

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2015

► Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2015 calendar year, or tax year beginning Jul 2015, and ending , 2016 D Employer identification number C Name of organization Veterans of Foreign Wars of the United States Post No 4703 Check if applicable Doing business as Address change 22-6063614 Number and street (or P O box if mail is not delivered to street address) Telephone number Name change Initial return 54 Magnolia Drive (732) 928-0077 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Jackson NJ 08527 G Gross receipts \$ H(a) Is this a group return for subordinates? Name and address of principal officer Application pending H(b) Are all subordinates included?
If 'No,' attach a list' (see instructions) Richard Dinsmore 54 Magnolia Drive Jackson NJ 08527) ◀ (insert no) 527 Tax-exempt status 501(c)(3) X 501(c) (19 4947(a)(1) or Website: ► H(c) Group exemption number X Corporation Other -Form of organization Association 1945 M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities Service to Veterans, their families and the needy Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 15 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0. b Net unrelated business taxable income from Form 990-T, line 3 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) FEB 07 2017 929 1,695. 9 Program service revenue (Part VIII, line 2g) Ś 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 30,449. 38,396. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,379. 40,092. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 575. 2,312 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 30,995 33,958. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 31,570 36,270. Revenue less expenses Subtract line 18 from line 12 . 3,822 -191 ծ End of Year Beginning of Current Year Total assets (Part X, line 16) . 20 137,132 142,111. 21 Total liabilities (Part X, line 26) . 1,157. Net assets or fund balances Subtract line 21 from line 20 140,954 137,132 Part II 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. Signature of officer Sign Richard Dinsmore Here Type or print name and title Print/Type preparer's name Date X if 01/30/17 P01210218 Susan A. Mılano self-employed Paid ATCAT ACCOUNTING Preparer Firm's name Use Only Firm's address 895 FARMINGDALE RD 20-8322929 08527-4304 (732)367-0675 **JACKSON**

