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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

2015
Open to Public Inspection

<u>A_</u>	For the	e-2015 calendar year, or tax year beginning $07/01/15$, and ending $06/30/2$	16					
В	Check if a			D Employer	identification number			
\Box	Address c		···					
	Name cha	nge Doing business as Number and street (or P O box if mail is not delivered to street address)	Danie da	34-4: E Telephone	382759			
\Box	Initial retui		Room/suite		668-9297			
ñ	Final retur							
	terminated	NORWALK OH 44857		G Gross rece	ipts \$ 3,003,987			
\mathbb{H}	Amended	r Name and address of principal officer			bordinates? Yes X No			
	Application	DIVITAL TEMOLITY	H(a) Is this a gro	H(a) Is this a group return for subordinates? Yes X No				
		140 MILAN AVENUE	H(b) Are all sub	ordinates includ	led? Yes No			
		NORWALK OH 44857	If "No,"	attach a list (s	see instructions)			
1_		npt status 501(c)(3) X 501(c) (4) ◄ (insert no) 4947(a)(1) or 527	4					
<u>1</u>	Website.		H(c) Group exe	mption number	<u>0256</u>			
<u>K</u>			ear of formation		M State of legal domicile			
	art 1	Summary						
	1 1 1	Briefly describe the organization's mission or most significant activities						
Š		SOCIAL CLUB FOR VETERANS OF FOREIGN WARS						
'na								
Activities & Governance	١,,	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	-6.4					
ő	1	Number of voting members of the governing body (Part VI, line 1a)	or its net assets	3	7			
ο δ		Number of independent voting members of the governing body (Part VI, line 1b)		4	7			
itie	1	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	12			
cţ	1	Fotal number of volunteers (estimate if necessary)		6	0			
⋖	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	441,382			
	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0			
_			Pnor Yea		Current Year			
ō	8 (Contributions and grants (Part VIII, line 1h)		4,308	31,732			
enn	1	Program service revenue (Part VIII, line 2g)		3,161	222,744			
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,928	-32,101			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c end 1)ê)\Y] © 2017 🙀		8,760	243,086			
		Fotal revenue – add lines 8 through 11 (must equal Part VIII & Lumn (A), line 12)		9,157	465,461			
	1	Grants and similar amounts paid (Part IX, column (A), lines (-3) OGDEN, UT		3,124	2,788			
		paid to or for members (1 art 1X, column (X), line 4)	10	6,579	180,832			
Sperises	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0,319	180,832			
Š	loar	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 0	 					
X	17 (Fotal fundraising expenses (Part IX, column (D), line 25) ► U Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40	8,418	383,327			
9	1 44 7	Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,121	566,947			
<u></u>		Revenue less expenses Subtract line 18 from line 12		8,964	-101,486			
ō (3		Beginning of Cu		End of Year			
Sets	20 7 21 7 22 N	Total assets (Part X, line 16)		6,468	1,122,955			
A AS	21	Total liabilities (Part X, line 26)		5,484	3,457			
) Z (I	22	Net assets or fund balances Subtract line 21 from line 20	1,22	0,984	1,119,498			
		Signature Block						
ريخ	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	its, and to the be	st of my knov	wledge and belief, it is			
((/,	ue, come	cd, and complete Declaration of preparer (other trial officer) is based on all information of which preparer no	any knowledge	, V	71			
0:-		Signature of officer		Date .	[15]]			
Sig		I (FDMA CTFE	Date				
He	re	BRIAN ALGER QUART:	ERMASTER		<u></u>			
—		Print/Type preparer's name Preparer's signature 7	Date	Check	T PTIN			
Pai	d	RANDALL A RUTHSATZ RANDALL A RUTHSATZ		/17 self-em	L			
_	parer	Firm's name > RANDALL A. RUTHSATZ & CO, INC.		Firm's EIN	20-0434457			
	e Only	191 E MARKET ST						
	-	Firm's address SANDUSKY, OH 44870	١,	Phone no	419-625-5000			
May	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			
For	Paperw	ork Reduction Act Notice, see the separate instructions.			Form 990 (2015)			
DAA					(\mathcal{L})			

