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DLN: 93493013013167

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

			lendar year, or tax year beginning  C Name of organization	9 09-01-2015 , and ending 08-31-20	16	D Emple	ver ide	entification number		
_		applicable change	VETERANS OF FOREIGN WARS OF TH UNITED STATES	E			47429			
<u> </u>	ame ch	-	Doing business as			_	T/TZ3	,,,		
<u>:</u>	ntial ret nal	turn				E Teleph	one nur	mber		
return	/termır		Number and street (or P O box if ma 406 W 34TH ST	Il is not delivered to street address) Room/s	uite		(816) 756-3390			
		l return in pending	City or town, state or province, count	ry, and ZIP or foreign postal code		(810)	730-	3390		
1 7	F		KANSAS CITY, MO 64111			<b>G</b> Gross	receipts	\$ 184,749,164		
			F Name and address of principa	al officer	H(a) I	s this a group	retur	n for		
			DEBRA ANDERSON 406 W 34TH ST			ubordinates? No		⊤ Yes ✓		
		ant status	KANSAS CITY, MO 64111		H(b) A	re all subord	ınates	☐Yes ☐ No		
I 14	x-exer	npt status	501(c)(3) <b>√</b> 501(c) (19) <b>◄</b>	(insert no ) 4947(a)(1) or 527		ncluded? f "No." attacl	n a list	(see instructions)		
J W	ebsit	e:▶ WW	/W V FW O RG			, Group exemp		,		
<b>K</b> Fon	m of or	ganızatıon	✓ Corporation	on Other ►	<b>L</b> Year	of formation 1	399 <b>N</b>	State of legal domicile		
Da	rt I	Sum	marv							
Governance	<b>1</b> B A V	riefly des CTIVIT ETERAN	scribe the organization's mission IES INCLUDE ASSISTING NEED	DY VETERANS, MILITARY PERSONI NEL, HISTORICAL EDUCATION AN						
/em										
65	2 (	Check th	is box ▶ ┌ if the organization dis	continued its operations or disposed	of more th	nan 25% of it	s net a	issets		
<b>න්</b> ග	3	Number	of voting members of the governin	g body (Part VI, line 1a)			3	64		
ıtıe,			-	the governing body (Part VI, line 1b			4	58		
Activities &			,	alendar year 2015 (Part V, line 2a)	•		5	222		
	6	Total nur	mber of volunteers (estimate if ne			6	3,000			
			related business revenue from Pai			7a	4,519,106			
	ЬN	et unrela	ated business taxable income fror	n Form 990-T, line 34			7b	-34,652		
	_					Prior Year	120	Current Year		
<u> </u>	8		butions and grants (Part VIII, lin		68,500,128 16,917,913		64,365,432			
Ravenue	9 10			e 2g)		8,375,958		17,331,033		
Ę.	11		revenue (Part VIII, column (A), I		·	4,930,341		5,141,325		
	12			(must equal Part VIII, column (A), lii	ne 💮	98,724		92,282,292		
		12)								
	13 14		• •	(X, column (A), lines 1-3) (, column (A), line 4)		10,372	0	10,309,316		
	15			e benefits (Part IX, column (A), lines	•					
Ses		5-10		15,192	.504	16,878,844				
Expenses	16a		ssional fundraising fees (Part IX,			1,570,444		1,204,614		
ă	Ь		indraising expenses (Part IX, column (D),							
	17			nes 11a-11d, 11f-24e)	•	61,964		55,792,158		
	18 19		•	t equal Part IX, column (A), line 25) 8 from line 12		89,099, 9,624,		84,184,932 8,097,360		
<u>~</u> ~						ing of Current		End of Year		
Net Assets or Fund Balances		<del>-</del>	. (D. 1) ( ) ( ) ( )		Degiiin					
Ass 1 Ba	20		assets (Part X, line 16)			272,508	-	270,212,702		
Net	21 22		liabilities (Part X, line 26) ssets or fund balances Subtract I		•	200,262, 72,245,		190,843,993 79,368,709		
			ature Block			, , , , , , ,		, , , , , , , , , , , , , , , , , , , ,		
Unde my k	r pena nowle	alties of dge and	perjury, I declare that I have exa	mined this return, including accompa olete Declaration of preparer (other t						
		**** Signa	ature of officer			2017-01-13 Date				
Sigr Her				N.		Date				
	-		RA ANDERSON QUARTERMASTER GENERA or print name and title	AL.						
			Pint/Type preparer's name ROBERT H FRANK		Date 2017-01-09	Check I if	PTIN P0094	13320		
Pai		-		KODEKI II I KARK	~01/-01-03	self-employed				
	pare	sr ⊨	Firm's name         ► FRANK & COMPANY PC         Firm's EIN         ► 54-1156733           Firm's address         ► 1360 BEVERLY ROAD SUITE 300         Phone no (703) 821-0702							
Use	On	ily	MCLEAN, VA 22101			,	., 521 (	<del>y=</del>		
—— May	the IR	S discus	<u>_</u>	own above? (see instructions)				✓Yes No		

Form	990 (2015)	Pa	ige 2
Pari	Statement of Program Service Accomplis		
	Check if Schedule O contains a response or note to a	any line in this Part III	. 🗸
1	Briefly describe the organization's mission		
PRES AND GOV PATE	ERVE AND STRENGTHEN COMRADESHIP AMONG MEMBI HISTORY OF OUR DEAD, AND TO ASSIST THEIR WIDOW RNMENT OF THE UNITED STATES OF AMERICA, AND FI	AL, PATRIOTIC, HISTORICAL, AND EDUCATIONAL SERVICES, TO BERS, TO ASSIST WORTHY VETERANS, TO PERPETUATE THE MEMONS AND ORPHANS, TO MAINTAIN TRUE ALLEGIANCE TO THE SIDELITY TO ITS CONSTITUTION AND LAWS, TO FOSTER TRUE NS OF AMERICAN FREEDOM, AND TO PRESERVE AND DEFEND THE R	
2	Did the organization undertake any significant program serv the prior Form 990 or 990-EZ?	vices during the year which were not listed on	
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant o	changes in how it conducts, any program Yes ✓No	
	services?	Tes   V NO	
4	, s	nto for each of its three largest program convices. To messured by	
•		ents for each of its three largest program services, as measured by are required to report the amount of grants and allocations to others, ervice reported	
4a	(Code ) (Expenses \$ 17,274,679 in	including grants of \$ 1,919,205 ) (Revenue \$ )	
	ASSISTANCE TO THEM, THEIR WIDOWS AND ORPHANS TO MEET THIS OF VETERANS THROUGH A NATIONAL ORGANIZATION STRUCTURE THAT EXDEPARTMENT SERVICE OFFICER PLAYS A KEY ROLE IN ASSISTING VETEITHESE OFFICERS ARE FORMALLY TRAINED AND ACCREDITED TO REPRESURVIVORS IN APPLYING FOR AND OBTAINING DEPARTMENT OF VETERADDITIONAL SPECIALIZED EXPERTISE SUCH AS REPRESENTATION AT THE DISCHARGED ACTIVE DUTY MILITARY PERSONNEL THIS STRUCTURE EN AGENCIES ADMINISTERING VETERAN'S PROGRAMS WITHOUT EXPERT RITORESOLVE ISSUES IMPACTING VETERAN'S FOR THE FISCAL YEAR END CLAIMS OF WHICH 100,682 WERE FAVORABLE TO RECOVER ALMOST \$1 TRAINING TO 393 SERVICE OFFICERS AT BASIC, ADVANCED, AND PROFICEMINISTEN IN UNDERSTANDING VETERANS' BENEFIT PROGRAMAIN PROFICIENT IN UNDERSTANDING VETERANS' BENEFIT PROGRAMAIN RELATIONSHIPS WITH THE VFW AS THEIR VA REPRESENTATION FUNCTOR SHOULD SAS,000 FOR FREE CALL DAYS AND PHONE CARDS SO THAT I AND TALK WITH LOVED ONES AT NO COST TO THE SERVICE MEMBER A	ANDATE TO PRESERVE AND STRENGTHEN COMRADESHIP AMONG VETERANS AND TO PROBLIGATION, THE VFW DELIVERS A BROAD RANGE OF PROGRAMS AND SERVICES TO XTENDS TO POSTS IN COMMUNITIES THROUGHOUT THE COUNTRY AT THE STATE LEVEL ERANS IN DEALING WITH THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER AGENCI ESENT BOTH MEMBER AND NON-MEMBER VETERANS AND THEIR DEPENDENTS OR RANS AFFAIRS (VA) BENEFITS THE VFW NATIONAL VETERANS SERVICE STAFF PROVIDES HE VA BOARD OF VETERANS APPEALS AND AT THE PRE-DISCHARGE POINTS FOR SOON TENSURES THAT NO VETERAN, DEPENDENT OR SURVIVOR NEEDS TO DEAL WITH THE REPRESENTATION IN ADDITION, THEY ADVOCATE DIRECTLY WITH GOVERNMENTAL AGE DED AUGUST 31, 2016, SERVICE OFFICERS AND VFW NATIONAL STAFF ASSISTED IN 14 16 BILLION IN BENEFITS IN ADDITION, THE VFW EXPENDED \$518,000 TO PROVIDE FICIENCY TRAINING CONFERENCES THIS TRAINING ENSURES VFW SERVICE OFFICERS AMS AND POLICIES TO PROVIDE QUALITY REPRESENTATION TO THEIR CLIENTS, WHO OF FOR YEARS AFTER FILLING AN INITIAL CLAIM. THE TOTAL ECONOMIC IMPACT ON THE VTOTALED MORE THAN \$6 BILLION IN COMPENSATION FOR FY2016. THE VFW ALSO DEPLOYED TROOPS AND TROOPS IN HOSPITALS COULD MAKE OVER 27,000 CALLS HOM ADDITIONALLY, THE VFW PROVIDED \$1.1 MILLION IN HELP-A-HERO SCHOLARSHIPS TO 25.5.000 IN THE A RANK OF E-5 OR BELOW	L, THE IES G FO BE NCIES 9,519 FTEN
4b	(Code ) (Expenses \$ 12,766,279 ir	including grants of \$ 148,122 ) (Revenue \$ )	
	ALLEGIANCE TO THE GOVERNMENT OF THE UNITED STATES OF AMERIC, OF COUNTRY, AND MAINTAINING AND EXTENDING THE INSTITUTIONS OF SET OF EDUCATIONAL AND INFORMATIONAL PROGRAMS, MATERIALS, AT THE MAJOR ELEMENTS OF VFW COMMUNITY SERVICE INCLUDE COMMUNITY ACTIVITIES INCLUDE ASSISTANCE IN CONDUCTING BLOOD PROJECTS, AID TO SENIOR CITIZENS, VOLUNTEERING IN HOSPITALS AN ILLNESS, AND ASSISTANCE TO CHURCHES AND SCHOOLS THROUGH VOI ACTIVITIES ARE GEARED TO REMIND, EDUCATE, AND INFORM CITIZENS PROTECT THEM KEY ELEMENTS OF CITIZENSHIP EDUCATION INCLUDES FLAG DISPLAY, THE FLAG HISTORY AND THE FLAG CODE AS WELL AS PEI THROUGH DISTRIBUTION OF CITIZENSHIP EDUCATION MATERIALS AND CONSTITUTION, AND OTHER IMPORTANT HISTORICAL DOCUMENTS, PU HOLIDAYS SUCH AS MEMORIAL DAY, V-J DAY, VETERANS DAY, AND D-D. PRESENTATIONS AND ASSEMBLIES, DISTRIBUTION OF PATRIOTIC LITER. ACTIVITIES TO SUPPORT "GET OUT THE VOTE" CAMPAIGNS AND VETERAL COMMUNITY SERVICE CATEGORY INCLUDE PEDESTRIAN SAFETY, DRUG ACTIVITIES, THE VFW SUPPORTS AMERICA'S YOUTH AT HELETIC PROGRAM MENTORING VFW ENCOURAGES AMERICA'S YOUTH TO BE GOOD CITIZE COMMUNITY SERVICE BY YOUNG PEOPLE FOLLOWING THE MEDAL OF HE	IZCE IS A MAJOR PRIORITY OF THE VFW THE VFW'S MISSION INCLUDES MAINTAINING TO A AND FIDELITY TO ITS CONSTITUTION AND LAWS, FOSTERING TRUE PATRIOTISM AND OF AMERICAN FREEDOM. TO FULFILL THESE OBJECTIVES, THE VFW HAS A COMPREHENMAND ACTIVITIES THAT REACH OUT TO EVERY AMERICAN VIRTUALLY EVERY DAY OF THE NUNTY ACTIVITIES, CITIZENSHIP EDUCATION, SAFETY PROGRAMS, AND YOUTH ACTIVITIES DEDICATION, SAFETY PROGRAMS, AND YOUTH ACTIVITIES DEDICATION, PROGRAMS, AND HIGHBORHOOD AND HIGHWAY BEAUTIFICATION OF INVESING HOMES, AND ASSISTING FAMILIES IN TIMES OF PERSONAL TRAGEDY OR DUNTEERING AND SPEAKER PROGRAMS CITIZENSHIP EDUCATION, MATERIALS, AND DISOF THEIR COUNTRY'S TRADITIONS, FREEDOMS, AND THE NEED TO PRESERVE AND ES PUBLICATIONS AND DISSEMINATION OF INFORMATION HONORING THE FLAG, PROPEFERIODIC DISTRIBUTION OF FREE FLAGS SUPPORT OF CITIZENSHIP EDUCATION IN SCHOOL SCHOOL FOLDERS CONTAINING COPIES OF THE DECLARATION OF INDEPENDENCE, THUBLICATION AND DISSEMINATION OF INFORMATION CONCERNING OFFICIAL PATRIOTIC DULY, CELEBRATION OF PATRIOTIC HOLLDAYS THROUGH PARTICIPATION IN PARADES, RATURE AND EMBLEMATIC MATERIALS TO INDIVIDUALS, ORGANIZATIONS AND SCHOOLS RANS IN THE CLASSROOM THE SAFETY MATERIALS AND ACTIVITIES IN THE OVERALL OF AWARENESS, RECREATIONAL SAFETY AND HOME AND FIRE SAFETY FOR YOUTH AMS BY ENCOURAGING LOCAL POSTS TO SPONSOR TEAMS AND PROVIDE LEADERSHIP AND SENS BY PROVIDING CITIZENSHIP EDUCATIONAL MATERIALS AND HONORING OUTSTAND HONOR CHARACTER DEVELOPMENT PROGRAM OF INSTRUCTION VFW ENCOURAGES OLARSHIP PROGRAM FOR HIGH SCHOOL STUDENTS AND ANOTHER FOR JUNIOR HIGH AT THE LOCAL, STATE AND NATIONAL LEVEL	LOVE SIVE YEAR IES DN R OOLS IE
4c	(Code ) (Expenses \$ 12,128,859 in	including grants of \$ 8,241,989 ) (Revenue \$ )	
-16	DEPARTMENT AND LOCAL POST ACTIVITIES - DEPARTMENT AND LOCAL I SERVICE, AND MILITARY ASSISTANCE PROGRAMS SUPPORT FROM THE THE VFW NATIONAL HEADQUARTERS PROVIDED \$8 1 MILLION IN GRANT AT THE VFW STATE AND POST LEVEL THESE GRANTS ARE USED TO PROUT THE VETERANS SERVICE ACTIVITIES DESCRIBED ABOVE THESE FU INCENTIVES TO MOBILIZE VOLUNTEER EFFORTS IN LOCAL COMMUNITIE EFFORTS TO SUPPORT ACTIVE DUTY MILITARY PERSONNEL, GUARD AND AFFECTING MEMBERS AND THEIR FAMILIES AND TO ASSIST NEEDY VETERS	POST ACTIVITIES ARE VITAL COMPONENTS OF THE VETERAN SERVICE, COMMUNITY E VFW NATIONAL HEADQUARTERS IS CRITICAL TO THE ACHIEVEMENT OF THE VFW MISS ITS TO HELP SUPPORT VETERANS SERVICE PROGRAMS AND COMMUNITY SERVICE PROGOVIDE EQUIPMENT, PERSONNEL AND RESOURCES NEEDED AT THE STATE LEVEL TO CAR UNDS ARE ALSO USED TO PROVIDE LEADERSHIP, ADMINISTRATION, INFORMATION AND ES IN SUPPORT OF PATRIOTIC ACTIVITIES, COMMUNITY PROJECTS, YOUTH ACTIVITIES, ND RESERVES IN ADDITION, FUNDS ARE PROVIDED TO ASSIST WITH NATURAL DISASTER	RAMS RY AND
	See Additional Data		
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ 13,709,832 including grants of \$	\$ ) (Revenue \$ )	
4e	Total program service expenses ► 55,879,649		

