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EXTENDED TO FEBRUARY 15, 2017

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public
Inspection

► 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.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable	C Name of organization DEPARTMENT OF ILLINOIS VETERANS OF FOREIGN WARS OF THE US		D Employer identification number 36-1911490
<input type="checkbox"/> Address change	Doing business as		E Telephone number 217 529-6688
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,124,785.
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	SPRINGFIELD, IL 62791-3206		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer. WARREN D. STOUT 3300 CONSTITUTION DRIVE, SPRINGFIELD, IL 62791-3206		If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending	I Tax-exempt status. <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(19) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.VFWIL.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1920 M State of legal domicile: IL	

SCANNED JAN 11 2017

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THIS ORGANIZATION SHALL BE FRATERNAL, PATRIOTIC, HISTORICAL, AND EDUCATIONAL; TO
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 27
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 16
	6 Total number of volunteers (estimate if necessary) 6 26
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,915,342. 1,594,058. 9 Program service revenue (Part VIII, line 2g) 0. 16,725. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 66,834. 100,689. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 11,050. 53,337. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,993,226. 1,764,809.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 72,863. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 553,596. 824,076. 16a Professional fundraising fees (Part IX, column (A), line 11e) 465,160. 195,952. b Total fundraising expenses (Part IX, column (D), line 25) ► 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 986,808. 659,784. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,005,564. 1,752,675. 19 Revenue less expenses. Subtract line 18 from line 12 <12,338.> 12,134.
Net Assets or Fund Balances	Beginning of Current Year 2,410,984. End of Year 2,336,438. 21 Total assets (Part X, line 16) 3,283. 63,453. 22 Net assets or fund balances Subtract line 21 from line 20 2,407,701. 2,272,985.

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.

Sign Here	Signature of officer TERRY VANCE	Date 12-22-16
	► TERRY VANCE, STATE ADJUTANT/QUARTERMASTER	
Paid Preparer	Print/Type preparer's name PHILLIP G. CAPPS	Preparer's signature PHILLIP G. CAPPS Date 12/20/16 Check if self-employed <input type="checkbox"/> PTIN P01025343
Use Only	Firm's name ► KERBER, ECK & BRAECKEL LLP	Firm's EIN ► 43-0352985
	Firm's address ► 1000 MYERS BUILDING SPRINGFIELD, IL 62701	Phone no. 217-789-0960

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PURPOSE OF THIS ORGANIZATION SHALL BE FRATERNAL, PATRIOTIC, HISTORICAL, AND EDUCATIONAL; TO PRESERVE AND STRENGTHEN COMRADDESHIP AMONG ITS MEMBERS; TO ASSIST WORTHY COMRADES; TO PERPETUATE THE MEMORY AND HISTORY OF THE DEAD; AND TO ASSIST THEIR WIDOWS AND ORPHANS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
THE ILLINOIS DEPARTMENT PROVIDES SERVICES TO VETERANS THROUGH A VETERANS SERVICE OFFICE. THE SERVICE OFFICE IS CO-LOCATED WITH THE VA REGIONAL OFFICE IN CHICAGO. THE SERVICE OFFICE WORKS TOGETHER WITH FIELD OFFICES OF THE ILLINOIS DEPARTMENT OF VETERANS AFFAIRS, COUNTY VETERANS ASSISTANCE COMMISSIONS THROUGHOUT THE STATE AND VFW POST SERVICE OFFICERS TO PROVIDE ASSISTANCE AND ADVICE TO VETERANS AND THEIR FAMILIES.

SERVICES PROVIDED BY THE SERVICE OFFICE ARE AVAILABLE TO ALL VETERANS, THEIR DEPENDENTS AND SURVIVORS WITHOUT REGARD TO ORGANIZATION MEMBERSHIP STATUS OR ERA OF SERVICE. SERVICES ARE PROVIDED AT NO COST.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
THE ILLINOIS DEPARTMENT PROVIDES MEMBERSHIP SERVICES TO VETERANS BY HOLDING AN ANNUAL CONVENTION, INITIATING COMMUNITY SERVICE ACTIVITIES, PROVIDING RECOGNITION AWARDS, OFFERING REMEMBRANCE SERVICES, AND ISSUING A QUARTERLY NEWSPAPER.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
THE ILLINOIS DEPARTMENT SUPPORTS THE VOICE OF DEMOCRACY YOUTH ACTIVITY PROGRAM. THE VOICE OF DEMOCRACY PROGRAM PROVIDES HIGH SCHOOL STUDENTS WITH THE OPPORTUNITY TO EXPRESS THEMSELVES IN REGARDS TO A DEMOCRATIC AND PATRIOTIC-THEMED ESSAY. ESSAYS ARE THEN CHOSEN FOR SPECIAL RECOGNITION VIA AN AWARDS BANQUET AND SCHOLARSHIPS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