			4382759	Page 2
	Statement of Program Ser		D III	
	ribe the organization's mission	ns a response or note to any line in this	Part III	
		S OF FOREIGN WARS		
2 Did the orga	anization undertake any significant	program services during the year which were not I	isted on the	
	990 or 990-EZ?			Yes X No
	scribe these new services on Sche			
services?	anization cease conducting, or ma	ke significant changes in how it conducts, any prog	ram	Yes X No
If "Yes," des	scribe these changes on Schedule	0		
		accomplishments for each of its three largest progra	-	
		ganizations are required to report the amount of gra	ants and allocations to others,	
the total exp	penses, and revenue, if any, for ea	ch program service reported		
4a (Code) (Expenses \$	449,945 including grants of \$	2,788) (Revenue \$	222,744)
		NTEEN OPERATIONS HAVE AL		
		MONEY FOR VARIOUS CHARIT		
PURPUSE	S AND PROMOTE ME	MBERS' SOCIAL ACTIVITIES	•	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
		-0)		
	am services (Describe in Schedul		(Revenue \$	١
(Expenses 4e Total progra	am service expenses	449,945	Tivescure A	/
AA				Form 990 (2015

	Grecklist of Required Scriedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ا ا	Ì	v
2	complete Schedule A			X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	ļ	X
4	candidates for public office? If "Yes," complete Schedule C, Part I			
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	┝╼┤		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	•		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		_==
•	complete Schedule D, Part III	8]	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	ا ا		
•	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	
	complete Schedule D, Part VI	11a	X	
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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
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 169 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	}		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ļ		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	 ^ -
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-	}	X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	-
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	x	
	n ves commercacheoueta Partin	, ,,		

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 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 X through 24d and complete Schedule K If "No," go to line 25a 24a 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 X 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 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 27 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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) X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 or IV, and Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

14a 14b X

13c

Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2015) VETERANS OF FOREIGN WARS POST 2743 34-4382759						age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Sche	dule O	See inst	ruct	ions.	(==)
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management					 1	
4-	Fotos the number of votus assessment of the second of the	1.4	۱ 7	F		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	 				
	If there are material differences in voting rights among members of the governing body, or					1	
	if the governing body delegated broad authority to an executive committee or similar					1	
	committee, explain in Schedule O	1	-	į		1	
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	7			1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					ŧ	v
	any other officer, director, trustee, or key employee?			-	2		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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6	Did the organization have members or stockholders?			ļ	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?			Ľ	7a	<u> </u>	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	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	y the	following	1		1	
а	The governing body?				Ba	X	
b	Each committee with authority to act on behalf of the governing body?			<u> </u>	ВЬ	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 Inter	nal R	evenu	e Code)		
				_	_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			-	I		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			—	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form	?	Ľ	1a		X
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ŀ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			_	2a		X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	confl	cts?	_1	2b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done			<u> </u>	2c		
13	Did the organization have a written whistleblower policy?			<u> </u>	13	X	
14	Did the organization have a written document retention and destruction policy?			ļ	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			Ľ	5a	<u>_x</u> _	
þ	Other officers or key employees of the organization			<u> </u>	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?			<u> </u>	6a		X
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?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501)	c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	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						
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•					