May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part III Statement of Program Service Accomplishments Check of Schedule O commans a response or note to any line in this Part III	-	rm 990 (2015) Veterans of Foreign Wars of the United States Post No 47	03 22-	6063614 Page 2
1 Brefly describe the organization smission Service to Veterans, Service	Par	art III Statement of Program Service Accomplishments		
Service, to Veterans, their familiaes and the needy. 2 Dat the organization underfake any significant program services during the year which were not listed on the prior Form 980 or 990-527			<u>. </u>	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 90 or 990-E2? 1 Yes (950-E2? 1 Yes (1950-1952) 2 Yes (1950-	1	Briefly describe the organization's mission		
their families, and the needy 2 Did the organization underlake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		Service to Veterans,		_
2 Did the organization underlake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 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 If Yes, describe the Schedule O If Yes, describe th		their families and the needy	_	
Form 990 or 990-E2? If Yes is describe these new services on Schedule O Jod the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, describe these changes on Schedule O Joseph Revenue of September (September 1) of the American September (September 1) of				
Form 990 or 990-E2? If Yes is describe these new services on Schedule O Jod the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, describe these changes on Schedule O Joseph Revenue of September (September 1) of the American September (September 1) of				
If Yes, describe these new services on Schedule O 3. Did the organization case conducting, or make agrificant changes in how it conducts, any program services? Yes X No If Yes; describe these changes on Schedule O 4. Describe the organization's program service accomplainments for each of its three targest program services, as measured by expenses and revenue, if any, for each program service reported 4. Code) (Expenses \$	2	2 Did the organization undertake any significant program services during the year wh	nich were not listed on the prior	
3 Dot the organization crosses confuding, or make significant changes in how it conducts, any program services?		Form 990 or 990-EZ?		· · Yes X No
If Yes: describe these changes on Schedule O		If 'Yes,' describe these new services on Schedule O		
4 Describe the organization's program service accompletiments for each of its three largest program services, as measured by expenses Section 501(x)3 and 501(x)4) arguments are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service reported 4a (Code) (Expenses \$	3	B Did the organization cease conducting, or make significant changes in how it condi-	ucts, any program services?	Yes X No
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 4a (Code		If 'Yes,' describe these changes on Schedule O		
and revenue, if any, for each program service reported 4a (Code) (Expenses \$ including grants of \$) (Revenue \$) Donations to needy Veterans, Veterans Hospitals and needy families 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code) (Expenses \$ including grants of \$) (Revenue \$)	4	Describe the organization's program service accomplishments for each of its three	largest program services, as measi	red by expenses
4a (Code) (Expenses S including grants of S) (Revenue S) Ponations to needy Veterans, Veterans Hospitals and needy families 4b (Code) (Expenses S including grants of S) (Revenue S) 4c (Code) (Expenses S including grants of S) (Revenue S) 4d Other program services (Describe in Schedule O) (Expenses S including grants of S) (Revenue S)		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	grants and allocations to others, the	total expenses,
Donations to needy Veterans, Veterans Hospitals and needy families 4b (Code) (Expenses \$		and revenue, if any, for each program service reported		
Donations to needy Veterans, Veterans Hospitals and needy families 4b (Code) (Expenses \$	4.0	In (Code) (Eveness S uncluding greats of S) (Payanua	<u> </u>
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 \$)	4 a			۶)
4b (Code) (Expenses \$				
4c (Code) (Expenses \$		needy ramilies		
4c (Code) (Expenses \$				
4c (Code) (Expenses \$				
4c (Code) (Expenses \$				
4c (Code) (Expenses \$				
4c (Code) (Expenses \$				
4c (Code) (Expenses \$				
4c (Code) (Expenses \$				
4c (Code) (Expenses \$				
4c (Code) (Expenses \$. 	
4c (Code) (Expenses \$				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4 b	b (Code:) (Expenses \$ including grants of \$	(Revenue	\$)
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
4 d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)	4 c	c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)		d Other program services (Describe in Schedule O.)		
	u) (Revenue S	Y
re remove regressive extract expenses		le Total program service expenses ►	, (, , , , , , , , , , , , , , , , , ,	

	Oncomist of Regulate Constitution		Yes	No
	·		162	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		<u></u>
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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 debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
1	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	11 b		Х
•	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
1	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19_		Х

	, , , , , , , , , , , , , , , , , , ,		Yes	No
20 a	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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		Х
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		Х
24 a	a 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		Х
t	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		
c	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
ł	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		Х
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		Х
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		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	`
BAA		Form	990 (2	2015)

Part V	Statements	Regarding	Other IRS	Filings a	and Tax	Compliance	
	Check if Scheld	dule O contains	a response or	note to an	v line in this	s Part V	_

	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · · </u>	· · · ·	
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		iľ	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-	<u> </u>
2	a 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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		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	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country]]		ı
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			l
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			v
	Form 828Ž?	7 c		Х
	d If "Yes," indicate the number of Forms 8282 filed during the year	I		Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	organization have excess business holdings at any time during the year?	8		
۵	Sponsoring organizations maintaining donor advised funds.	P		
9	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	-35		
. •	a Initiation fees and capital contributions included on Part VIII, line 12	i		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	1		
	Section 501(c)(12) organizations. Enter	1 1		
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	i	ı
	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.]		ı
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	1	L
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand]		
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
_	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	لـــــا	
ł۸	A TEFA0105 10/12/15	Form	990 (2	2015)