	990 (2015)			Page <b>3</b>
Par	t 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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		
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?	25b		

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

31

37

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if Schedule o contains a response of flote to any line in this	i di c	<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	655			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did th	L ne organization comply with backup withholding rules for reportable payments to	vend	fors and reportable			
٠		ig (gambling) winnings to prize winners?	•	· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	222			
<b>.</b>	,	s return			2b	Yes	
b		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	year <sup>7</sup>	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		No
b		int)?					110
b		s," enter the name of the foreign country   mathematical the foreign country  mathematical the foreign bank for Finc EN Form 114, Report of Foreign Bank	and	Einancial Accounts			
	(FBAR		and	i manerar Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
		<u></u>			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	<b>6</b> b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		le organization receive a payment in excess of \$75 made partly as a contributions provided to the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty for •	which it was required to	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$ $oxedsymbol{igle}$	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	Ifthe	organization received a contribution of qualified intellectual property, did the oi	rganız	zation file Form 8899 as			
	requir				<b>7</b> g		
	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, did : •	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667			9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	<b>10</b> a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		on <b>501(c)(12) organizations.</b> Enter					
а	Gross	sincome from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	441				
	agains	st amounts due or received from them)...........[	11b				
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year <b>Sectio</b>	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? No	ote. S	ee the instructions for	13-		
h		onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states			13a		
,		ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	<b>13</b> c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

orm	990 (2015)					Page
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>				🔽
Se	ction A. Governing Body and Management					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	64		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	58			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	ıl by)	members, stockholders,	7b		No
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	even	ue Cod	e.)
					Yes	No

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?	<b>10</b> b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<b>15</b> a		Νo
b	Other officers or key employees of the organization	15b	Yes	
	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?	<b>16</b> a		No
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			

WA, WV

**10a** Did the organization have local chapters, branches, or affiliates? . .

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

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

State the name, address, and telephone number of the person who possesses the organization's books and records

DEBRA ANDERSON 406 W 34TH ST KANSAS CITY, MO 64111 (816) 756-3390

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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)

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

10a

**16**b

 $\begin{array}{l} A\,K\,\,,A\,Z\,\,,A\,R\,\,,C\,O\,\,,C\,T\,\,,F\,L\,\,,G\,A\,\,,I\,L\,\,,K\,Y\,\,,L\,A\,\,,M\,E\,\,,M\,D\,\,,M\,N\,\\ ,M\,S\,\,,N\,H\,\,,N\,J\,\,,N\,Y\,\,,N\,C\,\,,N\,D\,\,,O\,H\,\,,O\,K\,\,,P\,A\,\,,S\,C\,\,,T\,N\,\,,U\,T\,\,, \end{array}$ 

Yes

Part VII

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

#### 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, or 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

Name and Title	Average hours per week (list any hours	(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-		(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	eets to Part VII, S	ection A				. •		2,310,026	0	278,370

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
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	4	Yes	
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	5		No

### **Section B. Independent Contractors**

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)	(B)	(C)
Name and business address	Description of services	Compensation
SOUTHWEST CAGING CORPORATION	CAGING SERVICES	2,069,922
5342 NW 25TH STREET TOPEKA, KS 66618		
INNOVAIIRE COMMUNICATIONS	FUNDRAISING SERVICES	1,266,836
2 EXECUTIVE CAMPUS STE 200 CHERRY HILL, NJ 08002		
GLM COMMUNICATIONS INC	MAGAZINE ADVERTISING BROKER	1,227,897
242 W 27TH STREET 1B NEW YORK, NY 10001		
COMMERCE REGISTER INC	DATA PROCESSING SERVICES	855,680
PO BOX 190 MIDLAND PARK, NJ 07432		
MDS COMMUNICATIONS CORP	TELEMARKETING SERVICES	488,135
545 W JUANITA AVENUE MESA, AZ 85210		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  25

Yes

No

Form 99	•	,						Page <b>9</b>
Part V	1111	Statement o						_
		Check If Schedi	ule O contains a respor	nse or note to any lin	e 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
v	1a	Federated cam	paigns 1a					012 011
Grants mounts	ь	Membership du	es <b>1b</b>					
Gr.	С	Fundraising eve	ents <b>1c</b>					
ifts.	d	Related organiz	zations 1d	1,669,476				
<u>.</u>	e	Government grants						
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	62,695,956				
ig de	q		ons included in lines		i			
ontr id C		1a-1f \$	- d - d 6		64,365,432			
<u>ة ت</u>	h	Total. Add lines	S 1a-11	•	04,303,432			
F. F.	2a	MEMBERSHIP DUE	S	Business Code 900099	0.040.386	0.040.396		
Program Service Revenue	b	MAGAZINE ADVERT		541800	9,949,286 4,553,583	9,949,286	4,553,583	
ni G⊊	c	MEMBER INSURAN		524298	2,151,610		4,333,363	2,151,610
3 <u>F</u>	d	CONVENTION REG	ISTRATION & BOOTH	900099	393,287			393,287
Ø E	е	RENTAL INCOME F	ROM AFFILIATES	531390	213,577			213,577
gran	f	All other progra	am service revenue		69,690			69,690
Æ	g	Total. Add lines	s 2a-2f	▶	17,331,033			
	3		ome (including dividen		2,747,903			2,747,903
	4		ar amounts)	-	2,747,303			2,747,303
	5			` ` <u>`</u>	1,448,603			1,448,603
			(ı) Real	(II) Personal				
	6a	Gross rents	1,076,500	34,058				
	ь	Less rental expenses	624,978	59,071				
	С	Rental income	451,522	-25,013				
	d	or (loss) Net rental inco	me or (loss)		426,509		-25,013	451,522
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	90,942,879					
	b	Less cost or other basis and sales expenses	88,246,280					
	с	Gain or (loss)	2,696,599					
	d	Net gain or (los	s)		2,696,599			2,696,599
Other Revenue	8a		luding  reported on line 1c)					
er Re		See Part IV, lin	ne 18 a					
<b>€</b>			penses <b>b</b>   (loss) from fundraising	events <b>•</b>				
	_		rom gaming activities					
	b c		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		6,793,483				
	ь	Less cost of a	oods sold b	3,536,543				
		_	(loss) from sales of inve		3,256,940	3,256,670	270	
		Miscellaneous	s Revenue	Business Code				
	11a	SUBSCRIPTIO	-	511120	19,007		0.701	19,007
	b	LOSS FROM PA		900001	-9,734		-9,734	
	С							
	d	All other reven						
	е	Total. Add lines	s 11a-11d	•	9,273			
	12	Total revenue.	See Instructions .	· · · · •	92,282,292	13,205,956	4,519,106	10,191,798

#### 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)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,305,447	8,305,447		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,890,155	1,890,155		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	113,714	113,714		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,336,916	1,098,409	238,507	
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	10,213,563	8,916,043	1,093,130	204,390
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,574,290	1,368,703	171,416	34,171
9	Other employee benefits	2,823,964	2,325,301	431,111	67,552
10	Payroll taxes	020 444	24.0.024	102.156	46.024
	Fees for services (non-employees)	930,111	810,931	103,156	16,024
11 a	Management				
a b	Legal	197,690		197,690	
c	Accounting	168,460		168,460	
d	Lobbying	100,400		100,400	
e	Professional fundraising services See Part IV, line 17	1,204,614			1,204,614
f	Investment management fees	408,320		408,320	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,760,627	644,095	325,477	2,791,055
12	Advertising and promotion	724,429	579,955	8,449	136,025
13	Office expenses	1,443,927	884,869	538,281	20,777
14	Information technology				
15	Royalties				
16	Occupancy	967,624	885,663	78,431	3,530
17	Travel	1,314,776	1,141,316	169,824	3,636
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,247,951	2,238,543	9,331	77
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	881,695	808,295	70,738	2,662
23	Insurance	218,903	201,158	16,981	764
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DIRECT MAIL, DUES NOTIC	36,817,220	17,265,114	517,866	19,034,240
b	VFW MAGAZINE & OTHER PU	5,386,550	5,386,550		
<b>c</b>	OTHER PROGRAMMATIC EXPE	794,346	794,346		
d	OTHER	386,628	176,378	208,914	1,336
е	All other expenses	73,012	44,664	4,791	23,557
25	Total functional expenses. Add lines 1 through 24e	84,184,932	55,879,649	4,760,873	23,544,410
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)				
	1* - ' ' '	36,967,143	16,685,318	232,296	20,049,529

Part X	Balance	Sheet
--------	---------	-------

Par	t X	Balance Sheet					<del></del>
		Check if Schedule O contains a response or note to any l	ine in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,700	1	2,700
	2	Savings and temporary cash investments		[	9,363,918	2	11,728,454
	3	Pledges and grants receivable, net		[	370,421	3	424,476
	4	Accounts receivable, net			5,118,116	4	2,738,583
	5	Loans and other receivables from current and former off trustees, key employees, and highest compensated em II of Schedule L					
Assets	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	(c)(3 secti	)(B), and on 501(c)(9)		5	
As	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		•	1,670,863	8	1,740,939
	9	Prepaid expenses and deferred charges		•	3,178,573	9	3,134,152
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	31,436,853			
	ь	Less accumulated depreciation	<b>10</b> b	23,581,963	7,991,450	<b>10</b> c	7,854,890
	11	Investments—publicly traded securities	٠		235,215,798	11	232,004,018
	12	Investments—other securities See Part IV, line 11 .			9,147,754	12	10,139,535
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11		ŀ	448,987	15	444,955
	16	Total assets.Add lines 1 through 15 (must equal line 34	١) .		272,508,580	16	270,212,702
	17	Accounts payable and accrued expenses			7,481,930	17	7,407,561
	18	Grants payable			751,308	18	623,215
	19	Deferred revenue			34,528,527	19	34,470,302
	20	Tax-exempt bond liabilities		ŀ		20	
	21	Escrow or custodial account liability Complete Part IV		-		21	
ilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and c	, direc	tors, trustees,			
豆		persons Complete Part II of Schedule L				22	
Liab	23	Secured mortgages and notes payable to unrelated thire	d parti	es		23	
	24	Unsecured notes and loans payable to unrelated third p	arties	[		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rel	ated third parties,			
					157,501,038	25	148,342,915
	26	Total liabilities. Add lines 17 through 25			200,262,803	26	190,843,993
ses		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ▶	<b></b> and complete			
alan	27	Unrestricted net assets			65,392,192	27	72,423,470
	28	Temporarily restricted net assets	•		6,853,585	28	6,945,239
Assets or Fund Balances	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check	 here ▶ ┌ and		29	
ts.	30	Capital stock or trust principal, or current funds				30	
, se	31	Paid-in or capital surplus, or land, building or equipmen		ŀ		31	
Ä	32	Retained earnings, endowment, accumulated income, or		•		32	
Net	33	Total net assets or fund balances			72,245,777	33	79,368,709
_	34	Total liabilities and net assets/fund halances	•	-	272 508 580		270 212 702

	Check if Schedule O contains a r	espo
1	Total revenue (must equal Part VIII, co	lumi
_	rotal revenue (mast equal rate vill) ed	

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Net unrealized gains (losses) on investments . . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

n (A), line 12) . . . . .