140 MILAN AVENUE

OH 44857

BRIAN ALGER

NORWALK

DAA

	_					-						
VFW3743												
Form 990 (2015) VETERANS		_				_						age 7
Part VII Compensation	of Officers, I	Dire	cto	rs, '	Tru	stee	es,	Key Emplo	yees, High	nest Compensated E	mployees, and	
Independent Co						1			a Alada Danii V	. Att		\Box
Check if Schedu Section A. Officers, Directors												ᆜ
1a Complete this table for all persons organization's tax year			_									
List all of the organization's cur compensation Enter -0- in columns (i)	D), (E), and (F) if	no c	omp	ensa	ition	was	paid					
List all of the organization's cur												
 List the organization's five currender received reportable compensation organization and any related organization. 	n (Box 5 of Form	oensa N-2	ated 2 and	emp I/or E	loye Box 7	es (o	iner orm	1099-MISC)	r, director, trus of more than \$	stee, or key employee) \$100,000 from the		
 List all of the organization's fori \$100,000 of reportable compensation 	n from the organi	zatıo	n an	d any	/ rela	ated o	orga	nizations				
 List all of the organization's foriorganization, more than \$10,000 of re 	portable comper	satio	on fro	om th	e or	ganız	atio	n and any rela	ted organizati	ons		
List persons in the following order incompensated employees, and former		or air	ecto	rs, in	stitu	tiona	i trus	stees, onicers,	key employe	es, nignest		
Check this box if neither the organ	•	elate	ed or	ganız	zatio	n cor	npei	nsated any cui	rrent officer. d	rector, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours for related	(di bo	o not o x, unle ficer a	Pos check ess pe	ition more rson ii irector	than or s both	ne an	(E Repo comper fro th organi (W-2/108	o) rtable nsation im ie zation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	ær	employee	Highest compensated employee	ner				and related organizations	
(1) DEAN HALES												
mpy.cm@E	0.00	₹.,							•	_		^
TRUSTEE (2) TERRY TRUMPOWER	0.00	X	\vdash	<u> </u>		\vdash			0	0		0
(2) TERRI TROMPOWER	0.00											
TRUSTEE	0.00	x							o	o		0
	· · · · · · · · · · · · · · · · · · ·	_		_	_							

	hours for						,	organization	(W-2/1099-MISC)	from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***21035*WIGC)	organization and related organizations
(1) DEAN HALES		1								
•	0.00									
TRUSTEE	0.00	X						0	0	0
(2) TERRY TRUMPOWER										
	0.00				•	l				
TRUSTEE	0.00	X						0	0	0
(3) ROBERT WOLCOTT										
	0.00		i							
TRUSTEE	0.00	X						0	0	_0
(4) BRIAN ALGER										
	30.00									
QUARTERMASTER	0.00			X				31,200	0	0
(5) GARY FELTER										
	0.00		l]]				
JR VICE COMMANDER	0.00			X				0	0	0
(6) HOWARD SMITH										
	0.00									
COMMANDER	0.00			X				0	0	0
(7) ORVILLE PLATTE J										
	0.00									
SR VICE COMMANDER	0.00			X				0	0	0
(8)										
		<u> </u>								
(9)										
(10)										
				<u> </u>	_		_			
(11)							1			
	1				4				i e	

<u>Pa</u>	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	ed Employees (continued)					
	(A) Name and title	(B) Average hours per week (list any hours for	bc of	x, unle ficer a	Pos check ess pe nd a d	rson i irecto	than o s both r/truste	an 90)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***2*1033*11133)	organization and related organizations				
	· · · · · · · · · · · · · · · · · · ·														
				-											
				_											
1b	Sub-total								31,200						
c d	Total from continuation shee Total (add lines 1b and 1c)						عام ا	>	31,200						
	Total number of individuals (inc reportable compensation from	the organization	(ea	0	iose		a abc	ove)	who received more than \$1		Yes No				
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	uch I	ndıv	idual				3 X				
5	organization and related organ individual Did any person listed on line 1a for services rendered to the org	a receive or accri	e co	mpe	ensat	ion f	rom :	any	unrelated organization or inc	dıvıdual	4 X				
	on B. Independent Contracto	rs								- \$100 000 of					
1	Complete this table for your five compensation from the organization	zation Report coi	nper	nsatu	on fo	r the	cale	ntrat nda	r year ending with or within	the organization's tax year	(C)				
	Name and	(A) I business address	_	_			<u>.</u>		Descrip	(B) otion of services	(C) Compensation				
			-					-							
								_							
2	Total number of independent or received more than \$100,000 or								e listed above) who	0	Form 990 (2015				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (B) Related or (C) Total revenue Unrelated exempt business under sections 512-514 function revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 31,732 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 31,732 Program Service Revenue Busn Code 215,125 RESTAURANT & BAR 722513 215,125 b LIFE MEMBER REBATES 5,146 5,146 2,175 DUES - ASSOCIATES 2,175 DUES 298 298 f All other program service revenue g Total. Add lines 2a-2f 222,744 ▶ 3 Investment income (including dividends, interest, and other similar amounts) 20,368 20,368 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 7,875 6a Gross rents **b** Less rental exps 7,875 C Rental inc or (loss) d Net rental income or (loss) 7,875 7,875 7a Gross amount from (i) Securities (II) Other sales of assets 1,400,902 other than inventor **b** Less cost or other 1,453,371 basis & sales exps c Gain or (loss) -52,469 d Net gain or (loss) -52,469 -52,469 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 725 550 b Less direct expenses c Net income or (loss) from fundraising events \triangleright 175 9a Gross income from gaming activities See Part IV, line 19 1,310,862 1,084,605 b Less direct expenses c Net income or (loss) from gaming activities 226,257 226,257 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Busn Code** 4,170 11a ATM REBATES 4,170 3,753 3,753 JUKEBOX, POOL CLAW MACHINE MISCELLANEOUS 797 797 59 d All other revenue 59 Total. Add lines 11a-11d 8,779 \triangleright -7,828 Total revenue. See instructions 465,461 441,382