	art VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	w, an ın	d for	
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			[V
Sa	ction A. Governing Body and Management		• • •	· ^
<u> </u>	Ction A. Governing Body and Management		Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year	1		140
2	b Enter the number of voting members included in line 1a, above, who are independent 1b	-		
	officer, director, trustee, or key employee?	_2		X
3	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	ļ		
	since the prior Form 990 was filed?	4		X
5	5 ,	5		X
6	· · · · · · · · · · · · · · · · · · ·	6	Х	
7	a 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?	, ,	v	
		7 a	X	
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	X	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 1		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	l i		
		12 a		Х
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 a		X
	to conflicts?	12 b		X
	to conflicts?	12 b		
13	to conflicts?	12 b 12 c 13	×	X
	to conflicts?	12 b	X	
13 14 15	to conflicts?	12 b 12 c 13	X	
13 14 15	to conflicts?	12 b 12 c 13 14	X	X
13 14 15	to conflicts? C Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	12 b 12 c 13 14	X	X
13 14 15	to conflicts? C Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12 b 12 c 13 14 15 a	X	X
13 14 15	to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 organization's exempt status with respect to such arrangements?	12 b 12 c 13 14 15 a 15 b	X	X X
13 14 15	to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 organization's exempt status with respect to such arrangements? ction C. Disclosure	12 b 12 c 13 14 15 a 15 b		X X X
13 14 15	to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed New Jersey Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is secured.	12 b 12 c 13 14 15 a 15 b		X X X
13 14 15 16 Sec 17	to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 organization's exempt status with respect to such arrangements? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed New Jersey	12 b 12 c 13 14 15 a 15 b		X X X
13 14 15 16 Sec 17	to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed New Jersey Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are 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)	12 b 12 c 13 14 15 a 15 b 16 a		X X X
13 14 15 16 <u>Sec</u> 17 18	to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 organization's exempt status with respect to such arrangements? ction 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) of for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Another's website J 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 the public during the tax year	12 b 12 c 13 14 15 a 15 b 16 a		X X X
13 14 15 16 Sec 17 18	to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. if 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records	12 b 12 c 13 14 15 a 15 b 16 a	ole	x x x

·		
Form 990 (2015) Veterans of Foreign Wars of the United States Post No 4703	22-6063614	Page 1
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	est Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		. L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compen	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year encorganization's tax year.	ding with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid 	s), regardless of amount of	
• List all of the organization's current key employees, if any See instructions for definition of 'key employees,	ployee '	
 List the organization's five current highest compensated employees (other than an officer, director, who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more that organization and any related organizations 	trustee, or key employee) an \$100,000 from the	
 List all of the organization's former officers, key employees, and highest compensated employees we of reportable compensation from the organization and any related organizations 	who received more than \$100,000	
 List all of the organization's former directors or trustees that received, in the capacity as a former organization, more than \$10,000 of reportable compensation from the organization and any related organization. 		
List persons in the following order individual trustees or directors, institutional trustees, officers, key emplo employees, and former such persons	oyees, highest compensated	
Check this box if neither the organization nor any related organization compensated any current office	r, director, or trustee	

(C) Position (do not cneck more than one box, unless person is both an officer and a (A) Name and Title (B) (D) (F) (E) Average hours per week (list any hours for related organizations below dotted line) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation from the director/trustee) Officer Institutional trustee Key employee Individual trustee Former Highest compensated organization and related organizations 20.00 (1) Michael E Lynch Χ 0. 0. 0. Commander (2) Richard M Conklin 10.00 Χ 2 yr Trustee 0. 0. 0. 20.00 (3) Richard V Dinsmore Χ 0. 0. 0. Quartermaster 10.00 <u>(4) William M Maguire </u> Х Sr Vice Commander 0. 0. 0. (5) Thomas F Coopey 10.00 Χ Judge Advocate 0. 0. 0. (6) Robert H Biddle 10.00 Χ 1 yr_Trustee 0. 0. 0. (7) Bernard J Meyer 5.00 Χ 0. 0. Trustee 0. (8) Joseph J Gorini 20.00 Χ Jr Vice Commander 0. 0. 0. (9) Gary L Naden 10.00 Х Chaplan 0. 0. 0. (10) Joel C Wohlman 5.00 Χ Surgeon 0. 0. (11) (12) (13) (14)

