



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



EXTENDED TO FEBRUARY 15, 2017
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.

OMB No 1545-0047

2015
Open to Public
Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DEPARTMENT OF ILLINOIS VETERANS OF FOREIGN WARS OF THE US		D Employer identification number 36-1911490
	Doing business as		E Telephone number 217 529-6688
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 13206		G Gross receipts \$ 2,124,785. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, IL 62791-3206		
F Name and address of principal officer: WARREN D. STOUT 3300 CONSTITUTION DRIVE, SPRINGFIELD, IL 62			
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			

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.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,915,342.	1,594,058.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	16,725.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,834.	100,689.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,050.	53,337.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,993,226.	1,764,809.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	72,863.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	553,596.	824,076.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	465,160.	195,952.
	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	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,410,984.	2,336,438.
	22 Net assets or fund balances - Subtract line 21 from line 20	3,283.	63,453.
		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: <i>Terry Vance</i>		Date: 12-22-16
	TERRY VANCE, STATE ADJUTANT/QUARTERMASTER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature: <i>Phillip G. Capps</i>	Date: 12/20/16
	PHILLIP G. CAPPS	PHILLIP G. CAPPS	Check <input type="checkbox"/> if self-employed PTIN: P01025343
	Firm's name ▶ KERBER, ECK & BRAECKEL LLP	Firm's EIN ▶ 43-0352985	
	Firm's address ▶ 1000 MYERS BUILDING	Phone no. 217-789-0960	
	SPRINGFIELD, IL 62701		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

G32D

SCANNED JAN 11 2017

DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US

Form 990 (2015)

36-1911490 Page 2

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 COMRADESHIP
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

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>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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>		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>		
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>		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>		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>		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>		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>		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>	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>	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>		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>		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>	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>		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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>	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>		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>	X	

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

Form 990 (2015)

36-1911490 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		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		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	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form **990** (2015)

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

Form 990 (2015)

36-1911490 Page 5

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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 8886-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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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		

Form 990 (2015)

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 Enter the number of voting members included in line 1a, above, who are independent	27	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 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	
7b 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

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		
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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
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?		

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

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

Form 990 (2015)

36-1911490 Page 7

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	Former			
(1) WARREN D. STOUT STATE COMMANDER & SR. VICE COMMANDER	20.00	X		X				0.	0.	0.
(2) JEFFREY HASTINGS STATE SR. VICE COMMANDER & STATE INS	20.00	X		X				0.	0.	0.
(3) DONALD S. BOYER STATE JR. VICE COMMANDER & DISTRICT	20.00	X		X				0.	0.	0.
(4) TERRY VANCE STATE ADJUTANT/QUARTERMASTER	40.00	X		X				0.	0.	0.
(5) C. VICTOR SMITH STATE JUDGE ADVOCATE	20.00	X		X				0.	0.	0.
(6) LAURIE EMMER DEPARTMENT SURGEON & DISTRICT 19 COM	20.00	X		X				0.	0.	0.
(7) REVEREND DONALD MEEKS DEPARTMENT CHAPLAIN	20.00	X		X				0.	0.	0.
(8) GARY STORK STATE CHIEF OF STAFF	20.00	X		X				0.	0.	0.
(9) ADAM ABDUL STATE INSPECTOR	20.00	X		X				0.	0.	0.
(10) WILLARD MUTH DISTRICT 3 COMMANDER	20.00	X		X				0.	0.	0.
(11) RICHARD BARNES DISTRICT 4 COMMANDER	20.00	X		X				0.	0.	0.
(12) THOMAS DENMAN DISTRICT 5 COMMANDER	20.00	X		X				0.	0.	0.
(13) CHARLES INGLE DISTRICT 6 COMMANDER	20.00	X		X				0.	0.	0.
(14) LOUIS BROWN DISTRICT 7 COMMANDER	20.00	X		X				0.	0.	0.
(15) WAYNE ERICKSON, SR. DISTRICT 8 COMMANDER	20.00	X		X				0.	0.	0.
(16) JAMES RISSMAN DISTRICT 9 COMMANDER	20.00	X		X				0.	0.	0.
(17) JAYSON HOFFMAN DISTRICT 10 COMMANDER	20.00	X		X				0.	0.	0.