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response			(C) T	(0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2					
	individuals See Part IV, line 22	2,788	2,788		
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	31,200		31,200	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100			
7	Other salaries and wages	133,183	93,183	40,000	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				<u></u>
9	Other employee benefits				
10	Payroll taxes	16,449	9,047	7,402	
11	Fees for services (non-employees)				
а	Management				
b	Legal	0.000			
C	Accounting	8,000		8,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	0 530		0 500	
f	Investment management fees	9,539		9,539	
g	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule O)	2 002	2 000		
12		2,802 11,950	2,802 3,884	0.066	
13 14	Office expenses	11,950	3,884	8,066	
15	Information technology Royalties				
16	· · · · · · · · · · · · · · · · · · ·	40,883	40 003		
17	Occupancy Travel	40,003	40,883		
18	Payments of travel or entertainment expenses	- :			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,578		8,578	·
20	Interest	0,370		8,378	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,715	25,715		
23	Insurance	12,571	12,571		
24	Other expenses Itemize expenses not covered		/		
	above (List miscellaneous expenses in line 24e. If	Ī			
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
а	cogs	114,489	114,489	-	
b	CONTRIBUTIONS	59,443	59,443		-
c	TAXES - OTHER	25,077	25,059	18	
d	FIREWORKS DONATIONS	17,000	17,000		·
е	All other expenses	47,280	43,081	4,199	
25	Total functional expenses. Add lines 1 through 24e	566,947	449,945	117,002	0
26	Joint costs. Complete this line only if the		, -	, , , , , , , , , , , , , , , , , , ,	
	organization reported in column (B) joint costs from a combined educational campaign and		ļ		
	fundraising solicitation. Check here		1		
	following SOR 08-2 (ASC 058-720)		1		

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 51,59233,368 1 Cash—non-interest bearing 192,534 37,037 Savings and temporary cash investments 2 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 5,820 6,876 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,247,447 other basis Complete Part VI of Schedule D 10a 901,022 347,680 10c 346,425 **b** Less accumulated depreciation 10b 627,206 697,839 11 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 1,636 1,410 15 15 Other assets See Part IV, line 11 1,226,468 1,122,955 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,484 3,457 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 3,457 5,484 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,079,498 1,180,984 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 40,000 40,000 29 Permanently restricted net assets and Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 1,119,498 1,220,984 Total net assets or fund balances 1,122,955 1,226,468 Total liabilities and net assets/fund balances

	990 (2015) VETERANS OF FOREIGN WARS POST 2743 34-4382759			Page 12		
Pa	rt 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		5,461		
2	Total expenses (must equal Part IX, column (A), line 25)	2		566,947		
3	Revenue less expenses Subtract line 2 from line 1	3_	-10	-101,486		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,22	1,220,984		
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, column (B))	10	1,11	9,498		
Pa	rt 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. X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1		
	Schedule O			I		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		[]	1		
	reviewed on a separate basis, consolidated basis, or both			Ī		
	Separate basis Consolidated basis Both consolidated and separate basis			1		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>		
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1		
	separate basis, consolidated basis, or both			Ī		
	Separate basis Consolidated basis Both consolidated and separate basis			-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in		1 1	-		
	Schedule O			1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b]	L		
	1		Form	990 (2015)		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service The state of the s