1 2

3

4

5

6

7

8

9

10

92,282,292 84,184,932

Page **12** 

8,097,360

72,245,777

2,677,206

-3,651,634

79,368,709

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Total expenses (must equal Part IX, column (A), line 25) . . . . . Revenue less expenses Subtract line 2 from line 1 . . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

#### **Additional Data**

(Code

Software ID:

Software Version:

**EIN:** 44-0474290

VEW DROVIDES A MACAZINE AND EMPLEMATIC CURRITES TO MEMBERS AND VETERANS TO

Name: VETERANS OF FOREIGN WARS OF THE

) (Revenue \$

**UNITED STATES** 

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

) (Expenses \$

PROMOTE HISTORICAL   VFW MAGAZINE PROVID	EDUCATION AND COMI ES MEMBERS AND THE	MEMORATION AN GENERAL PUBLIC	ND PROMOTION OF C INFORMATION CC	S TO MEMBERS AND VETERAM PATRIOTIC SUPPORT AND AC INCERNING LEGISLATIVE ANI TING VETERANS, HISTORICA	CTIVITIES THE
	ITS AND ACTIVITIES, S	UPPORT PROVIE	DED BY MEMBERS IN	SUPPORT OF VFW SPONSORE	
(Code	) (Expenses \$		ding grants of \$	) (Revenue \$	)
NATIONAL LEGISLATIVE	E SERVICE ACTIVITIES	- LEGISLATIVE	SERVICES SERVE TI	HE MEMBERSHIP THROUGH PR	ROTECTION
AND ENHANCEMENT OF	VETERAN'S BENEFITS A	AT FEDERAL, STA	TE AND LOCAL LEV	ELS THIS SERVICE ENSURES	THE VIEWS OF
VETERANS ARE PRESENT	TED TO LEGISLATORS A	ND PROVIDES R	.ECOMMENDATIONS	CONCERNING PROPOSED LE	GISLATION
THE MEMBERSHIP IS KE	PT INFORMED OF THES	E ACTIVITIES TH	IROUGH THE VFW M	AGAZINE AND THE WASHING	TONACTION
REPORTER VFW REGULA	RLY APPEALS TO LAWM	IAKERS AND DEF	ENSE LEADERSHIP	TO ENSURE THE HIGHEST LEV	/EL OF
TRAINING, EQUIPMENT	AND COMPENSATION F	OR AMERICA'S	SOLDIERS, SAILORS	, AIRMEN, MARINES, AND CO	AST GUARD
PERSONNEL					

10,249,281 including grants of \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 699.018 including grants of \$ ) (Revenue \$ )

EDITO A TRO MATA	N.D. TALEO DALA TILLE		_			
	ND INFORMATIVE	$\Delta C + I + M + I + I + I$	<u> </u>			
LDOCATIONALA	NO INTOKED LIVE	VC IIA IIIF	J			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

35,277

4,235

19,931

184,125

81,338

106,741

1,034

(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore ti ss pe	:han erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		
JOHN W STROUD  PAST COMMANDER-IN-CHIEF (RET 7/2016)	5 00	х		х				169,195	0	8,789
JOHN A BIEDRZYCKI JR  COMMANDER-IN-CHIEF (RET 7/2016)	55 00	×		×				163,481	. 0	8,970
BERNARD J DUFFY COMMANDER-IN-CHIEF	55 00 1 00	×		×				153,179	0	8,276
KEITH E HARMAN SR VICE COMMANDER-IN-CHIEF	55 00	×		×				55,117	0	2,520
VINCENT LAWRENCE JR VICE COMMANDER-IN-CHIEF	55 00	×		×				1,283	0	0
JOHN E HAMILTON ADJUTANT GENERAL (RET 7/2016)	55 00 5 00	×		×				195,811	0	37,689
ROBERT E WALLACE	55 00									

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5 00 55 00

1 00 55 00

> 1 00 5 00

ADJUTANT GENERAL

LAWRENCE M MAHER

DEBRA ANDERSON

REV PETER R HOOK

CHAPLAIN

QUARTERMASTER GENERAL

QUARTERMASTER GENERAL (RET 7/2016)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	pendent co	ntrac	LOT	3					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles d	nore tl ss pe offic direct	than ersoi icer tor/t	not one on is and trust	tee)	an	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JOSEPH N GUEST CHAPLAIN (RET 7/2016)	5 00	x		x				860	0	0
G ANTHONY WOLUSKY JUDGE ADVOCATE GENERAL	5 00	x		x				0	0	0
MATTHEW M MIHELCIC JUDGE ADVOCATE GENERAL (RET 7/2016)	5 00	x		x				1,087	0	0
JAMES R TUORILA SURGEON GENERAL	5 00	x		x				0	0	0
CURTIS O BOHLMAN SURGEON GENERAL (RET 7/2016)	5 00	x		x				682	2. 0	
CARL J KAELIN CHIEF OF STAFF	5 00	х		x				1,241	. 0	С

5 00

5 00

5 00

5 00

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1,701

1,459

2,021

ALLEN Q JONES

HAROLD J ROESCH II

WILLIAM J SCHMITZ

GEORGE H JONES

CHIEF OF STAFF (RET 7/2016)

....... INSPECTOR GENERAL

INSPECTOR GENERAL (RET 7/2016)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

1,972

599

847

Compensated Employees, and Inde	pendent co	iili at	LUI	3				ı	i	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ROBERT A MYLES	5 00									
NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E		X						7,756	0	O
WALTER W WATTS JR	5 00							_		
NATIONAL COUNCIL OF ADMINISTRATION MEMBER		Х						0	0	0
TIMOTHY M BORLAND	5 00									
NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E		X						8,284	0	0
MICHAEL K FERGUSON  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						599	0	0
TERRY G CALLAHAN	5 00									
NATIONAL COUNCIL OF ADMINISTRATION MEMBER		X						3,669	0	0
DENIS F WELLS	5 00									
NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E		×						945	0	0
EARL D FULK	5 00									
NATIONAL COUNCIL OF ADMINISTRATION MEMBER		X						1,153	0	0

5 00

5 00

5 00

RONALD J LATTIN

BRUCE R DOLAN

RICHARD G DI FEDERICO JR

TERM E

NATIONAL COUNCIL OF ADMINISTRATION MEMBER -

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

7,735

1,299

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	,	and related organizations
JOHN R MORROW  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						3,345	0	0
HERMAN C SALLEY  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						1,120	0	0
PETER J MASCETTI  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						3,145	0	0
DANIEL P DUFFY  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						2,957	0	0
PLEDGE M CANNON SR NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						2,664	0	0
NORBERT K ENOS  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	x						7,051	0	0
STANLEY Y FERNANADEZ  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	х						599	0	0
·				1			1 -			

5 00

5 00

5 00

JOHN R CROTINGER

RICK W JOHNSON

JOHN W DAVIN

TERM E

NATIONAL COUNCIL OF ADMINISTRATION MEMBER -

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	not one n is and trus	tee)	(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
GREGORY L BAKER  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×					1,675	0	C
DARRELL A BLASBERG  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×					2,801	0	C
JAMES T PLUMMER  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	×					3,324	0	C
BOBBY J COX NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×					0	0	C
CLAUD F WYATT  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x					3,206	0	C
FRED A WESLEY NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×					1,952	0	C
RAYMOND R LUPO NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×					2,449	0	C
EUGENE L STEWART NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x					1,577	0	C
GEORGE D MURRAY  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x					1,588	0	C

5 00

3,106

HARRY L CROYLE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

6,685

959

1,939

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
GARY R ANDERSON  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	х						2,998	0	0
JOHNNIE L RICHARD  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	х						3,166	0	0
PHILLIP A PIPPINS  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						1,322	0	0
TIMOTHY C PETERS  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	×						8,495	0	0
ARTHUR J WIDHALM  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						6,638	0	0
ERIC G WILLIAMS  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	x						1,414	0	0
JOHN L IOSSI NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						993	0	0
HERMAN C HAGEN JR	5 00									

5 00

5 00

NATIONAL COUNCIL OF ADMINISTRATION MEMBER -

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

TERM E

PAUL J LLOYD

GILBERT HERNANADEZ

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one on is and		,	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MANUEL ALMEIDA  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	х						3,728	0	o
ALLAN W KUCHINSKY  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	x						1,579	0	0
KATHIE D SCHIEBEL NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x						6,688	0	0
JAMES F MCNALLY  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x						4,195	0	0
JASON L SCHOOLCRAFT  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x						1,821	. 0	0
DALE T RONNING  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	x						1,624	. 0	C

5 00

5 00

5 00

5 00

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599

1,010

2,209

6,935

JAMES H HAPALA

CHUCK KELLER

BERT W KEY

MICHAEL H DEVENITCH

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
GERALD L KRAUS  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	x						9,946	0	0
SHAWN C WATSON  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x						0	0	0
ROBERT C EILER  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x						2,138	0	0
ALLEN C WAGONBLOTT JR  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	x						1,550	0	0
MELVIN H GUNTER JR NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						2,832	0	0
DARRYL B MCPHERON  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	х						2,785	0	0
DAROLD D COUCH	5 00									

1,960

2,651

7,621

5 00

5 00

5 00

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NATIONAL COUNCIL OF ADMINISTRATION MEMBER

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

NATIONAL COUNCIL OF ADMINISTRATION MEMBER -

NATIONAL COUNCIL OF ADMINISTRATION MEMBER

LAZARO VELASQUEZ JR

BRENT W NEILSEN

DENNIS L PARIZEK

TERM E

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C)

Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t	han erso cer	not one n is and trus		an	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
RONALD L TALLMAN  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						2,150	0	0
KIM A DESHANO  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						2,038	0	0
JERRY W HERKER  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	×						2,104	0	0
FREDERICK A GREEN NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						700	0	0
ROBERT W CARUTHERS  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						2,322	0	0
JOHN T GIESE  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	×						1,668	0	0
JAMES PEDERSEN  NATIONAL COUNCIL OF ADMINISTRATION MEMBER - TERM E	5 00	×						2,127	0	0
RODNEY A BIRKLE  NATIONAL COUNCIL OF ADMINISTRATION MEMBER	5 00	х						2,104	0	0
JERRY L NEWBERRY ASSISTANT ADJUTANT GENERAL (RET 7/2016)	55 00					х		132,855	0	49,831

55 00

JOHN R MUCKELBAUER

ASSISTANT QUARTERMASTER GENERAL

(D)

121,819

ol

33,880

(E)

(F)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	one n is and trus		Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM BRADSHAW  DIRECTOR, NATIONAL VETERANS SERVICE (RET 1/16)	55 00					х	150,424	0	9,79
PATRICK BOTBYL DIRECTOR OF OPERATIONS (RET 5/2016)	55 00					х	124,361	0	15,89
JAMES J LIERZ CONTROLLER AND MANAGER OF PURCHASING & MEMBER INSU	55 00					х	137,245	0	21,65

333,857

21,631

0.00

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ROBERT GREENE

QUARTERMASTER GENERAL (RET 7/2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE D** 

# Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493013013167

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

/ET	me of the organization TERANS OF FOREIGN WARS OF THE ITED STATES			_	oyer identification	number
	irt I Organizations Maintaining Donoi	r Advised Funds (	or Other Similar F		0474290	
	Complete if the organization answer			unus (	or Accounts:	
		(a) Donor advised fu	ınds	(b)	Funds and other acc	ounts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor a funds are the organization's property, subject to			nor advi:	sed \[ \bigcup_1	∕es
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the				· · · ·	. –
_	conferring impermissible private benefit?  rt II Conservation Easements. Comple	ato if the organization	an answered "Ves"	on Forn		res No
Ċ	Purpose(s) of conservation easements held by the			OH FOH	11 990, Pait IV, IIII	e /.
	Preservation of land for public use (e.g., recr	,	ан спас арргу)			
	education)	eation of	Preservation of	an histor	ically important land	d area
	Protection of natural habitat		Preservation of	a certifie	d historic structure	
	Preservation of open space					
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified consei	vation contribution in	the form	of a conservation	
					Held at the End	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme	ents		2b		
c	Number of conservation easements on a certified	d historic structure inc	luded ın (a)	2c		
d	Number of conservation easements included in (on the National Register in the National Register	c) acquired after 8/17,	'06, and not on a	2d		
	Number of conservation easements modified, tra	nsferred, released, ext	inguished, or terminat	ed by th	e organization during	g the
	tax year ▶					
	Number of states where property subject to cons	ervation easement is l	ocated ▶			
	Does the organization have a written policy regar violations, and enforcement of the conservation e		toring, inspection, hai	ndling of	☐ Yes	∏ No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling o	f violations, and enforc	ing cons	servation easements	during the
	<b>-</b>					
	A mount of expenses incurred in monitoring, insperse.	ecting, handling of viol	ations, and enforcing (	conserva	ation easements dur	ing the year
	Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy t	the requirements of se	ction 17	0(h)(4) <b>Yes</b>	□ No
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the			se statement, and	

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 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

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

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

**▶** \$ \_\_

	t III Organizations Maintaining	Collections of	Art Ui	storic	al Tro	acurae or (	)that	· Similar A	ccotc	Page Z
Pal	(continued)	, conections or ,	AFL, FII	Storic	ai ire	asures, or v	Jiner	Similar A	sseis	
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other re	cords, c	heck ar	y of the	following that	are a s	significant us	e of its	
а	Public exhibition		d		Loan or	exchange pro	grams			
b	Scholarly research		e	Г	Other					
c	Preservation for future generations									
4	Provide a description of the organization	n's collections and ex	kplaın ho	w they	further t	he organization	n's exe	empt purpose	ın	
5	During the year, did the organization sol assets to be sold to raise funds rather the							lar <b>Ve</b> s	s □No	
Pa	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.	angements.								
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediar	y for co	ntributio	ons or other as:	sets n	ot <b>Yes</b>	s	
b	If "Yes," explain the arrangement in F	Part XIII and comple	te the fo	llowing	table			Am	ount	
c	Beginning balance					10	:			
d	Additions during the year					1d				
е	Distributions during the year					1e	:			
f	Ending balance					1f				
<b>2</b> a	Did the organization include an amount of	on Form 990, Part X,	line 21,	for esc	row or c			oility? <b>Ve</b>	s □ No	
b	If "Yes," explain the arrangement in Par								·	
	rt V Endowment Funds. Comple									
	·	(a)Current year	1	nor year		Two years back			(e)Four yea	ars back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
g	Administrative expenses End of year balance									
2	Provide the estimated percentage of the	current year end ba	l lance (li	ne 1g, c	olumn (	a)) held as				
а	Board designated or quasi-endowment	•		_						
b	Permanent endowment ►									
c	Temporarily restricted endowment ▶									
<b>3</b> a	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the po	•		that ar	o bold a	nd administors	d for t	ho		
Ja	organization by	issession of the orga	iiiizatioii	tilat al	e neiu a	nu aummistere	u ioi t	IIC	Yes	No
	(i) unrelated organizations							3a	(i)	
	(ii) related organizations					-		3a	(ii)	
b	If "Yes" on 3a(II), are the related organi	•						3	lb	
4	Describe in Part XIII the intended uses		endown	nent fun	ds					
Pa	rt VI Land, Buildings, and Equip Complete if the organization		Form 9	190 Pa	rt IV	ine 11a See	Form	990 Part X	line 10	
	Description of property	answered res to		(a) ost or oth	er basis	(b) Cost or other ba		Accumulated (c) depreciation	(d)Bool	k value
12	Land			(ınvestr	nent)	(other)	563		+ .	135 662
	Buildings					1,435,		12 100 75		.,435,663
_	Logs sheld umprovements		-			18,384,	121	13,168,75	5   5	5,215,272
	Leasehold improvements		•  -			11.51-	150	10 412 22	<u>,                                     </u>	202.055
	Equipment Other		.  -			11,617,	128	10,413,20	1	,203,955
Tota	al. Add lines 1a through 1e (Column (d) mu		ort V col	ımın (D)	line 10:	(c) )			<del>                                     </del>	054 000
iUta	ar. A du illies Ta tillough Te (C <i>olumn (a) mu</i>	ısı eyuar FULITI 990, Pa	II L A, COIL	шш (В),	nne 10(	·// • • •				,854,890

Soc Form COO Bart V June 13			
See Form 990, Part X, line 12.  (a) Description of security or category		( <b>b)</b> Book value	(c)Method of valuation
(Including name of security)  (1)Financial derivatives			Cost or end-of-year market valu
(2)Closely-held equity interests			
(3)O ther			
Total. (Column (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 o	Con France 000 Book V June 42
(a) Description of investment	res dirioriii 330,	(b) Book value	(c) Method of valuation
		.,	Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990 . Part IV . line	11d See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization  (a) Descrip	answered 'Yes' on F	orm 990, Part IV, line	: 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization (a) Descrip	answered 'Yes' on F		(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip	answered 'Yes' on Fotion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Assets. Complete if the organization  (a) Descrip	answered 'Yes' on Fotion  ition  ition  ition  ition  ition  ition		(b) Book value
Part IX Other Assets. Complete if the organization  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organization	answered 'Yes' on Fotion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X  Other Liabilities. Complete if the organization  (a) Descrip	answered 'Yes' on Fotion  ition  ition  ition  ition  ition  ition		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION -	answered 'Yes' on Fotion  )  nization answered  (b) Book value	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	answered 'Yes' on Fotion  ition  ition  ition  ition  ition  ition	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS  PAYABLE FOR COLLATERAL RECEIVED FOR	answered 'Yes' on Fotion  )  nization answered  (b) Book value	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS  PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS  PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS  PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS  PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS  PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  )	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POSTS  PAYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING	answered 'Yes' on Fotion  inization answered  (b) Book value  71,087,  63,656,  13,598,		(b) Book value

	Complete if the orgar	<u>nization answered 'Yes' on Form 990,</u>	Part	IV, line 12a.		
1	Total revenue, gains, and othe	r support per audited financial statements			1	100,550,757
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	2,677,206		
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants	5	2c			
d	Other (Describe in Part XIII)					
			2d	7,363,947		
е	Add lines <b>2a</b> through <b>2d</b>				2e	10,041,153
3	Subtract line <b>2e</b> from line <b>1</b> .				3	90,509,604
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	·	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b	1,772,688		
c					<b>4</b> c	1,772,688
5		d <b>4c.</b> (This must equal Form 990, Part I, line			5	92,282,292
Part		xpenses per Audited Financial St nization answered 'Yes' on Form 990,			s per	Return.
1	Total expenses and losses pe	r audited financial statements			1	89,816,616
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a			1
b	Prior year adjustments		2b			1
c	Other losses		<b>2</b> c			1
d	Other (Describe in Part XIII )		. 2d	7,404,372		1
e	Add lines <b>2a</b> through <b>2d</b>				2e	7,404,372
3	Subtract line <b>2e</b> from line <b>1</b> .				3	82,412,244
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	. 4a			1
b	Other (Describe in Part XIII )		. 4b	1,772,688		1
c	Add lines <b>4a</b> and <b>4b</b>				4c	1,772,688
5	Total expenses Add lines <b>3</b> ai	nd <b>4c.</b> (This must equal Form 990, Part I, I	ıne 18	)	5	84,184,932
D	·			,		<u> </u>
	Supplemental Inf					
Part		Part II, lines 3, 5, and 9, Part III, lines 1, lines 2d and 4b, and Part XII, lines 2d an				de any additional
	Return Reference	Explanation				
DADT		<u> </u>	OVIC	IONG OF ACC TODIC 7	10 TNI	COME TAYES (ASS
PARI	X, LINE 2	THE ORGANIZATION APPLIES THE PR 740) WITH RESPECT TO UNCERTAIN T				
		POSITIONS BE EVALUATED USING A	RECO	GNITION THRESHOLD	ANDM	EASUREMENT OF A
		TAX POSITION TAKEN OR EXPECTED BETWEEN POSITIONS TAKEN IN A RE-				
		STATEMENTS ARE RECORDED AS ADJ				
		RECEIVABLE, OR ADJUSTMENTS TO D	EFER	RED INCOME TAXES, O	к воті	H ASC 740 ALSO
		REQUIRES EXPANDED DISCLOSURES				
		UNCERTAIN TAX POSITIONS HAVE BE				

RECORDED AT AUGUST 31, 2016

efile GRAPHIC pri	int - DO NO	F PROCESS	As Filed Da	ıta -		DLN: 9	3493013013167
SCHEDULE F (Form 990)	Sta	tement of	Activities (	Outside the Unit	ed St	ates -	OMB No 1545-0047
(		► Complete	Part IV, line	on answered "Yes" to Form 14b, 15, or 16. to Form 990.	990,		2015
Department of the Treasury Internal Revenue Service	▶ Informat	ıon about Schedı		and its instructions is at w	ww.irs.go	ov/form990.	Open to Public Inspection
Name of the organization VETERANS OF FOREI UNITED STATES		ГНЕ				Employer identi	ification number
				he United States. Form 990, Part IV, line	14b.		
1 For grantmake	<b>rs.</b> Does the	organization r	maintain record	ds to substantiate the	amount	of its grants	
and other assis	tance, the gr	antees' eligibi	lity for the gra	nts or assistance, and	the sele	ection criteria	
used to award t	he grants or	assistance?					✓ Yes No
2 For grantmake assistance outs			rganızatıon's p	procedures for monitor	ing the	use of its grant	s and other
<b>3</b> Activites per Reg	jion (The follow	wing Part I, line	3 table can be o	duplicated if additional sp	ace is ne	eded )	
(a) Region	1	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	progran sp	vity listed in (d) is a n service, describe ecific type of ice(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMER THE CARIBBEAU		0	0	PROGRAM SERVICE GRANTS	1		686
(2) EAST ASIA AND PACIFIC	) THE	0	0	PROGRAM SERVICE GRANTS	1		69,189
(3) EUROPE		0	0	PROGRAM SERVICE GRANTS	1		43,839
(4) CENTRAL AMER THE CARIBBEAU		0	0	INVESTMENTS			373,255
(5)							
<b>3a</b> Sub-total		0	0				486,969
<b>b</b> Total from contin to Part I	uation sheets	0	0				0
c Totals (add lines	3a and 3b)	0	0				486,969

Cat No 50082W

Schedule F (Form 990) 2015

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EAST ASIA AND THE PACIFIC	VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	38,227	ELECTRONIC FUND TRANSFER			
( 2)		EUROPE	VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	43,839	ELECTRONIC FUND TRANSFER			
( 3)		EAST ASIA AND THE PACIFIC	VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES	20,591	ELECTRONIC FUND TRANSFER			
(4)								
			sted above that are re ee or counsel has prov					3
3 Enter total nu	ımber of other	organizations or e	ntities				<b>&gt;</b>	0

Grants and Other Assistance to Organizations or Entities Outside the United States.