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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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
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	35a	X
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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>		2b X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country. ► <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8866-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.	9a	
a Did the sponsoring organization make any taxable distributions under section 4966?	9b	
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a Is the organization licensed to issue qualified health plans in more than one state?		
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	27	
1b		27	
2	Enter the number of voting members included in line 1a, above, who are independent	X	
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
4	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?	X	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	X	
7a	Did the organization have members or stockholders?	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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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	X	
9		X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?	X	
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?	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?	X	
16b		X	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **IL**
- 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 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: ► **TERRY VANCE - 217 529-6688**

3300 CONSTITUTION DRIVE, SPRINGFIELD, IL 62791-3206

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) WARREN D. STOUT <u>STATE COMMANDER & SR. VICE COMMANDER</u>	20.00	X	X				0.	0.	0.
(2) JEFFREY HASTINGS <u>STATE SR. VICE COMMANDER & STATE INS</u>	20.00	X	X				0.	0.	0.
(3) DONALD S. BOYER <u>STATE JR. VICE COMMANDER & DISTRICT</u>	20.00	X	X				0.	0.	0.
(4) TERRY VANCE <u>STATE ADJUTANT/QUARTERMASTER</u>	40.00	X	X				0.	0.	0.
(5) C. VICTOR SMITH <u>STATE JUDGE ADVOCATE</u>	20.00	X	X				0.	0.	0.
(6) LAURIE EMMER <u>DEPARTMENT SURGEON & DISTRICT 19 COM</u>	20.00	X	X				0.	0.	0.
(7) REVEREND DONALD MEEKS <u>DEPARTMENT CHAPLAIN</u>	20.00	X	X				0.	0.	0.
(8) GARY STORK <u>STATE CHIEF OF STAFF</u>	20.00	X	X				0.	0.	0.
(9) ADAM ABDUL <u>STATE INSPECTOR</u>	20.00	X	X				0.	0.	0.
(10) WILLARD MUTH <u>DISTRICT 3 COMMANDER</u>	20.00	X	X				0.	0.	0.
(11) RICHARD BARNES <u>DISTRICT 4 COMMANDER</u>	20.00	X	X				0.	0.	0.
(12) THOMAS DENMAN <u>DISTRICT 5 COMMANDER</u>	20.00	X	X				0.	0.	0.
(13) CHARLES INGLE <u>DISTRICT 6 COMMANDER</u>	20.00	X	X				0.	0.	0.
(14) LOUIS BROWN <u>DISTRICT 7 COMMANDER</u>	20.00	X	X				0.	0.	0.
(15) WAYNE ERICKSON, SR. <u>DISTRICT 8 COMMANDER</u>	20.00	X	X				0.	0.	0.
(16) JAMES RISSMAN <u>DISTRICT 9 COMMANDER</u>	20.00	X	X				0.	0.	0.
(17) JAYSON HOFFMAN <u>DISTRICT 10 COMMANDER</u>	20.00	X	X				0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) DION LATHROM <u>DISTRICT 11 COMMANDER</u>	20.00	X	X				0.	0.	0.
(19) WAYNE MOORE <u>DISTRICT 12 COMMANDER</u>	20.00	X	X				0.	0.	0.
(20) TROY LEONBERGER <u>DISTRICT 13 COMMANDER</u>	20.00	X	X				0.	0.	0.
(21) LEE WALLACE <u>DISTRICT 14 COMMANDER</u>	20.00	X	X				0.	0.	0.
(22) JOHN METZGER <u>DISTRICT 15 COMMANDER</u>	20.00	X	X				0.	0.	0.
(23) ROBERT WELCH <u>DISTRICT 16 COMMANDER</u>	20.00	X	X				0.	0.	0.
(24) DANNY SWANER <u>DISTRICT 17 COMMANDER</u>	20.00	X	X				0.	0.	0.
(25) CLARK CHRISTIANSEN <u>DISTRICT 18 COMMANDER</u>	20.00	X	X				0.	0.	0.
(26) GEROLD ABRAHAM <u>DISTRICT 19 COMMANDER</u>	20.00	X	X				0.	0.	0.
1b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	0.	0.	0.
d Total (add lines 1b and 1c)						►	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a				
b Membership dues	1b	357,346.			
c Fundraising events	1c				
d Related organizations	1d	356,645.			
e Government grants (contributions)	1e	20,000.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	860,067.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		► 1,594,058.			
Program Service Revenue		Business Code			
2 a ANNUAL CONVENTION REGI		900099	9,323.	9,323.	
b SEMINARS		900099	7,402.	7,402.	
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		► 16,725.			
3 Investment income (including dividends, interest, and other similar amounts)			► 65,643.		65,643.
4 Income from investment of tax-exempt bond proceeds			►		
5 Royalties			►		
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses	12,000.				
c Rental income or (loss)	6,513.				
d Net rental income or (loss)	5,487.				