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

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

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

Name of organization	of organization									
VETERANS OF FOREIG			34-43827							
Part I-A Complete if the organization is ex	empt under section 501(c	or is a section	527 organizatio	n						
1 Provide a description of the organization's direct and ind	lirect political campaign activities in	Part IV								
Political expenditures			▶ \$							
3 Volunteer hours										
Part I-B Complete if the organization is ex	empt under section 501(c)(3).								
1 Enter the amount of any excise tax incurred by the organ	nization under section 4955		▶ \$							
2 Enter the amount of any excise tax incurred by organiza	tion managers under section 4955		▶ \$							
4a Was a correction made?										
b If "Yes," describe in Part IV			5044 \(\(\) \(\)							
Part I-C Complete if the organization is ex			1 501(C)(3).							
Enter the amount directly expended by the filing organization.	ation for section 527 exempt function	on	. .							
activities	had de alle a comment a comment	A	▶ \$							
2 Enter the amount of the filing organization's funds contri	buted to other organizations for sec	aion	▶ \$							
•	527 exempt function activities									
line 17b	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,									
4 Did the filing organization file Form 1120-POL for this ye	ear?		▶ \$	Yes No						
5 Enter the names, addresses and employer identification		litical organizations to	which the filing							
organization made payments. For each organization liste	·	•	-							
the amount of political contributions received that were p	•									
as a separate segregated fund or a political action comm	nittee (PAC) If additional space is i	needed, provide inform	nation in Part IV							
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political						
			filing organization's	contributions received and						
			funds if none, enter -0-	promptly and directly delivered to a separate						
				political organization If,						
				none, enter -0-						
(1)										
(2)		†								
40		-								
(3)										
(4)										
(5)	-	 								
(6)										
		1								

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

Schedule C (Form 990 or 990-EZ) 2015 VETER	ANS OF FOI	REIGN WARS I	OST 2743	34-4382759	Page 2						
Part II-A Complete if the organiz	ation is exemp	t under section 5	01(c)(3) and fi	led Form 5768 (elec	tion under						
section 501(h)).					·						
A Check ▶ 🔲 if the filing organization					up member's						
name, address, EIN,	expenses, and s	share of excess lob	bying expendi	tures).							
B Check ▶ ☐ if the filing organization	n checked box	A and "limited conf	trol" provisions	apply							
	bying Expendi			(a) Filing	(b) Affiliated						
(The term "expenditures" i				organization's totals	group totals						
1a Total lobbying expenditures to influence pub	lic opinion (grass ro	ots lobbying)									
b Total lobbying expenditures to influence a le											
c Total lobbying expenditures (add lines 1a ar	c Total lobbying expenditures (add lines 1a and 1b)										
d Other exempt purpose expenditures			<u></u>								
e Total exempt purpose expenditures (add lin-	es 1c and 1d)		ļ								
f Lobbying nontaxable amount Enter the amo	ount from the following	ng table in both									
columns											
If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:		1							
Not over \$500,000	20% of the amou	nt on line 1e]	}							
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	0,000	!							
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1,0	000,000	1							
Over \$1,500,000 but not over \$17,000,000	00,000	1									
Over \$17,000,000											
g Grassroots nontaxable amount (enter 25%	•		_								
h Subtract line 1g from line 1a If zero or less,			<u> </u>								
i Subtract line 1f from line 1c If zero or less,											
J If there is an amount other than zero on eith	er line 1h or line 1i, i	did the organization file	Form 4720								
reporting section 4911 tax for this year?					Yes No						
		ging Period Under s	· ·								
(Some organizations that mad					ns below.						
8	ee the separate	instructions for line	es 2a through 2	f.)							
L(bbying Expendi	tures During 4-Year	Averaging Per	iod							
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total						
2a Lobbying nontaxable amount											
b Lobbying ceiling amount				,							
(150% of line 2a, column(e))											
c Total lobbying expenditures											
d Grassroots nontaxable amount											
e Grassroots ceiling amount (150% of line 2d, column (e))											
f Grassroots lobbying expenditures				:							