Part VII Section A. Officers, Directors,	Trustees,	Key	En	nple	oye	es,	an	d Highest Con	22-606361 pensated Emp	loyee	S (con	age 8 tinued)
,	(B)				C)							
(A)	Average			heck		than o		(D)	(E)	Į.		
Name and title	hours	off	icer a	nd a d	direct	is both or/trust	ee)	Reportable compensation from	Reportable compensation from	amo	stimated	her
	week (list any hours	or director	IŞ.	1	<u>6</u>	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	con	ipensation	on
	for related	life e	喜	Officer	Key employee	Tiest Dioye	큺			an	anızatıcı d related	i
	organiza - tions	0 2	ᆲ		₽ Q	e com		1		org	anızatıoı	ns
	below dotted	l			ď	ens						
	line)	"	8		1	ated		j		<u> </u>		
(15)		+	-	_	-	-	-	 		<u> </u>		
(15)		1]	1								
(16)	- 	+	┞─	 	\vdash	 	-			 		
(17)		1			Π							
										ŀ		
(18)												
		-			<u> </u>		<u> </u>			<u> </u>		
(19)										i		
		-	<u> </u>				-			<u> </u>		
(20)		1										
(21)		+		_	 					 		
(21)												
(22)									-			
										<u> </u>		
(23)		1			İ							
		 	_		ļ		_			 		
(24)								}		ļ		
(25)		+-			-		_	<u> </u>	_ 	 		
(23)			[]			{		[}		
1 b Sub-total			!!	•	<u> </u>		>	0.	0.	 -		0.
c Total from continuation sheets to Part VII, Se	ction A						▶					
d Total (add lines 1b and 1c)							>	0.	0.			0.
2 Total number of individuals (including but not lim	ited to those	listed	abo	ove)	who	rece	ive	d more than \$100,0	000 of reportable co	mpensa	tion	
from the organization					_							
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes.' complete Schedule J for suc.										3		X
, ,											. -	
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$150,	,000?										
such individual										. 4	.	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes										5		X
Section B. Independent Contractors	, complete s	cried	uie .	<i>J</i> 101	Suc	n per	SUL	<u>,</u>	 		٠	1 A
1 Complete this table for your five highest compen	sated indepe	nden	t cor	ntrac	tors	that	rec	eived more than \$1	00,000 of			
compensation from the organization Report com	pensation fo	r the	cale	ndar	r yea	ar end	ding					
(A) Name and business ac	ldress							(B) Description of		Compe	C) ensatic	n
								 				
				-			_					
				-				1				

\$100,000 of compensation from the organization

2 Total number of independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O contains a	respo	nse or note to any lir	ne in this Part VIII	<u> </u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants	1 a	Federated campaigns	1 a	 				
ir a	b	Membership dues	1 b	695.				
S, E	C	Fundraising events	1 c					
Sift lar,	d	Related organizations	1 d		- '			
im.	е	Government grants (contributions)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above.	1 f	1,000.				
	g	Noncash contributions included in lines 1a	-11 \$					
§ Ş Ş	h	Total. Add lines 1a-1f			1,695.			
ıne				Business Code	-			
Program Service Revenue	2 a							
Æ	b	·						
Ğ.	С	:						
3	d							
ä	е							
g	f	All other program service revenue	,					
<u> </u>	g	Total. Add lines 2a-2f	• • •			· ·		
	3	Investment income (including divid	ends,	interest and	_	_	_	
		other similar amounts)			1.	1.	0.	0.
	4							
	5	Royalties		(II) Personal				
	6.2	Gross rents		(ii) i craonai				9
		Less rental expenses						11
		Rental income or (loss) .						
		Net rental income or (loss)						:
		(I) Soon		(II) Other				
i	7 a	Gross amount from sales of assets other than inventory		 - ` 				
	b	Less cost or other basis and sales expenses						
	_	Gain or (loss)						
	1	Net gain or (loss)						
ě		Gross income from fundraising eve						
Other Revenu		(not including \$of contributions reported on line 1c						
ě		See Part IV, line 18		a 26 385				
-	h	Less direct expenses		20,000.				
Ě		Net income or (loss) from fundraisi			10 264		0	10 264
J	1	Gross income from gaming activities See Part IV, line 19	_	a	19,364.		0.	19,364.
	1	Less direct expenses		b				
		Net income or (loss) from gaming a					- '	
İ		Gross sales of inventory, less retui						
	iva	and allowances		a 51,958.				
	b	Less cost of goods sold		b 32,926.				
I	С	Net income or (loss) from sales of	invent		19,032.	19,032.	0.	0.
İ		Miscellaneous Revenue		Business Code	_			
	11 a							
i	b	'						
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions .			40,092.	19,033.	0.	19,364.