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	169,867.	132,500.			
c Gain or (loss)	169,173.	98,148.			
d Net gain or (loss)	694.	34,352.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18			► 35,046.		35,046.
b Less: direct expenses	a				
c Net income or (loss) from fundraising events	b				
9 a Gross income from gaming activities. See Part IV, line 19	a	92,758.			
b Less: direct expenses	b	47,089.			
c Net income or (loss) from gaming activities			► 45,669.	45,669.	
10 a Gross sales of inventory, less returns and allowances	a	36,662.			
b Less: cost of goods sold	b	39,053.			
c Net income or (loss) from sales of inventory			► <2,391.►	<2,391.►	
Miscellaneous Revenue		Business Code			
11 a MISC CONVENTION		900099	4,572.	4,572.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		► 4,572.			
12 Total revenue. See instructions.		► 1,764,809.	64,575.	0.	106,176.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line 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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	72,863.			
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	639,716.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,515.			
9 Other employee benefits	93,174.			
10 Payroll taxes	39,671.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,810.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17	195,952.			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	9,948.			
13 Office expenses	197,164.			
14 Information technology				
15 Royalties				
16 Occupancy	54,440.			
17 Travel	67,398.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	162,558.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,931.			
23 Insurance	8,728.			
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.)				
a PURCHASE OF POPPIES	47,133.			
b AWARDS	21,794.			
c DISTRICT COMMANDER EXPENSES	13,511.			
d STATE FAIR EXPENSES	10,528.			
e All other expenses	35,841.			
25 Total functional expenses. Add lines 1 through 24e	1,752,675.			
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	312,850.	1	255,451.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	35,815.
	4 Accounts receivable, net		4	12,994.
	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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	8,535.
	9 Prepaid expenses and deferred charges		9	7,300.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 839,392.		
	b Less: accumulated depreciation	10b 302,391.	10c	537,001.
	11 Investments - publicly traded securities		11	1,254,342.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	225,000.
	16 Total assets. Add lines 1 through 15 (must equal line 34)		16	2,410,984.
Liabilities	17 Accounts payable and accrued expenses	3,283.	17	63,453.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	63,453.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,518,984.	27	1,363,761.
	28 Temporarily restricted net assets	888,717.	28	735,829.
	29 Permanently restricted net assets		29	173,395.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,407,701.	33	2,272,985.
	34 Total liabilities and net assets/fund balances	2,410,984.	34	2,336,438.

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**DEPARTMENT OF ILLINOIS VETERANS OF
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Part XI Reconciliation of Net Assets

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

1	1,764,809.
2	1,752,675.
3	12,134.
4	2,407,701.
5	<120,360.>
6	
7	
8	<26,490.>
9	0.
10	2,272,985.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b 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	3a	X
	3b	

Form 990 (2015)

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

OMB No. 1545-0047

2015Open to Public
InspectionName of the organization **DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US** Employer identification number
36-1911490**Part I 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
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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 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 confering impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, 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 violations, and enforcing conservation easements during the year
 ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or 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 ► \$ _____

DEPARTMENT OF ILLINOIS VETERANS OF
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Schedule D (Form 990) 2015

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ANNUITIES	225,000.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

225,000.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(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