Schedule C (Form 990 or 990-EZ) 2015 VETERANS OF FOREIGN WARS POST 2743 34-	438	<u> 275</u>	9		Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled F	orm	5768		
For each "Voc." recogness on lines to through to below provide in Bort IV a detailed	(a	9)		(b)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Ar	nount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				,	
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r se	ction 		
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	↓
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				3, is	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
political expenses for which the section 527(f) tax was paid).					
a Current year	j	2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	ĺ				
and political expenditure next year?		4		-	
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Part IV Supplemental Information

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

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2015 Open to Public Inspection

Name of the organization

Employer Identification number

VI	ETERANS OF FOREIGN WARS POST 2743		34-43	382759		
_	Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Funds o					
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6.				
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised				
•	funds are the organization's property, subject to the organization's exclus			☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor advisors in w	-				
•	only for charitable purposes and not for the benefit of the donor or donor					
	conferring impermissible private benefit?	davidor, or for any other purpose		Yes No		
Pa	ert II Conservation Easements.					
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7	_			
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply)				
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	ant land a	rea		
	Protection of natural habitat	Preservation of a certified historic s	tructure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on			
	easement on the last day of the tax year		I	Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure include	ded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization d	luring the			
	tax year ▶					
4	Number of states where property subject to conservation easement is loc	cated >				
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easem	ents durii	ng the year		
	•					
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easements	during th	e year		
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(II)?			Yes No		
9	In Part XIII, describe how the organization reports conservation easemer	its in its revenue and expense statement, an	d			
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describ	es the			
	organization's accounting for conservation easements					
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		milar A	ssets.		
						
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not					
	works of art, historical treasures, or other similar assets held for public expublic service, provide, in Part XIII, the text of the footnote to its financial		æ oi			
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		hoot			
U	works of art, historical treasures, or other similar assets held for public ex	•				
		Simpliford, education, of research in furtherand	~ 01			
	public service, provide the following amounts relating to these items (i) Payanua included on Form 990, Part VIII, line 1			•		
	(i) Revenue included on Form 990, Part VIII, line 1			ę		
۵	(ii) Assets included in Form 990, Part X	ther similar accets for financial soin provide	the	Ψ		
2	If the organization received or held works of art, historical treasures, or o		ule			
_	following amounts required to be reported under SFAS 116 (ASC 958) re	rating to these tems		¢		
a h	Revenue included on Form 990, Part VIII, line 1			\$		
<u>u</u>	Assets included in Form 990, Part X			<u> </u>		

Schedule D (Form 990) 2	U15 VETERANS	OF FUREIGN	WARS POST	2/43 3	4-4382/39	Page 2	
Part III Organi	zations Maintainii	ng Collections of	Art, Historical Tr	easures, or (Other Similar Ass	ets (continued)	
3 Using the organizat collection items (ch.	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)						
a Public exhibition	n	d 🗍	Loan or exchange pro	grams			
b Scholarly resea	irch	е 🗍	Other				
c Preservation fo	r future generations						
4 Provide a description	on of the organization's d	ollections and explain h	now they further the org	ganization's exem	pt purpose in Part		
XIII							
	the organization solicit or raise funds rather than		·			Yes No	
·	v and Custodial A		nt of the organizations	concentry.			
Comple	ete if the organization	-	' on Form 990, Pa	irt IV, line 9, o	r reported an amo	unt on Form	
990, Pa	art X, line 21						
1a Is the organization a	an agent, trustee, custoo	lian or other intermedia	ry for contributions or o	other assets not			
included on Form 9	90, Part X?					Yes No	
b If "Yes," explain the	arrangement in Part XII	I and complete the folio	wing table				
					<u> </u>	Amount	
c Beginning balance					1c		
d Additions during the	=				1d		
e Distributions during	the year				1e		
f Ending balance					1f		
	n include an amount on F				ty?	∐ Yes ☐ No	
	arrangement in Part XII	Check here if the exp	lanation has been prov	vided on Part XIII			
	ment Funds.						
Comple	ete if the organization			1	(4) 7	to Service and Seek	
4- 0	•	(a) Current year	(b) Pnor year	(c) Two years b	ack (d) Three years t	eack (e) Four years back	
1a Beginning of year b	aiance	\		 			
b Contributions				 			
c Net investment eari	nings, gains, and				j		
losses			 	 			
d Grants or scholarsh	•		 	 			
e Other expenditures	ior racilities and						
programs f Administrative expe	neae	<u> </u>					
g End of year balance				 			
• ,	ed percentage of the cu	rrent year and halance	(line 1g. column (a)) he	ald ac		 	
	ed percentage of the cul or quasi-endowment	"" "" "" "" "" "" "" "" "" "" "" "" ""	(inte 19, column (a)) in	210 03			
b Permanent endown	•						
c Temporarily restrict		%					
•	n lines 2a, 2b, and 2c sh						
	ent funds not in the poss	•	on that are held and a	dministered for th	e		
organization by	, , , , , , , , , , , , , , , , , , ,					Yes No	
(i) unrelated organ	nizations					3a(i)	
(ii) related organiz	ations					3a(ii)	
, ,), are the related organia	zations listed as require	ed on Schedule R?			3b	
•	I the intended uses of th	•					
	Buildings, and Eq						
	ete if the organization		" on <u>Form</u> 990, Pa	<u>irt IV, li</u> ne 11a	See Form 990, P	art X, line 10.	
	on of property	(a) Cost or other		other basis	(c) Accumulated	(d) Book value	
		(investment)	(otl	her)	depreciation		
1a Land				86,000		86,000	
b Buildings				394,124	305,614		
c Leasehold improve	ments			368,821	209,640		
d Equipment			3	398,502	385,768	12,734	
e Other							
Total. Add lines 1a through	gh 1e (Column (d) must	equal Form 990, Part 2	K, column (B), line 10c)		346,425	