Part IX Statement of Functional Exper	ises			
Section 501(c)(3) and 501(c)(4) organizations must co			complete column (A)	
Check if Schedule O contains a re	esponse or note to any li	ne in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses

	not include amounts reported on lines 7b, 8b, 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		1		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,312.			
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, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
_	Legal				
	Accounting	1,655.		1,655.	
d	Lobbying		-		
е	Professional fundraising services See Part IV, line 17	-			
f	Investment management fees				
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				
13	Office expenses	646.	606.	40.	
14	Information technology				
15	Royalties				
16	Occupancy	16,165.	16,165.		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	93.		93.	
20	Interest				
	Payments to affiliates	259.		259.	
22	Depreciation, depletion, and amortization				
23	Insurance	8,662.		8,662.	
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).				
а	Equipment	374.	374.		
	Supplies	4,654.	4,654.		
	Taxes & licenses	1,428	550.	878.	
	Bank fees	22.			
	All other expenses				
	Total functional expenses Add lines 1 through 24e	36,270.	22,371.	11,587.	
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)				

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 Cash - non-interest-bearing . 1,648 6,132. 2 Savings and temporary cash investments 2 1,862. 2,091. 3 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 organizations (see instructions). Complete Part II of Schedule L.... 6 7 Inventories for sale or use 8 1,676. 1,410 Prepaid expenses and deferred charges 9 10 a b Less accumulated depreciation . . 10 b 100 132,212 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11. 12 12 Investments - program-related See Part IV, line 11 . . 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 142,111 137,132 17 17 1,157 18 18 19 19 20 20 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 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 . . 23 24 Unsecured notes and loans payable to unrelated third parties . . 24 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. 25 25 Total liabilities. Add lines 17 through 25 0 26 1,157 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 137,132 27 140,954 Temporarily restricted net assets 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

BAA

33

142,111 Form 990 (2015)

140,954

137,132

137,132

33

34

FOIII	1990 (2015) Veterans of Foreign Wars of the United States Post No 4703 22-6	06361	4	Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .	· · · ·	· · ·	$\Box \Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40,0	192.
2	Total expenses (must equal Part IX, column (A), line 25)	2		36,2	
3	Revenue less expenses Subtract line 2 from line 1	3			322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	. 1	37,1	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
D	column (B))	10	1	<u>40,9</u>	<u> 54.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			-
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		.	ļ	Į
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
b	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		-		
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			į	
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?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single		1		
	Audit Act and OMB Circular A-133?		3 a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit	((-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 b		
BAA			Form	990 (2	2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Open to Public Inspection

Name of the organization Employer identification number Veterans of Foreign Wars of the United States Post No 4703 22-6063614 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 No Conservation Easements. Complete if the organization answered 'Yes' on 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 easement on the last day of the tax year Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