Schedule D (Form 990) 2015

DEPARTMENT OF ILLINOIS VETERANS OF
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Schedule D (Form 990) 2015

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	1,737,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	<120,360.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	<120,360.>
3	Subtract line 2e from line 1	3	1,857,464.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	<92,655.>
b	Other (Describe in Part XIII.)	4c	<92,655.>
c	Add lines 4a and 4b	5	1,764,809.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		

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	1,845,330.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	92,655.
e	Add lines 2a through 2d	2e	92,655.
3	Subtract line 2e from line 1	3	1,752,675.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	
b	Other (Describe in Part XIII.)	4c	0.
c	Add lines 4a and 4b	5	1,752,675.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		

Part XIII Supplemental Information.

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 additional information

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE SET ASIDE TO PROVIDE BENEFITS FOR THE VOICE OF DEMOCRACY PROGRAM. THE VOICE OF DEMOCRACY PROGRAM IS A PROGRAM PROVIDING SCHOLARSHIPS TO STUDENTS.

PART X, LINE 2:

THE ORGANIZATION HAS RECOGNIZED IN THE FINANCIAL STATEMENTS THE EFFECTS OF ALL TAX POSITIONS AND CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. THE ORGANIZATION IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT UNRECOGNIZED TAX BENEFITS MAY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT OF FINANCIAL POSITION DATE.

Part XIII Supplemental Information (continued)PART XI, LINE 4B - OTHER ADJUSTMENTS:

<u>RENTAL EXPENSES NETTED WITH RENTAL INCOME ON PART VIII</u>	<u>-6,513.</u>
<u>COSTS OF GOODS SOLD</u>	<u>-39,053.</u>
<u>DIRECT EXPENSES FROM GAMING ACTIVITIES</u>	<u>-47,089.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 4B</u>	<u>-92,655.</u>

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<u>RENTAL EXPENSES INCLUDED WITH RENTAL INCOME IN PART VIII</u>	<u>6,513.</u>
<u>COSTS OF GOODS SOLD</u>	<u>39,053.</u>
<u>DIRECT EXPENSES FROM GAMING ACTIVITIES</u>	<u>47,089.</u>
<u>TOTAL TO SCHEDULE D, PART XII, LINE 2D</u>	<u>92,655.</u>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

**DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US**

Employer identification number
36-1911490

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations e Solicitation of non-government grants
- b Internet and email solicitations f Solicitation of government grants
- c Phone solicitations g Special fundraising events
- d In-person solicitations

2 a 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.

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

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**DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US**

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Schedule G (Form 990 or 990-EZ) 2015

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less. Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				►
	11 Net income summary. Subtract line 10 from line 3, column (d)				►

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue			92,758.	92,758.
Direct Expenses	2 Cash prizes			20,500.	20,500.
	3 Noncash prizes			6,449.	6,449.
	4 Rent/facility costs				
	5 Other direct expenses			20,140.	20,140.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► 47,089.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				► 45,669.

9 Enter the state(s) in which the organization conducts gaming activities: IL

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

**DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US**

Schedule G (Form 990 or 990-EZ) 2015

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11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in.

a The organization's facility	13a	%	
b An outside facility	13b	100.00	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► **TERRY VANCE**

Address ► **3300 CONSTITUTION DRIVE - SPRINGFIELD, IL 62791**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► **TERRY VANCE**

Gaming manager compensation ► \$ **0.**

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or 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)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ILLINOIS VETERANS ASSISTANCE CORPORATION

(I) ADDRESS OF FUNDRAISER: 1091 SHERDON WAY, LOMBARD, IL 60148

Part IV **Supplemental Information (continued)**

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990 Part IV, line 21 or 22.

► Attach to Form 880

Information about Standard 15000 and 150000 is available in the document [How to Write a Standard](#).

Name of the organization DEPARTMENT OF ILLINOIS VETERANS OF FOREIGN WARS OF THE US

Part I General Information on Grants and Assistance	
1	Does the organization maintain records to substantiate the criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Comp.

Recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
Name and address of organization

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PHONE CARDS AND CARE PACKAGES SENT TO MILITARY MEMBERS	7	8,042.	0.		
ASSISTANCE PROVIDED TO HOMELESS VETERANS	16	12,979.	0.		
ASSISTANCE PROVIDED TO VETERANS IN HOSPITALS AND NURSING HOMES	2	783.	0.		
ASSISTANCE PROVIDED TO ACTIVE MILITARY	4	29,124.	0.		
ASSISTANCE IN SUPPORT OF YOUTH ACTIVITIES FOR INDIVIDUALS IN MIDDLE SCHOOL	3	1,550.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PROVIDES SCHOLARSHIPS TO HIGH SCHOOL STUDENTS TO BE USED FOR EDUCATION. THE ORGANIZATION WILL RECEIVE INFORMATION FORM THE STUDENTS AS TO THE INTENDED USE OF THE FUNDS.

THE ORGANIZATION ALSO PROVIDES ASSISTANCE TO VETERANS. ASSISTANCE PROVIDED TO VETERANS IS MONITORED THROUGH THE COMPLETION OF EXPENSE REPORTS SPECIFYING THE ASSISTANCE GIVEN.

36-1911490

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance .
ASSISTANCE FOR WOUNDED VETERANS	4	800.	0.		
ASSISTANCE FOR VETERANS IN VETERANS HOMES	4	2,925.	0.		
SCHOLARSHIPS TO HIGH SCHOOL STUDENTS	25	11,400.	0.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US

Employer identification number
36-1911490

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRESERVE AND STRENGTHEN COMRADDESHIP AMOUNG ITS MEMBERS; TO ASSIST
WORTHY COMRADES; TO PERPETUATE THE MEMORY AND HISTORY OF THE DEAD; AND
TO ASSIST THEIR WIDOWS AND ORPHANS

FORM 990, PART VI, SECTION A, LINE 6:

THE DEPARTMENT IS MADE UP OF MEMBERS FROM THE STATE OF ILLINOIS AS
DESIGNATED BY THE NATIONAL BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE COUNCIL OF ADMINISTRATION AT THE DEPARTMENT
CONVENTION

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION'S ULTIMATELY AUTHORITY IS CONTAINED IN THE NAITONAL
CONVENTION, AS STATED IN THE ORGANIZATION'S CONSTITUTION. IN ADDITION, THE
ORGANIZATION'S AUTHORITY IS ALSO CONTROLLED BY THE STATE CONVENTION.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS AVAILABLE FOR REVIEW BY THE COUNCIL OF ADMINISTRATION DURING A
REGULARLY SCHEDULED MEETING

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, A COUNCIL OF ADMINISTRATION IS ELECTED FROM THE ANNUAL
CONVENTION. EACH MEMBER OF THE COUNCIL OF ADMINISTRATION COMPLETES A CODE
OF ETHICS AND CONFLICT OF INTEREST DISCLOSURE, AND THE COMPLETED FORMS ARE

Name of the organization **DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US**

Employer identification number
36-1911490

MAINTAINED BY THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE DEPARTMENT WILL PROVIDE ACCESS TO GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND/OR FINANCIAL STATEMENTS UPON WRITTEN REQUEST.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Information about *Scobolds* is limited and its innovations in the mining industry are few.

DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part II Identification of Related Tax-Exempt Organizations during the tax year

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					X
VETERANS FO FOREIGN WARS OF THE UNITED STATES - 44-0474290	406 W 34TH STREET	MISSOURI	1.9			
KANSAS CITY, MO	64111	NATIONAL ORGANIZATION				

DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.**

DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	
1s	X	

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 b Gift, grant, or capital contribution to related organization(s)
 c Gift, grant, or capital contribution from related organization(s)
 d Loans or loan guarantees to or for related organization(s)
 e Loans or loan guarantees by related organization(s)
 f Dividends from related organization(s)
 g Sale of assets to related organization(s)
 h Purchase of assets from related organization(s)
 i Exchange of assets with related organization(s)
 j Lease of facilities, equipment, or other assets to related organization(s)
 k Lease of facilities, equipment, or other assets from related organization(s)
 l Performance of services or membership or fundraising solicitations for related organization(s)
 m Performance of services or membership or fundraising solicitations by related organization(s)
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 o Sharing of paid employees with related organization(s)
 p Reimbursement paid to related organization(s) for expenses
 q Reimbursement paid by related organization(s) for expenses
 r Other transfer of cash or property to related organization(s)
 s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
VETERANS OF FOREIGN WARS OF THE UNITED STATES	M	353,933	CASH	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).