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page <b>3</b>
	ther Assistance duplicated if addit			ed States. Complete i	if the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)				1			
( 3)						<del></del>	
(4)		+				<u></u>	
(5)							
(6)							
(7)							
(8)							
(9)							
( 10)							
(11)				,		1	1

(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
( 13)				

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)

7 Yes ▼ No

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	AS DESCRIBED IN THE CORE FORM, PART III, PARAGRAPH 4(B) OF THE STATEMENT OF PROGRAM ACCOMP LISHMENTS, THIS ORGANIZATION PROVIDES GRANTS TO THE STATE ORGANIZATIONS, CALLED DEPARTMENT S, AND LOCAL ORGANIZATIONS, CALLED POSTS, TO HELP SUPPORT THE VETERAN SERVICE PROGRAMS AND OTHER VFW SPONSORED PROGRAMS AT THE STATE AND LOCAL LEVEL BECAUSE THE ORGANIZATION HAS M EMBERS LIVING OUTSIDE THE UNITED STATES, MANY OF WHOM ARE ON ACTIVE DUTY IN THE MILITARY O R ARE EMPLOYED BY THE US GOVERNMENT IN OVERSEAS LOCATIONS, TWO OVERSEAS DEPARTMENTS AND SEVERAL POSTS HAVE BEEN ORGANIZED TO FACILITATE MEMBERS AND PROMOTE PROGRAMS IN THOSE AREA S THE GRANTS REFLECTED IN SCHEDULE F, PART I, ARE PRIMARILY GRANTS MADE TO THOSE OVERSEAS DEPARTMENTS TO FURTHER VFW PROGRAMS, INCLUDING MEMBERSHIP PROGRAMS AND VETERAN SERVICE SU PPORT IN THOSE AREAS PERIODIC FINANCIAL REPORTS ARE SUBMITTED BY THESE DEPARTMENTS IN AD DITION, SPECIFIC DOCUMENTATION MUST BE SUBMITTED TO JUSTIFY MOST GRANTS, INCLUDING THOSE R ELATED TO MEMBERSHIP PROMOTION FINALLY, NATIONAL REPRESENTATIVES PERIODICALLY VISIT THESE DEPARTMENTS AND OBSERVE FIRSTHAND THE MANNER IN WHICH FUNDS ARE EXPENDED IN ADDITION, GRANTS HAVE BEEN MADE TO POSTS IN THOSE AREAS IN MOST INSTANCES THOSE GRANTS WERE MADE TO S UPPORT ACTIVITIES RELATING TO ASSISTING ACTIVE DUTY MILITARY PERSONNEL AND THEIR FAMILIES APPLICATIONS FOR GRANTS MUST INCLUDE SPECIFIC EXPENSE INFORMATION AND RECEIPTS MUST BE PRODUCED TO VERIFY EXPENDITURES

990 Schedule F, Supplemental Information

Return Reference Explanation

Return Reference	Explanation
PART I, LINE 3	THE METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL BASIS

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DLN: 93493013013167

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

GROUP

90028

5

6

10

Total

6715 SUNSET BLVD

LOS ANGELES, CA

BOSTON, MA 02111

TELEFUND INC 186 LINCOLN ST

## **Supplemental Information Regarding Fundraising or Gaming Activities**

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 OMB No 1545-0047

Open to Public

**Inspection** 

Name of the organization VETERANS OF FOREIGN WARS OF THE

**Employer identification number** 

298,251

30,586

1,204,614

-111,459

-7,032

55,931,384

UNI	ITED STATES					44-0474290				
Pa	_	<b>tivities.</b> Complete s are not required		_	on answered "Yes" o s part.	n Form 990, Part IV,	line 17.			
1	Indicate whether the organ	nization raised funds t	hrough a	ny of the	following activities Che	ck all that apply				
а	✓ Mail solicitations			e	Solicitation of non	-government grants				
b	▼ Internet and email sol	ıcıtatıons		f	Solicitation of gov	ernment grants				
c	▼ Phone solicitations			g	Special fundraisin	g events				
d	In-person solicitation:	s								
<b>2</b> a										
b	If "Yes," list the ten highe to be compensated at leas			(fundrais	ers) pursuant to agreem	ents under which the fu	ndraiser is			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
			Yes	No						
1	INNOVAIRRE COMMUNICATIONS 2 EXECUTIVE CAMPUS STE 200 CHERRY HILL, NJ 08002	DIRECT MAIL		No	56,925,652	875,777	56,049,87			
2	DONOR SERVICES	TELEMARKETING & PLANNED								

Νo

Νo

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

GIVING LEAD

GENERATION

TELEMARKETING

57,135,998

186,792

23,554

Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution resources are then #5,000	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross					
	receipts greater than \$5,000	. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events					
		(event type)	(event type)	(total number)	(add col (a) through col (c))					
Reverkie										
Seve	1 Gross receipts									
_	2 Less Contributions									
	Gross income (line 1 minus									
	4 Cash prizes									
	5 Noncash prizes									
Se	6 Rent/facility costs									
Expenses	<b>7</b> Food and beverages									
	8 Entertainment									
Direct	<b>9</b> Other direct expenses									
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)							
	11 Net income summary Subtract line 1	0 from line 3, column (	d)							
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on					
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))					
æ	1 Gross revenue									
ses	2 Cash prizes									
Expens	3 Noncash prizes									
	4 Rent/facility costs									
Direct	5 Other direct expenses									
	other unect expenses	<b>┌ Yes</b> %	├ Yes%							
	6 Volunteer labor	☐ No	No	☐ No						
	7 Direct expense summary Add lines 2	2 through 5 ın column (	d)							
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)							
9	Enter the state(s) in which the organizat				Yes No					
a b	Is the organization licensed to conduct  If "No," explain	-			165   110					
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No									
Ь	If "Yes," explain									

Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any

MANAGEMENT FEES

Explanation

FUNDRAISING SERVICES FROM THE OTHER REIMBURSABLE COSTS OF THE DIRECT MAIL

PROGRAM INNOVAIRRE COMMUNICATIONS WAS PAID A TOTAL OF \$22,159,896 FOR THE DIRECT MAIL PROGRAM, WHICH INCLUDED THE PAYMENT FOR PRINTING, PAPER,

ENVELOPES, AND POSTAGE \$875,777 WAS SPECIFICALLY BROKEN-OUT AS FUNDRAISING

Schedule G (Form 990 or 990-EZ) 2015

THE AGREEMENT AND INVOICES SPECIFICALLY BREAK OUT THE PROFESSIONAL

additional information (see instructions).

Return Reference

SCHEDULE G, PART I,

LINE 2B, COLUMN (V)

1	7
	ä

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493013013167 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number VETERANS OF FOREIGN WARS OF THE 44-0474290 UNITED STATES Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

Cat No 50055P

Schedule I (Form 990) 2015

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

/a)Type of grant or accietance

Schedule I (Form 990) 2015

(f) Description of non-cach assistance

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

(c) A mount of

(b)Number of

(a) I ype of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(1)Description of non-cash assistance			
EDUCATIONAL ASSISTANCE AN (1) TRAINING	ND 393	517,806						
(2) PHONE CARDS AND FREE "CALL DAY FOR MILITARY	27091 YS"	0	45,430	FMV	CALLING CARDS AND FREE "CALL DAYS"			
(3) SCHOLARSHIPS AND AWARDS	364	1,237,283						
(4) RETURN TRIP TO VIETNAM FOR PUR HEART AWARD RECIPIENTS	RPLE 10	65,633						
		,						
Part IV Supplemental Infor	rmation. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any othe	er additional information.			
Return Reference Expl	lanation							
PARTILLINE 2 PERI	FRIODIC FINANCIAL REPORTS ARE SUBMITTED BY THESE DEPARTMENTS. IN ADDITION, SPECIFIC DOCUMENTATION MUST BE							

(d) A mount of

(a)Method of valuation

_										
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Return Reference	Explanation									
PART I, LINE 2	SUBMITTED TO JUS REPRESENTATIVES	TIFY MOST GRANTS, INC PERIODICALLY VISIT TH	LUDING THOSE RELA ESE DEPARTMENTS A	TED TO MEMBERSHIF AND OBSERVE FIRST	ON, SPECIFIC DOCUMENTA P PROMOTION FINALLY, NA HAND THE MANNER IN WHIC	TIONAL H FUNDS ARE				

MADE TO SUPPORT ACTIVITIES RELATING TO ASSISTING ACTIVE DUTY MILITARY PERSONNEL AND THEIR FAMILIES APPLICATIONS FOR GRANTS MUST INCLUDE SPECIFIC EXPENSE INFORMATION AND RECEIPTS MUST BE PRODUCED TO VERIFY EXPENDITURES SCHEDULE I, PART II. PURPOSE OF GRANT - AS DESCRIBED IN THE CORE FORM, PART III, PARAGRAPH 4(C) OF THE STATEMENT OF PROGRAM ACCOMPLISHMENTS, THIS ORGANIZATION PROVIDES GRANTS TO THE STATE ORGANIZATIONS, CALLED DEPARTMENTS, AND LOCAL QUESTION 1(H)

ORGANIZATIONS, CALLED POSTS, TO HELP SUPPORT THE VETERAN SERVICE PROGRAMS AND OTHER VFW SPONSORED PROGRAMS AT THE STATE AND LOCAL LEVEL THE GRANTS REFLECTED IN SCHEDULE I, PART II, ARE PRIMARILY GRANTS MADE TO THOSE DEPARTMENTS AND POSTS TO FURTHER VFW PROGRAMS, INCLUDING MEMBERSHIP PROGRAMS AND VETERAN SERVICE SUPPORT IN

THOSE AREAS

## **Additional Data**

Software ID: Software Version:

**EIN:** 44-0474290

LIN. 44-04/4290

Name: VETERANS OF FOREIGN WARS OF THE UNITED STATES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VFW DEPARTMENT OF ALABAMA 1231 CARMICHAEL WAY MONTGOMERY,AL 36123	63-0243614	(C)(19)	73,880				VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES			
VFW DEPARTMENT OF ALASKA 500 E PARK AVE WASILLA,AK 85251	92-0017695	(C)(19)	41,556				VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES			
VFW DEPARTMENT OF ARIZONA 6907 E THOMAS RD SCOTTSDALE,AZ 85251	86-0076886	(C)(19)	121,897				VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES			

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 71-0184020 (C)(19) 58,093 VETERANS SERVICE, ARKANSAS COMMUNITY 4210 EAST KIEHL AVE SERVICE, & SHERWOOD, AR 72120 DEPARTMENT AND POST ACTIVITIES TERANS SERVICE,

VFW DEPARTMENT OF CALIFORNIA 9136 ELK GROVE BLVD SUITE 100 ELK GROVE,CA 95624	94-0955210	(C)(19)	614,023		VETE COM SERV DEPA POS
	04.0060400	(0)(10)	111 016		

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

1400 CARR ST

LAKEWOOD, CO 80214

**(b)** EIN

MMUNITY VFW DEPARTMENT OF 84-0360493 (C)(19) 111,946 COLORADO

RVICE, & PARTMENT AND ST ACTIVITIES **VETERANS SERVICE**, COMMUNITY

(q) Description of

(h) Purpose of grant

SERVICE, &

DEPARTMENT AND POST ACTIVITIES

(e) A mount of non- (f) Method of valuation

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) VEW DEPARTMENT OF 06-0575593 (C)(4)100,369 VETERANS SERVICE, CONNECTICUT COMMUNITY PO BOX 429 SERVICE. & DOCKY HILL CT 06067 DEPARTMENT AND T ACTIVITIES

(g) Description of

(h) Purpose of grant

POST ACTIVITIES

					POST ACTI	
VFW DEPARTMENT OF DELEWARE 6 BROOKSIDE DR WILMINGTOM, DE 19804	51-0057830	(C)(4)	51,993		VETERANS COMMUNIT SERVICE, & DEPARTME POST ACTI	Y NT AND

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

IMUNITY VICE, & ARTMENT AND VFW DISTRICT OF 53-0175153 (C)(4)12,324

TACTIVITIES VETERANS SERVICE, COLUMBIA COMMUNITY 1601 KENILWORTH AVE NE SERVICE, & WASHINGTON, DC 20019 DEPARTMENT AND

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 59-0494095 (C)(19) 344,077 VETERANS SERVICE, FLORIDA COMMUNITY 543 SANCHEZ AVE SERVICE, & OCALA, FL 34470 DEPARTMENT AND

(g) Description of

(h) Purpose of grant

					POST ACTIVITIES
VFW DEPARTMENT OF GEORGIA PO BOX 3025 MACON,GA 31205	58-0512677	(C)(19)	89,806		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND
,					POST ACTIVITIES

VFW DEPARTMENT OF 99-0040331 (C)(19) 43,459 HAWAII 438 HOBRON LN

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

VETERANS SERVICE, COMMUNITY SERVICE, & HONULULU, HI 96815 DEPARTMENT AND POST ACTIVITIES

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) VFW DEPARTMENT OF 82-0182104 (C)(19)32,420 VETERANS SERVICE, IDAHO COMMUNITY 1425 S ROOSEVELT ST SERVICE, & BOISE, ID 83705 DEPARTMENT AND CTIVITIES

(g) Description of

(h) Purpose of grant

DEPARTMENT AND POST ACTIVITIES

					POST ACTIVITIES
VFW DEPARTMENT OF ILLINOIS 3300 CONSTITUTION DR SPRINGFIELD,IL 62791	37-6059313	(C)(19)	318,440		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

INDIANAPOLIS, IN 46216

**(b)** EIN

V FW DEPARTMENT OF 35-6042820 (C)(19)160,237 VETERANS SERVICE, INDIANA COMMUNITY 9555 E 59TH ST SERVICE, &

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 42-0331186 (C)(19) 94,880 VETERANS SERVICE, TO WA COMMUNITY 3601 BEAVER AVE SERVICE, &

(g) Description of

(h) Purpose of grant

DEPARTMENT AND POST ACTIVITIES

DES MOINES,IA 50310					POST ACTIVITIES
VFW DEPARTMENT OF KANSAS 115 SW GAGE BLVD TOPEKA,KS 66606	48-0641005	(C)(19)	95,849		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES

