		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Column (b)	must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related.  Complete if the organization answere	ed "Yes" to Form 990. Pa	rt IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)		1	- W
(7)			
(8)	1		
(9)			
	must equal Form 990, Part X, col (B) line 13 )		
Part IX	Other Assets. Complete if the organization answere	ed "Yes" to Form 990, Pa	rt IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
_(2)		· <del>= · · · · · · · · · · · · · · · · · · </del>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column Part X	n (b) must equal Form 990, Part X, col (B) line 15	5)	
[East.V]		ed "Yes" to Form 990, Pa	rt IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal II			7
	AL DUE PER PAYROLL AUDIT	13,298	7
(3)			7
(4)			
(5)			
(6)			
(7)			<b></b>
(8)			<u> </u>
(9)			<b>↓</b>
	must equal Form 990, Part X, col (B) line 25)	13,298	
-	uncertain tax positions. In Part XIII, provide the te	_	·
organization's	liability for uncertain tax positions under FIN 48 (A	ASC 740) Check here if the text	of the footnote has been provided in Part XIII

ra	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	<del></del>	
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.		
a	Net unrealized gains (losses) on investments	1	
b	Donated services and use of facilities	- 1	
C	Recoveries of prior year grants	- 1	
d	Other (Describe in Part XIII.)	<b>∤</b>	
9	Add lines 2a through 2d	2e	<del></del>
3	Subtract line 2e from line 1	3	
4			
a b	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
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	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
	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:		<del></del>
æ	Donated services and use of facilities	].	
b	Prior year adjustments	1 1	
c	Other losses	1 1	
d	Other (Describe in Part XIII )	1	
0	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	] ]	
b	Other (Describe in Part XIII )	]	
C	Add lines 4a and 4b	4c	·
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	† XIII   Supplemental Information.		
	de 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 V, line	rt X, line	
2; ۳٤	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		<del></del>	
			<del></del>
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VETERANS OF FOREIGN WARS DEPT OF MO

43-1047974

Page 4

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

EEA

## 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.

► Attach to Form 990 or Form 990-EZ.

2014 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

VETERANS OF FOREIGN WARS DEPT OF MO 43-1047974 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations • Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 2 3 5 6 8 Q 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

			TERANS OF FOREIGN			1047974 Page 2
102	art II	Fundraising Events. Com than \$15,000 of fundraising				
		gross receipts greater than		ia gross income on rom	m 550-LZ, mics i and c	b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
_			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				·
	2	Less: Contributions				
	3	Gross income (line 1 minus	:			
_		line 2)				
	4	Cash prizes	<del></del>			
	5	Noncash prizes	·			
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages	· · · · · · · · · · · · · · · · · · ·			
٥	8	Entertainment	_			
	9	Other direct expenses	777877. WWW.			
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary Subtract line	10 from line 3, column (d)			
Pa	ırt II	Gaming. Complete if the	organization answered	"Vaa" ta Cassa 000 Daad		
			_	res to Form 990, Pari	t IV, line 19, or reported	more
		than \$15,000 on Form 990	0-EZ, line 6a.	·		<del></del>
- enue/	_		_	(b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or reported	more (d) Total gaming (add col (a) through col (c))
Revenue	1_		0-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
_	2	than \$15,000 on Form 990	0-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
_		than \$15,000 on Form 990	0-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Direct Expenses Revenue	2	than \$15,000 on Form 990  Gross revenue	0-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
_	2	than \$15,000 on Form 990  Gross revenue	0-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
_	2 3 4	than \$15,000 on Form 990  Gross revenue	0-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
_	2 3 4 5	than \$15,000 on Form 990  Gross revenue	Yes %   No	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other gaming	(d) Total gaming (add
_	2 3 4 5 6	than \$15,000 on Form 990  Gross revenue	Yes % No 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
_	2 3 4 5	than \$15,000 on Form 990  Gross revenue	Yes % No 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
_	2 3 4 5 6 7 8	than \$15,000 on Form 990  Gross revenue	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column	(b) Pull tabs/instant bingo/progressive bingo  Yes% No%  inn (d)	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
B & Direct Expenses	2 3 4 5 6 7 8 Enti	than \$15,000 on Form 990  Gross revenue	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column (d) from conducts gaming activities in each of	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
B & Direct Expenses	2 3 4 5 6 7 8 Enti	than \$15,000 on Form 990  Gross revenue	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entition is the list of "N	than \$15,000 on Form 990  Gross revenue	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of censes revoked, suspendents	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No  nn (d)	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entition is the list of "N	than \$15,000 on Form 990  Gross revenue	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of censes revoked, suspendents	(b) Pull tabs/instant bingo/progressive bingo  Yes% No% these states?	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))

#### 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
2014

Open to Public Inspection

Employer identification number

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.

O1. Member election for additional members (Part VI, line 7a)

ANY MEMBER IN GOOD STANDING MAY BE ELECTED

O2. Governing body decisions (Part VI, line 7b)

ALL MEMBERS PRESENT ARE ENTITLED TO VOTE

O3. Governing body meeting documentation (Part VI, line 8a)

GOVERNING BODY HAS MEETING DOCUMENTATION ON ALL MERTINGS CONDUCTED

O4. Committee meeting documentation (Part VI, line 8b)

ALL COMMITTEE MEETINGS ARE DOCUMENTED

O5. Form 990 governing body review (Part VI, line 11)

MEMBERSHIP REVIEWS 990 AFTER FILING DUE TO TIMING ISSUES.

06. Conflict of interest policy compliance (Part VI, line 12c)

NO OFFICER MAY HOLD A POSITION WITH A CONFLICTING INTEREST

07. CEO, executive director, top management comp (Part VI, line 15a)

ALL CEO, EXECUTIVE DIRECTOR AND TOP MANAGER COMPENSATION IS VOTED UPON BY COMMITTEE

08. Other officer or key employee compensation (Part VI, line 15b

ALL OTHER OFFICER AND OR KEY EMPLOYEE COMPENSATION IS VOTED ON BY THE GOVERNING BODY

09. Governing documents, etc, available to public (Part VI, line 19)

ALL DOCUMENTS ARE AVAILABLE UPON RESONABLE NOTICE

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
tame of the organization	Employer identification number
VETERANS OF FOREIGN WARS DEPT OF MO	43-1047974
10. Explanation of other changes in net assets or fun	d balances (Part XI, lin
PRIOR ACCOUNTANT DID NOT CORRECTLY FILE 990. EXEMPT ORGANIZATIONS KC	MO DIVISION AUDITED
AZON NOCOONIANI DID NOI CONCERNI I III JOV. BILBER I CNOMMINIANI I CNOMMINIANI I CNOMMINIANI I CNOMMINIANI I CNOMMINIANI I CNOMINIANI I CNOMINI I CNOMINI I CNOMINI I CNOMINI CNOMINI I CNOMINI I CNOMINI I CNOMINI CNOMINI I CNOM	NO DIVIDION NODITAD
PRIOR YEARS. WE ARE NOW CORRECTING BALANCES.	
<u> </u>	