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

Form 990 (2015)

36-1911490 Page 8

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	Former			
(18) DION LATHROM DISTRICT 11 COMMANDER	20.00	X		X				0.	0.	0.
(19) WAYNE MOORE DISTRICT 12 COMMANDER	20.00	X		X				0.	0.	0.
(20) TROY LEONBERGER DISTRICT 13 COMMANDER	20.00	X		X				0.	0.	0.
(21) LEE WALLACE DISTRICT 14 COMMANDER	20.00	X		X				0.	0.	0.
(22) JOHN METZGER DISTRICT 15 COMMANDER	20.00	X		X				0.	0.	0.
(23) ROBERT WELCH DISTRICT 16 COMMANDER	20.00	X		X				0.	0.	0.
(24) DANNY SWANER DISTRICT 17 COMMANDER	20.00	X		X				0.	0.	0.
(25) CLARK CHRISTIANSEN DISTRICT 18 COMMANDER	20.00	X		X				0.	0.	0.
(26) GEROLD ABRAHAM DISTRICT 19 COMMANDER	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**

	Yes	No
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		X
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		X
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		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	(B) Description of services	(C) Compensation
NONE		

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

532201
04-01-15

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

Form 990 (2015)

36-1911490 Page **9**

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	2 a <u>ANNUAL CONVENTION REGI</u>	Business Code	900099	9,323.	9,323.			
	b <u>SEMINARS</u>		900099	7,402.	7,402.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			16,725.				
	Other Revenue	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	12,000.					
b Less: rental expenses		(ii) Personal	6,513.					
c Rental income or (loss)			5,487.					
d Net rental income or (loss)				5,487.			5,487.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	169,867.	(ii) Other	132,500.			
b Less: cost or other basis and sales expenses			169,173.		98,148.			
c Gain or (loss)			694.		34,352.			
d Net gain or (loss)				35,046.			35,046.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18								
b Less: direct expenses								
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19				92,758.				
b Less: direct expenses				47,089.				
c Net income or (loss) from gaming activities				45,669.	45,669.			
10 a Gross sales of inventory, less returns and allowances				36,662.				
b Less: cost of goods sold			39,053.					
c Net income or (loss) from sales of inventory			<2,391.>	<2,391.>				
Miscellaneous Revenue			Business Code					
11 a <u>MISC CONVENTION</u>		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.		

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 EXPE	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)

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

Form 990 (2015)

36-1911490 Page 11

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	4,716.	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	7,238.	8	8,535.
	9 Prepaid expenses and deferred charges	5,056.	9	7,300.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	839,392.		
	b Less: accumulated depreciation	302,391.		
		654,081.	10c	537,001.
	11 Investments - publicly traded securities	1,304,798.	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	122,245.	15	225,000.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,410,984.	16	2,336,438.	
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	3,283.	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.

Form 990 (2015)

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

Form 990 (2015)

36-1911490 Page 12

Part 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	1,764,809.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,752,675.
3	Revenue less expenses Subtract line 2 from line 1	3	12,134.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,407,701.
5	Net unrealized gains (losses) on investments	5	<120,360.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	<26,490.>
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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		X
b 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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?		X
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		

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.
▶ Attach to Form 990.

OMB No 1545-0047

2015Open to Public
Inspection▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Name 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	148,395.	148,395.			
b Contributions	25,000.				
c Net investment earnings, gains, and losses	7,373.				
d Grants or scholarships	7,373.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	173,395.	148,395.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.00 %
 c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		120,127.		120,127.
b Buildings	181,142.	337,500.	156,329.	362,313.
c Leasehold improvements		76,855.	28,500.	48,355.
d Equipment		123,768.	117,562.	6,206.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				537,001.

Schedule D (Form 990) 2015

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.

1. (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 ☒

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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<92,655.>	
c	Add lines 4a and 4b	4c	<92,655.>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,764,809.	

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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,752,675.	

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:

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

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

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

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

- 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?

☒ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ILLINOIS VETERANS ASSISTANCE CORPORATION - 1091 SHERDON	PHONE SOLICITATION	X		373,609.	318,553.	55,056.
Total				373,609.	318,553.	55,056.

- 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

IL

DEPARTMENT OF ILLINOIS VETERANS OF

Schedule G (Form 990 or 990-EZ) 2015 **FOREIGN WARS OF THE US**

36-1911490 Page **2**

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.
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 <u>100</u> % <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

Schedule G (Form 990 or 990-EZ) 2015 **FOREIGN WARS OF THE US**

36-1911490 Page 3

- 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

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

2015

Open to Public Inspection

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

DEPARTMENT OF ILLINOIS VETERANS OF
FOREIGN WARS OF THE US

Employer identification number
36-1911490

Part I	General Information on Grants and Assistance
--------	----------------------------------------------

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

[illegible]

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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	40	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 FROM 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.

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

36-1911490

Page 2

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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 I (Form 990)

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.

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

36-1911490 Page 3

Schedule R (Form 990) 2015 **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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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	
(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

[illegible]

Part VII Supplemental Information

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