V FW DEPARTMENT OF 61-0406448 (C)(19) 77,840 VETERANS SERVICE, KENTUCKY COMMUNITY 3031 POPLAR LEVEL RD SERVICE, &

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) A mount of cash

(c) IRC section

(a) Name and address of

LOUISVILLE, KY 40217

**(b)** EIN

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 72-0499659 (C)(19) 80,753 VETERANS SERVICE, LOUISIANA COMMUNITY 10185 MAMMOTH AVE SERVICE. & DATON DOLLCE LA 70014 DEDARTMENT AND

(g) Description of

(h) Purpose of grant

DEPARTMENT AND POST ACTIVITIES

BATON ROUGE, LA 70814					POST ACTIVITIES
VFW DEPARTMENT OF MAINE 64 WASHBURN ST CARIBOU,ME 04736	01-0191822	(C)(19)	56,504		VETERANS SERVICE COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(d) A mount of cash

(a) Name and address of

BALTIMORE, MD 21202

**(b)** EIN

CARIBOU, ME 04736

VFW DEPARTMENT OF 52-0517415 (C)(19) 148,852

MARYLAND 101 N GAY ST

COMMUNITY SERVICE, &
DEPARTMENT AND POST ACTIVITIES

VETERANS SERVICE, COMMUNITY SERVICE, &

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 04-1242419 (C)(19)169,048 VETERANS SERVICE, MASSACHUSETTS COMMUNITY 24 BEACON ST SERVICE, & BOSTON, MA 02133 DEPARTMENT AND FOST ACTIVITIES

(g) Description of

(h) Purpose of grant

DEPARTMENT AND POST ACTIVITIES

					I
MICHIGAN 924 N WASHINGTON AVE LANSING,MI 48906					COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES
VFW DEPARTMENT OF	38-1133442	(C)(19)	263,994		VETERANS SERVICE,
					POSTACTIVITIES

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

ST PAUL, MN 55155

**(b)** EIN

AND TIES VFW DEPARTMENT OF 41-0593068 (C)(19) 177,296 VETERANS SERVICE, MINNESOTA COMMUNITY 20 W 12TH ST SERVICE, &

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 64-0275576 (C)(4) 34,801 VETERANS SERVICE, MISSISSIPPI COMMUNITY 120 N STATE ST SERVICE, & JACKSON, MS 39201 DEPARTMENT AND POST ACTIVITIES

(q) Description of

(h) Purpose of grant

DEPARTMENT AND POST ACTIVITIES

				·		I
65102						POST ACTIVITIES
JEFFERSON CITY, MO						DEPARTMENT AND
PO BOX 26						SERVICE, &
MISSOURI						COMMUNITY
VFW DEPARTMENT OF	44-0515305	(C)(19)	174,554			VETERANS SERVICE,

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

FT HARRISON, MT 59636

**(b)** EIN

MUNITY /ICE,& ARTMENT AND **FACTIVITIES** VFW DEPARTMENT OF 81-0225542 51,268 **VETERANS SERVICE**, (C)(4)MONTANA COMMUNITY 1956 MT MAJO ST SERVICE, &

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 47-0343845 (C)(19) 55,941 VETERANS SERVICE. NEBRASKA COMMUNITY 2431 N 48TH ST SERVICE, & LINCOLN, NE 68504 DEPARTMENT AND

(g) Description of

(h) Purpose of grant

VETERANS SERVICE,

DEPARTMENT AND POST ACTIVITIES

COMMUNITY

SERVICE, &

					POST ACTIVITIES
VFW DEPARTMENT OF NEVADA PO BOX 637 LOGANDALE,NV 89021	88-0055900	(C)(19)	62,387		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES

VFW DEPARTMENT OF NEW 02-0213632 (C)(19) 56,231 HAMPSHIRE

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

PO BOX 955

CONCORD, NH 03301

**(b)** EIN

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF NEW 21-0586655 (C)(19) 206,330 VETERANS SERVICE, JERSEY COMMUNITY 135 W HANOVER ST SERVICE, & TRENTON, NJ 08618 DEPARTMENT AND ST ACTIVITIES

(q) Description of

(h) Purpose of grant

POST ACTIVITIES

					POST ACTIVITIES
VFW DEPARTMENT OF NEW	85-0123009	(C)(19)	60,719		VETERANS SERVICE,
MEXICO					COMMUNITY
PO BOX 1084					SERVICE, &
RUIDOSO DOWNS,NM					DEPARTMENT AND
88346					POST ACTIVITIES

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

MMUNITY (C)(19) 331,546 VFW DEPARTMENT OF NEW 13-1436995

RVICE, & PARTMENT AND ST ACTIVITIES VETERANS SERVICE, YORK COMMUNITY

69 SAND CREEK RD SERVICE, & ALBANY, NY 12205 DEPARTMENT AND

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 56-0470953 (C)(19) 171,858 VETERANS SERVICE, NORTH CAROLINA COMMUNITY 917 NEW BERN AVE SERVICE. & DALETCH NC 37611 DEDADTMENT AND

(g) Description of

(h) Purpose of grant

POST ACTIVITIES

RALEIGH, NC 2/611					POST ACTIVITIES
VFW DEPARTMENT OF NORTH DAKOTA 1440 MAPLE LN WEST FARGO,ND 58078	45-0215848	(C)(19)	47,183		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND

VFW DEPARTMENT OF 31-4332217 (C)(19) 296,344

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

POST ACTIVITIES VETERANS SERVICE, OHIO COMMUNITY PO BOX 15219 SERVICE, & COLUMBUS, OH 43215 DEPARTMENT AND

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 73-0496245 (C)(19)88,577 VETERANS SERVICE, OKLAHOMA COMMUNITY 2311 N CENTRAL AVE SERVICE, & OKLAHOMA CITY, OK DEPARTMENT AND CTIVITIES ANS SERVICE,

(g) Description of

(h) Purpose of grant

POST ACTIVITIES

73105					POSTAC
VFW DEPARTMENT OF OREGON 12440 NE HALSEY ST	93-0304245	(C)(19)	96,806		VETERAI COMMUN SERVICE
PORTLAND, OR 97230					DEPART
		1			POSTAC

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

UNITY CE, & TMENT AND OST ACTIVITIES (C)(4)433,329 VFW DEPARTMENT OF 23-1182480 VETERANS SERVICE, PENNSYLVANIA COMMUNITY

4002 FENTON AVE SERVICE, & HARRISBURG, PA 17109 DEPARTMENT AND

organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 05-0254985 (C)(19)44,118 VETERANS SERVICE, RHODE ISLAND COMMUNITY 1 CAPITOL HILL SERVICE, & DEDADTMENT AND DDOVIDENCE DI 02008

(g) Description of

(h) Purpose of grant

SERVICE, &

DEPARTMENT AND POST ACTIVITIES

TROVIDENCE, RI 02300					POST ACTIVITIES
VFW DEPARTMENT OF SOUTH CAROLINA 210 GLASSMASTER RD LEXINGTON,SC 29072	57-0279614	(C)(4)	77,870		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES

VFW DEPARTMENT OF 46-0210486 (C)(4)30,759 VETERANS SERVICE, SOUTH DAKOTA COMMUNITY

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

3601 S MINNESOTA AVE

SIOUX FALLS, SD 57105

**(b)** EIN

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 62-6050445 (C)(19) 64,687 VETERANS SERVICE, TENNESSEE COMMUNITY 301 6TH AVE NASHVILLE SERVICE. &

(g) Description of

(h) Purpose of grant

POST ACTIVITIES

DEPARTMENT AND POST ACTIVITIES

COMMUNITY

SERVICE, &

VETERANS SERVICE,

NASHVILLE, IN 3/243					DEPARIMENTAND
					POST ACTIVITIES
VFW DEPARTMENT OF TEXAS	74-0964465	(C)(19)	356,453		VETERANS SERVICE, COMMUNITY
8503 NORTH IH-35					SERVICE, &
AUSTIN.TX 78753					DEPARTMENT AND

47,969

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

(d) A mount of cash

(c) IRC section

VFW DEPARTMENT OF

NORTH OGDEN, UT 84414

UTAH

3394 N 1000 E

(a) Name and address of

**(b)** EIN

87-0200672

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW DEPARTMENT OF 03-0179180 (C)(19) 47,690 VETERANS SERVICE, VERMONT COMMUNITY PO BOX 1248 SERVICE, & MONTPELIER VT 05601 DEPARTMENT AND

(g) Description of

(h) Purpose of grant

VETERANS SERVICE,

DEPARTMENT AND POST ACTIVITIES

COMMUNITY

SERVICE, &

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

(c) IRC section

(d) A mount of cash

THO WIT EZIZN, TT 03001					POST ACTIVITIES
VFW DEPARTMENT OF VIRGINIA 403 LEE JACKSON HWY STAUNTON,VA 24401	54-0449022	(C)(19)	176,961		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES

194,884

VFW DEPARTMENT OF 91-0454080 WASHINGTON

5213 PACIFIC HWY E

FIFE, WA 98424

(a) Name and address of

**(b)** EIN

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) VEW DEPARTMENT OF 55-0320759 (C)(19) 42,559 METERANS SERVICE. WEST VIRGINIA COMMUNITY 5532 MACCORKLE AVE SW SERVICE, & S CHARLESTON, WV 25309 DEPARTMENT AND TIVITIES

(g) Description of

(h) Purpose of grant

POST ACTIVITIES

					POST ACTIVITIES
VFW DEPARTMENT OF	39-0677613	(C)(19)	190,334		VETERANS SERVICE,
WISCONSIN					COMMUNITY
PO BOX 6128					SERVICE, &
MADISON, WI 53716					DEPARTMENT AND
					POST ACTIVITIES

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

NITY . & MENT AND VFW DEPARTMENT OF 83-6005906 (C)(19) 44,923

TIVITIES VETERANS SERVICE, WYOMING COMMUNITY 3036 CABIN CREEK PL SERVICE, & CASPER, WY 82604 DEPARTMENT AND

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance **VFW AUXILIARY** 63-0695811 (C)(19)6,140 VETERANS SERVICE, DEPARTMENT OF ALABAMA COMMUNITY 13230 ALABAMA ST SERVICE, & ELBERTA, AL 36530 DEPARTMENT AND POST ACTIVITIES VETERANS SERVICE,

VFW AUXILIARY 86-0828017 (C)(19)8,134 DEPARTMENT OF ARIZONA COMMUNITY 5630 S 41ST WAY PHOENIX, AZ 85040

(d) A mount of cash

SERVICE, & DEPARTMENT AND POST ACTIVITIES VFW AUXILIARY 94-1011531 (C)(19)38,469 VETERANS SERVICE, DEPARTMENT OF COMMUNITY CALIFORNIA SERVICE, &

3100 FITE CIRCLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

SACRAMENTO, CA 95827

**(b)** EIN

DEPARTMENT AND

(q) Description of

(h) Purpose of grant

POST ACTIVITIES

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government other) assistance **VFW AUXILIARY** 84-6033115 (C)(19) 11,353 VETERANS SERVICE, DEPARTMENT OF COMMUNITY COLORADO SERVICE, & PO BOX 262 DEPARTMENT AND SOUTH FORK, CO 81154 POST ACTIVITIES

(q) Description of

(h) Purpose of grant

DEPARTMENT AND POST ACTIVITIES

VFW AUXIIIARY 23-7326563 (C)(19) 14,521 VETERANS SERVICE. DEPARTMENT OF FLORIDA COMMUNITY PO BOX 773490 OCALA, FL 34477

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

FORT BENNING, GA 31995

**(b)** EIN

SERVICE, & DEPARTMENT AND POST ACTIVITIES 8,631 VFW AUXILIARY 23-7413009 (C)(19) VETERANS SERVICE, DEPARTMENT OF GEORGIA COMMUNITY PO BOX 53949 SERVICE, &

organization ıf applicable grant cash (book, FMV, appraisal, l non-cash assistance or assistance or government assistance other) **VFW AUXILIARY** 36-2385214 (C)(19) 20,686 VETERANS SERVICE, DEPARTMENT OF ILLINOIS COMMUNITY PO BOX 62 SERVICE, & AROMA PARK, IL 60910 DEPARTMENT AND POST ACTIVITIES

(g) Description of

(h) Purpose of grant

POST ACTIVITIES

					1 0 0 1 71 0 1 1 1 1 1 1 1 1 0
VFW AUXILIARY DEPARTMENT OF INDIANA PO BOX 86 MORRIS,IN 47033	35-6042937	(C)(19)	11,724		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES
VEWAUXIITARY	42-6062345	(C)(19)	5.164		VETERANS SERVICE.