1. (a) Description of Rability	(D) Gook valde
(1) Federal income taxes	
(2)	
(3)	
(4)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	,

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

Sche	dule D (Form 990) 2015 VETERANS OF FOREIGN WARS POST	2743	34-4382759	<u> </u>		
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line	12a.	_		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b		- 1		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d		Ĺ	2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1		
b	Other (Describe in Part XIII)	4b		- 1		
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
	Complete if the organization answered "Yes" on Form 990, Pa	<u>irt IV, line</u>	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			1		
а	Donated services and use of facilities	2a		1	1	
b	Prior year adjustments	2b		- 1		
C	Other losses	2c		- 1		
d	Other (Describe in Part XIII)	2d		- 1		
е	Add lines 2a through 2d		<u> </u>	2e		
3	Subtract line 2e from line 1	1 1	ļ	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
þ	Other (Describe in Part XIII)	4b		1		
C	Add lines 4a and 4b		<u> </u>	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u> </u>	

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

Part XIII Supplemental Information.

Schedule D (Form 990) 2015 VETERANS OF FOREIGN WARS POST 2743 34-4382759

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasure

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

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

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number VETERANS OF FOREIGN WARS POST 2743 34-4382759 Fundraising Activities. Complete if the organization answered "Yes" on 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 Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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? 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 (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (or retained by) (i) Name and address of individual (iv) Gross receipts (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col (I) Yes No 10 Total

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

Yes X No

b If "No," explain

b If "Yes," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Gaming manager compensation ▶

40,000

Description of services provided ▶

CLUB MANAGER

Director/officer

X Employee

Independent contractor

17 Mandatory distributions

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Enter the amount of distributions required under state law to be distributed to other exempt organizations or 57,863

spent in the organization's own exempt activities during the tax year \$ Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

SCH G, PART III, LINE 17B - REQUIRED DISTRIBUTIONS PER STATE LAW

DISTRIBUTION AMOUNT

OHIO

\$ 57,863

Schedule G (Form 990 or 990-EZ) 2015

VFW2743

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Employer identification number 34-4382759

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

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

TO FULLY PARTICIPATE IN THE VOTING PROCESS. SOCIAL MEMBERSHIPS ARE

AVAILABLE BUT ARE NOT PERMITTED TO VOTE.

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

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

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

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

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

REVIEWED AT A FUTURE TRUSTEE MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS

NECESSARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS NECESSARY.

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Employer identification number

VETERANS OF FOREIGN WARS POST 2743

34-4382759

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