► \$

Schedule D (Form 990) 2015 Veterar	is of Foreig	<u>in Wars of the Unit</u>	ted State	es Post No 4/03		22-6063	3614		Page 2
Part III Organizations Mainta	ining Colle	ections of Art, Hi	storica	Treasures, o	r Other Si	milar Ass	ets (c	ontını	ıed)
 Using the organization's acquisition items (check all that apply) 	n, accession, a	and other records, che	eck any of	the following that	are a signific	ant use of its	collect	.on	
a Public exhibition		d Lo	an or excl	nange programs					
b Scholarly research		e Ot	her						
c Preservation for future generat	ions								
4 Provide a description of the organiz Part XIII	zation's collec	tions and explain how	they furth	er the organizatio	n's exempt p	urpose in			
5 During the year, did the organization to be sold to raise funds rather than	n to be mainta	uned as part of the ord	ganızatıon	's collection?			Yes	[No
Part IV Escrow and Custodia line 9, or reported an ar	l Arrangen mount on F	nents. Complete form 990, Part X,	if the org line 21.	ganization ans	wered 'Yes	on Form	990, 1	Part I\	√, [—]
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian o	or other intermediary f	or contribu	utions or other ass	ets not includ	ed r	Yes		No
b If 'Yes,' explain the arrangement in						· · · · [L	
z ii yee, explain iile arangement ii		ooproto tito tonotimi	g table				Amount		
c Beginning balance					. 1c		-		
d Additions during the year									
e Distributions during the year									
- -					. 11				
2 a Did the organization include an am-							Tyes		No
b If 'Yes,' explain the arrangement in					-			. []
Part V Endowment Funds. C	omplete if t	he organization a	nswere	d 'Yes' on Forn	n 990, Par	IV, line 10).		
	(a) Current	year (b) Prior	year	(c) Two years back	(d) Thre	e years back	(e) F	our year	s back
1 a Beginning of year balance									
b Contributions [
c Net investment earnings, gains, and losses							_		
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of	of the current	year end balance (line	e 1g, colur	nn (a)) held as	<u> </u>				
a Board designated or quasi-endown	nent ►		0.	` ''					
b Permanent endowment ►	9								
c Temporarily restricted endowment	<u> </u>	90							
The percentages on lines 2a, 2b, a									
		·			1.6				
3 a Are there endowment funds not in to organization by	ne possessio	n of the organization t	that are he	eld and administer	ed for the		Г	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		†
b If 'Yes' on line 3a(ii), are the related							3b		1
4 Describe in Part XIII the intended u									
Part VI Land, Buildings, and I			THE TOTAL OF	 					
Complete if the organiz			m 990. I	Part IV. line 11	a. See For	m 990. Pa	rt X. I	ine 10).
Description of property		(a) Cost or other basis		Cost or other	(c) Accun	———		Book va	
		(investment)		pasis (other)	deprec				
1 a Land									
b Buildings		132,212	2.					132	,212.
${f c}$ Leasehold improvements									
d Equipment									
e Other			1						
Total. Add lines 1a through 1e (Column	(d) must equa	al Form 990, Part X. co	olumn (B).	line 10c)		▶		132	,212.
ВАА						Schedu	le D (F		0) 2015

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

BAA

Schedule D (Form 990) 2015 Veterans of Foreign Wars of the United States Post No 4703 22 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	2-6063614 Page 4
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities]]
c Recoveries of prior year grants	
d Other (Describe in Part XIII)..................... 2 d	
e Add lines 2a through 2d	2 e
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	
b Other (Describe in Part XIII)	_
c Add lines 4a and 4b	. 4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered 'Yes' on 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	
a Donated services and use of facilities	_
b Prior year adjustments	_
c Other losses	_}
d Other (Describe in Part XIII.)	_
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	-
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
Part XIII Supplemental Information.	131
Provide 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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition	nal information

SCHEDULE 0 (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.

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

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 22-6063614 Veterans of Foreign Wars of the United States Post No 4703 The membership elects the officers and trustees Pt VI, Line 7a All decisions of the governing body are subject to the approval of the Pt VI, Line 7b members. Pt VI, Line 6 The organization consists of members. 990 is reviewed by the officers and signed by the senior vice commander. Pt VI, Line 11b