ハーハエラハ DEPARTMENT OF IOWA 1812 19TH ST

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

COMMUNITY SERVICE, & HARLAN, IA 51537 DEPARTMENT AND

organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **VFW AUXILIARY** 48-0507090 (C)(19) 12.908 VETERANS SERVICE. DEPARTMENT OF KANSAS COMMUNITY PO BOX 158 SERVICE.& DEPARTMENT AND OSWEGO,KS 67356 POST ACTIVITIES

(g) Description of

(h) Purpose of grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) A mount of cash

(c) IRC section

VFW AUXIIIARY DEPARTMENT OF MARYLAND 26595 BLUE JAY LN HEBRON, MD 21830

(a) Name and address of

**(b)** EIN

52-1407051 (C)(19) 9,818 VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES VFW AUXILIARY 41-0664094 (C)(19) 25,453 VETERANS SERVICE, DEPARTMENT OF COMMUNITY MINNESOTA SERVICE, & 25733 JASON AVE DEPARTMENT AND CHISAGO CITY, MN 55013 POST ACTIVITIES

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **VFW AUXILIARY** 23-7203133 (C)(19) 10,628 VETERANS SERVICE, DEPARTMENT OF COMMUNITY MICCOLLDI SERVICE, & RTMENT AND

(g) Description of

(h) Purpose of grant

2189 FOREST LANE ARNOLD, MO 63010					DEPART POST A
VFW AUXILIARY DEPARTMENT OF NEBRASKA	47-6028250	(C)(19)	7,260		VETERA COMMU SERVIC

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

**ACTIVITIES** RANS SERVICE,

DEPARTMENT OF NEBRASKA 311 OAK ST STEINAUER,NE 68441					COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES
VFW AUXILIARY DEPARTMENT OF NEW	22-3086413	(C)(19)	9,110		VETERANS SERVICE, COMMUNITY

STEINAUER,NE 68441					POST ACTIVITIES
VFW AUXILIARY DEPARTMENT OF NEW JERSEY	22-3086413	(C)(19)	9,110		VETERANS SERVICE, COMMUNITY SERVICE. &

DEPARTMENT AND 1224 81ST ST NORTH BERGEN, NJ 07047 POST ACTIVITIES

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) VFW AUXILIARY 14-1682753 (C)(19) 18.559 VETERANS SERVICE. DEPARTMENT OF NEW COMMUNITY YORK SERVICE.& 1044 BROADWAY DEPARTMENT AND POST ACTIVITIES ALBANY, NY 12204 56-0561710 (C)(19) 9,384 VETERANS SERVICE. COMMUNITY

(g) Description of

(h) Purpose of grant

VFW AUXILIARY DEPARTMENT OF NORTH CAROLINA SERVICE, & PO BOX 716 BETHEL, NC 27812 5,631 VFW AUXILIARY 73-6096027 (C)(19) DEPARTMENT OF

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

73143

**(b)** EIN

DEPARTMENT AND POST ACTIVITIES VETERANS SERVICE, COMMUNITY OKLAHOMA SERVICE, & PO BOX 95726 DEPARTMENT AND OKLAHOMA CITY, OK POST ACTIVITIES

organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **VFW AUXILIARY** 93-6025794 (C)(19) 6,538 VETERANS SERVICE. DEPARTMENT OF OREGON COMMUNITY PO BOX 1134 SERVICE. & MEDFORD, OR 97501 DEPARTMENT AND ACTIVITIES

(g) Description of

(h) Purpose of grant

POST ACTIVITIES

					POST ACTIVITIES
VFW AUXILIARY DEPARTMENT OF PENNSYLVANIA 4002 FENTON AVE HARRISBURG,PA 17109	23-1642712	(C)(4)	19,708		VETERANS SERVICE, COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

78410

**(b)** EIN

/ICE,& ARTMENT AND **TACTIVITIES** (C)(19) 18,576 VFW AUXILIARY 74-6074588 VETERANS SERVICE, DEPARTMENT OF TEXAS COMMUNITY

2839 MCKINZIE RD 1 SERVICE, & CORPUS CHRISTI, TX DEPARTMENT AND

organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VFW AUXILIARY 54-0697456 (C)(19)7,637 VETERANS SERVICE, DEPARTMENT OF VIRGINIA COMMUNITY 539 WESTWOOD DR SERVICE, &

(g) Description of

(h) Purpose of grant

RICKERSVILLE, VA 29968					POST ACTIVITIES
VFW AUXILIARY DEPARTMENT OF WASHINGTON 5213 PACIFIC HWY F	91-0499052	(C)(19)	11,699		VETERANS SERVICE, COMMUNITY SERVICE, &

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

VFW AUXILIARY DEPARTMENT OF WASHINGTON 5213 PACIFIC HWY E FIFE, WA 98424	91-0499052	(C)(19)	11,699		VETERANS SERV COMMUNITY SERVICE, & DEPARTMENT AI POST ACTIVITII
V FW A UXILIARY DEPARTMENT OF WEST	55-6017166	(C)(19)	5,282		VETERANS SERV

VFW AUXILIARY DEPARTMENT OF WASHINGTON 5213 PACIFIC HWY E FIFE,WA 98424	91-0499052	(C)(19)	11,699	VETERANS SERVICE COMMUNITY SERVICE, & DEPARTMENT AND POST ACTIVITIES
VFW AUXILIARY DEPARTMENT OF WEST	55-6017166	(C)(19)	5,282	VETERANS SERVICE

FIFE, WA 98424					POST ACTIVITIES
VFW AUXILIARY DEPARTMENT OF WEST VIRGINIA	55-6017166	(C)(19)	5,282		VETERANS SERVICE COMMUNITY SERVICE, &

DEPARTMENT OF WEST				COMMONITY
VIRGINIA				SERVICE, &
740 LOWER DONNALLY RD				DEPARTMENT AND
CHARLESTON, WV 25304				POST ACTIVITIES

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 39-6056026 (C)(19)21,329 VFW AUXILIARY VETERANS SERVICE, DEPARTMENT OF COMMUNITY WISCONSIN SERVICE. & DO DOV 666 DEPARTMENT AND ST ACTIVITIES

SILVER LAKE, WI 16275					POS
VFW AUXILIARY NATIONAL HEADQUARTERS 406 WEST 34TH ST	44-0319970	(C)(19)	129,137		VET COM SERV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20036

TEDANG SEDVICE

VIWAGAILIAKI NATIONAL I	TT 0313370	1 (5/11/1	127,137		VETERANS SERVICE,
HEADQUARTERS					COMMUNITY
406 WEST 34TH ST					SERVICE, &
KANSAS CITY, MO 64111					DEPARTMENT AND
					POST ACTIVITIES

-					1
					POST ACTIVITIES
	KANSAS CITY, MO 64111				DEPARTMENT AND
	406 WEST 34TH ST				SERVICE, &

·					POST ACTIVITIES
ALEETHIA FOUNDATION	51-0529300	(C)(3)	8,478		VETERANS SERVICE
1718 M ST NW					

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) IMWRF - WHITE SANDS 02-1909440 30,000 VETERANS SERVICE MISSLE RNAGE F&MWR PO BOX 400 WHITE SANDS MISSLE RAN. NM 88002 ANS SERVICE

5,000

VETERANS SERVICE

MARINE CORPS	62-1383809	6,000		VETERAI
COMMUNITY SERVICES PO BOX 741743				
ATLANTA,GA 30374				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(3)

NATIONAL POSTAL

2 MASSACHUSEETS AVE NE WASHINGTON, DC 20002

MUSEUM

53-0206027

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VIETNAM WOMEN 72-1438083 (C)(19) 5,000 VETERANS SERVICE VETERANS 10185 MAMMOTH AVE ANS SERVICE

BATON ROUGE, LA 70814					
WOMEN VETERANS UNITED COMMITTEE 583 FREDERICK RD SUITE	47-4038116	(C)(3)	5,000		VETERA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6B CATONSVILLE,MD 21228					
VFW NATIOANL HOME	38-1359597	(C)(3)	97,755		VETERANS SERVICE

3573 WAVERLY RD S

EATON RAPIDS, MI 48827

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) (C)(19) VFW POST 10047 88-0103973 6,146 VETERANS SERVICE 4337 N LAS VEGAS BLVD LAS VEGAS, NV 89115 (C)(19) 5,410 51-0151763 VETERANS SERVICE

8,000

**VETERANS SERVICE** 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(4)

VFW POST 6002	
111 TAZEWELL RD	
NEWPORT NEWS.VA	23608

7971 STEUBENVILLE PIKE OAKDALE, PA 15057

25-6089291

VFW POST 7714

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VEW POST 8108 59-3240975 (C)(19) 20,000 VETERANS SERVICE PO BOX 2513 RIVERVIEW.FL 33568 VFW POST 9430 91-6055481 (C)(19) 6.466 VETERANS SERVICE 7421 S 126TH ST SEATTLE, WA 98499

**Compensation Information** 

2015

OMB No 1545-0047

DLN: 93493013013167

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

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

Name of the organization

Employer identification number

	ETERANS OF FOREIGN WARS OF THE NITED STATES	44-0474290					
Pa	art I Questions Regarding Compensation	11 017 1230					
				Yes	No		
La	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regards						
	<b>▼</b> First-class or charter travel	or personal use					
	▼ Travel for companions	sonal residence					
	Tax idemnification and gross-up payments Health or social club dues or initial	ation fees					
	Discretionary spending account Personal services (e.g., maid, cha	uffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If "No," complete Part III to		1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for methor used by a related organization to establish compensation of the CEO/Executive Director, but ex	ods					
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations	ation committee					
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to or a related organization	the filing organization					
а	Receive a severance payment or change-of-control payment?		4a	Yes			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Νo		
c	Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4</b> c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ın Part III					
	Only $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of	any					
а	The organization?		5a				
b	Any related organization?		5b				
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue compensation contingent on the net earnings of	any					
а	The organization?		<b>6</b> a				
b	Any related organization?		<b>6</b> b				
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any n payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed	7				
3	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If in Part III		8				
	If "Yes" on line 8, did the organization also follow the rehuttable presumption procedure describ	ved in Regulations					

section 53 4958-6(c)?

rage Z					
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.				
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual					
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in

## other deferred benefits (B)(ı)-(D) column(B) reported (ii) (iii) Base as deferred on prior Bonus & incentive Other reportable compensation (I) compensation compensation compensation Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 2

,	T 4go C	
Part III Supplemental Information		
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	
Return Reference	Explanation	
PART I, LINE 1A	FIRST CLASS TRAVEL IS AUTHORIZED FOR CERTAIN OFFICERS UNDER CERTAIN CIRCUMSTANCES, BUT IS NOT GENERALLY AUTHORIZED FOR MOST OFFICERS, DIRECTORS OR KEY EMPLOYEES AND IS NOT USED, EVEN WHEN AUTHORIZED, IN MOST INSTANCES SPOUSAL TRAVEL IS NOT GENERALLY AUTHORIZED FOR OFFICERS AND DIRECTORS, BUT IS AUTHORIZED BY WRITTEN POLICY FOR CERTAIN OFFICERS AND DIRECTORS FOR SPECIFIC ACTIVITIES	

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

NATIONAL COUNCIL OF ADMINISTRATION YEARS AGO

OF LOYAL SERVICE TO THE ORGANIZATION ALL PAYMENTS WERE PAID PURSUANT TO WRITTEN PLANS AND POLICIES ADOPTED BY THE

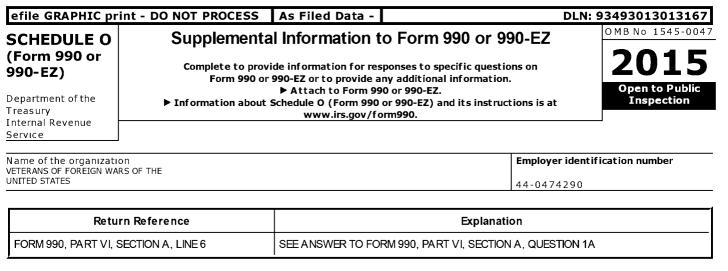
## Software ID: Software Version:

**EIN:** 44-0474290

Name: VETERANS OF FOREIGN WARS OF THE

UNITED STATES

Form 990, Schedule J,  (A) Name and Title			W-2 and/or 1099-MIS		(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
(A) Name and Tide		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1JOHN W STROUD PAST COMMANDER-IN-CHIEF	(1)	138,502	0	30,693	8,030	759	177,984	0
(RET 7/2016)	(11)	0	0	0	0	- - 0	- 0	0
1JOHN A BIEDRZYCKI JR COMMANDER-IN-CHIEF (RET	(1)	156,252	0	7,229	8,970	0	172,451	0
7/2016)	(11)	0	0	0	0		- 0	0
2BERNARD J DUFFY COMMANDER-IN-CHIEF	(1)	142,268	0	10,911	8,276	0	161,455	0
	(11)	0	0	0	0			0
3JOHN E HAMILTON ADJUTANT GENERAL (RET	(1)	191,936	0	3,875	37,689	0	233,500	0
7/2016)	(11)	0	0	0	0	-	- 0	0
4ROBERT E WALLACE ADJUTANT GENERAL	(1)	176,787	0	7,338	16,589	18,688	219,402	0
	(11)	0	0	0	0			0
5JERRY L NEWBERRY ASSISTANT ADJUTANT	(1)	132,560	0	295	31,143	18,688	182,686	0
GENERAL (RET 7/20	(11)	0	0	0	0			0
6JOHN R MUCKELBAUER ASSISTANT QUARTERMASTER	(1)	121,473	0	346	15,192	18,688	155,699	0
GENERAL	(11)	0	0	0	0	- 0		0
7WILLIAM BRADSHAW DIRECTOR, NATIONAL VETERANS SERVICE	(1)	149,551	0	873	8,748	1,051	160,223	0
	(11)	0	0	0	0			0
8JAMES J LIERZ CONTROLLER AND MANAGER OF PURCHASING	(1)	137,032	0	213	21,401	251	158,897	0
	(11)	0	0	0	0	- -	-	0
9ROBERT GREENE QUARTERMASTER GENERAL	(1)	109,050	0	224,807	11,174	10,457	355,488	210,504
(RET 7/2015)	(11)	0	0	0	0		- 0	0



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS, ACTING THROUGH DELEGATES SELECTED BY VFW POSTS, ELECT CERTAIN NATIONAL OFFICERS AT THE NATIONAL CONVENTION IN ADDITION, ALTHOUGH DECISIONS OF THE NATIONAL COUNCIL OF ADMINISTRATION ARE NOT SUBJECT TO APPROVAL BY THE MEMBERS, MEMBERS ACTING THROUGH DELEGATES AT THE NATIONAL CONVENTION MAY MAKE DECISIONS THAT ARE BINDING ON THE NATIONAL COUNCIL OF ADMINISTRATION AND THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART	THIS 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHO WORKED WITH PROFESSIONAL
VI, SECTION B,	EMPLOYEES IN THE ACCOUNTING DEPARTMENT OF THE VFW NATIONAL HEADQUARTERS IT WAS REVIEWED BY THE
LINE 11	PRINCIPAL OFFICERS OF THE ORGANIZATION PRIOR TO EXECUTION IN ADDITION, A COPY WAS PROVIDED TO EACH
	MEMBER OF THE GOVERNING BODY , THE NATIONAL COUNCIL OF ADMINISTRATION , PRIOR TO THE TIME OF FILING FOR $\;\;\;$
	THEIR REVIEW

Return Reference	Explanation
FORM 990,	IN ORDER TO SUSTAIN THE VETERANS OF FOREIGN WARS OF THE UNITED STATES' REPUTATION AND CONTINUED
PART VI,	SUCCESS, NATIONAL OFFICERS, COUNCIL MEMBERS, EMPLOYEES AND MEMBERS IN LEADERSHIP POSITIONS ARE
SECTION B,	EXPECTED TO CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AND ADHERE TO THE HIGHEST STANDARDS OF
LINE 12C	HONESTY AND INTEGRITY ALL OF THE ABOVE NAMED INDIVIDUALS ARE REQUIRED TO EXECUTE AN APPROPRIATE
	A CKNOWLEDGEMENT OF A DHERENCE TO A CODE OF ETHICS POLICY UPON ASSUMING THEIR POSITIONS AND NATIONAL
	OFFICERS, COUNCIL MEMBERS, AND KEY EMPLOYEES ARE REQUIRED TO MAKE ANNUAL DISCLAIMER OR DISCLOSURE OF
	CONFLICTS OF INTEREST IN A CCORDANCE WITH THE INTERNAL REVENUE SERVICE GUIDELINES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE ORGANIZATION'S CEO, THE COMMANDER-IN-CHIEF, AND THE TWO VICE COMMANDERS-IN-CHIEF ARE ELECTED BY THE NATIONAL CONVENTION AND TY PICALLY SERVE A SINGLE, ONE YEAR TERM IN EACH POSITION THEIR COMPENSATION IS SPECIFICALLY ESTABLISHED BY THE NATIONAL COUNCIL OF ADMINISTRATION (BOARD OF DIRECTORS) AND IS SPECIFICALLY APPROVED BY THE NATIONAL COUNCIL OF ADMINISTRATION AS PART OF ITS DELIBERATION AND APPROVAL OF THE ANNUAL BUDGET HOWEVER, BECAUSE OF THE UNIQUE DUTIES AND RESPONSIBILITIES OF THESE OFFICERS, COMPARABILITY DATA IS NOT TYPICALLY RELEVANT THE ORGANIZATION HAS IN PLACE A SALARY ADMINISTRATION POLICY THAT APPLIES TO OTHER COMPENSATED OFFICERS AND KEY EMPLOYEES THAT POLICY USES COMPARABILITY DATA TO ASSIGN ALL EMPLOYEE POSITIONS INTO 1 OF 21 GRADES AND TO ESTABLISH SALARY RANGES FOR EACH GRADE. INCREASES IN COMPENSATION ARE BASED ON ANNUAL EVALUATIONS. THE NATIONAL COUNCIL OF ADMINISTRATION, AS PART OF ITS DELIBERATION ON THE ANNUAL BUDGET, APPROVES ALL SALARIES, INCLUDING THE OTHER OFFICERS AND KEY EMPLOYEES.

Return Reference	Explanation
FORM 990, PART VI,	THE VETERANS OF FOREIGN WARS OF THE UNITED STATES COMPLIES WITH IRC SECTION 6104 AND MAKES
SECTION C, LINE 18	ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

Return Reference	Explanation
FORM 990, PART VI,	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO MEMBERS OF THE VETERANS OF FOREIGN WARS
SECTION C, LINE 19	THE BY-LAWS OF THE ORGANIZATION ARE ALSO AVAILABLE FOR PURCHASE THROUGH THE ORGANIZATION'S
	ON-LINE EMBLEMATIC SUPPLY STORE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -3,651,634

Return Reference	Explanation
FORM 990, PAGE 1, QUESTION L	VETERANS OF FOREIGN WARS OF THE UNITED STATES WAS FORMED AS AN UNINCORPORATED ASSOCIATION IN 1899. IT WAS CHARTERED AS A CORPORATION IN 1936 BY AN ACT OF CONGRESS. PUBLIC LAW NO. 630 - 74TH
	CONGRESS (HR 11454) 36 USC 230101 ET SEQ

Return Reference	Explanation
FORM 990, PAGE 1, QUESTION M	THE ORGANIZATION IS CONGRESSIONALLY CHARTERED HEADQUARTERS ARE LOCATED IN KANSAS CITY, MISSOURI

Return Reference	Explanation
FORM 990,	MORE THAN THREE THOUSAND VOLUNTEERS ARE ESTIMATED TO PARTICIPATE DIRECTLY IN THE NATIONAL
PART I,	ORGANIZATION ACTIVITIES THESE VOLUNTEERS SERVE ON VARIOUS COMMITTEES THAT WORK ON VETERANS SERVICE
QUESTION 6	ACTIVITIES, NATIONAL MILITARY SERVICE ACTIVITIES, LEGISLATIVE SERVICE ACTIVITIES AND COMMUNITY SERVICE
	ACTIVITIES MORE IMPORTANTLY, HUNDREDS OF THOUSANDS OF MEMBERS, AND THEIR FAMILIES, ARE ESTIMATED TO
	PARTICIPATE WITH THEIR RESPECTIVE STATE ORGANIZATIONS AND POSTS IN PROGRAMS SPONSORED OR CONDUCTED
	BY THE VETERANS OF FOREIGN WARS OF THE UNITED STATES FOR INSTANCE, OVER 9 2 MILLION HOURS OF VOLUNTEER
	SERVICE WERE REPORTED BY VFW POSTS TO THE VFW NATIONAL HEADQUARTERS LAST YEAR IN SUPPORT OF THE
	ORGANIZATION'S COMMUNITY AND VETERANS SERVICE PROGRAMS

Return Reference	Explanation
Reference	
FORM 990,	PURSUANT TO ITS CONGRESSIONAL CHARTER, THE VETERANS OF FOREIGN WARS OF THE UNITED STATES ISSUES
PART VI,	CHARTERS TO STATE ORGANIZATIONS CALLED "DEPARTMENTS" THOSE DEPARTMENTS ARE EITHER UNINCORPORATED OR
SECTION B,	ARE INCORPORATED UNDER THE LAWS OF THE STATE IN WHICH THEY ARE LOCATED EACH DEPARTMENT GOVERNS ITSELF
LINES 10A	AND ELECTS ITS OWN OFFICERS DEPARTMENTS CONDUCT THEIR OWN PROGRAMS, DIRECT AND MANAGE THEIR BUSINESS
AND 10B	AND FINANCIAL AFFAIRS AND OWN AND MAINTAIN THEIR OWN PROPERTY PURSUANT TO ITS CONGRESSIONAL CHARTER,
	THE VETERANS OF FOREIGN WARS OF THE UNITED STATES ALSO ISSUES CHARTERS TO LOCAL ORGANIZATIONS CALLED
	POSTS" THOSE POSTS ARE EITHER UNINCORPORATED ASSOCIATIONS OR ARE INCORPORATED UNDER THE LAWS OF THE
	STATE IN WHICH THEY ARE LOCATED EACH POST GOVERNS ITSELF AND ELECTS ITS OWN OFFICERS POSTS CONDUCT
	THEIR OWN PROGRAMS, DIRECT AND MANAGE THEIR OWN BUSINESS AND FINANCIAL AFFAIRS, AND OWN AND MAINTAIN
	THEIR OWN PROPERTY THE RELATIONSHIP BETWEEN VETERANS OF FOREIGN WARS OF THE UNITED STATES AND A STATE
	DEPARTMENT OR A POST ARE ESTABLISHED BY THE CHARTER AND SET FORTH IN THE BY-LAWS AND MANUAL OF
	PROCEDURE OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES SECTION 709 OF THE MANUAL OF
	PROCEDURES PROVIDES, IN PART VETERANS OF FOREIGN WARS OF THE UNITED STATES IS A FEDERALLY CHARTERED
	MEMBERSHIP CORPORATION CREATED BY ACT OF CONGRESS IN ACCORDANCE WITH THAT LEGISLATION, VETERANS OF
	FOREIGN WARS OF THE UNITED STATES HAS ISSUED CHARTERS TO THE LADIES AUXILIARY, DEPARTMENTS AND OTHER
	UNITS, INCLUDING POSTS PURSUANT TO THEIR CHARTERS, THOSE UNITS ARE BOUND TO PURSUE THE PURPOSES SET
	FORTH IN THE CONGRESSIONAL CHARTER AND ABIDE BY THE CHARTER, BY-LAWS, MANUAL OF PROCEDURES AND THE
	LAWS AND USAGES OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES HOWEVER, EACH ORGANIZATION IS A
	SEPARATE UNINCORPORATED ASSOCIATION OR CORPORATION UNDER THE LAWS OF THE JURISDICTION IN WHICH EACH IS
	LOCATED THE VETERANS OF FOREIGN WARS OF THE UNITED STATES DOES NOT OWN AN INTEREST IN ANY CLUBROOM,
	CANTEEN, FACILITY OR ANY FUND-RAISING ACTIVITY OPERATED BY ANY SUCH CHARTERED UNIT, NOR ARE CLUBROOMS,
	CANTEENS, FACILITIES OR OTHER FUNDRAISING ACTIVITIES OPERATED FOR OR ON BEHALF OF THE VETERANS OF FOREIGN
	WARS OF THE UNITED STATES VETERANS OF FOREIGN WARS OF THE UNITED STATES DOES NOT DERIVE ANY PROFIT
	FROM SUCH FACILITIES OR ACTIVITIES CLUBROOMS, CANTEENS, FACILITIES AND OTHER FUNDRAISING ACTIVITIES OF
	CHARTERED UNITS ARE CARRIED ON BY SUCH UNITS IN FURTHERANCE OF THE FRATERNAL, PATRIOTIC, HISTORICAL AND
	EDUCATIONAL PURPOSES SET FORTH BY CONGRESS VETERANS OF FOREIGN WARS OF THE UNITED STATES DOES NOT
	LEND MONEY OR EXTEND CREDIT TO ANY CHARTERED UNIT NOR IS IT RESPONSIBLE FOR THE DEBTS OR ANY OTHER
	LIABILITY INCURRED BY ANY CHARTERED UNIT OR ANY CLUBROOM, CANTEEN, FACILITY OR OTHER FUNDRAISING ACTIVITY
	OPERATED BY IT AS UNINCORPORATED ASSOCIATIONS OR CORPORATIONS, THEY ARE RESPONSIBLE FOR THEIR OWN
<u> </u>	DEBTS AND LIABILITIES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	PLENARY POWER CAN BE EXERCISED BY THE ANNUAL NATIONAL CONVENTION OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES, PRIMARILY UNDER THE POWER OF THE CONVENTION TO AMEND THE BY-LAWS OF THE ORGANIZATION THE NATIONAL CONVENTION CONSISTS OF CERTAIN PRESENT AND PAST NATIONAL OFFICERS, MEMBERS OF THE NATIONAL COUNCIL OF ADMINISTRATION, CERTAIN OFFICERS OF THE SEPARATE STATE ORGANIZATIONS AND THOUSANDS OF DELEGATES ELECTED BY POSTS HOWEVER, ADMINISTRATION OF THE ORGANIZATION'S AFFAIRS BETWEEN CONVENTIONS IS VESTED IN THE NATIONAL COUNCIL OF ADMINISTRATION, WHICH SERVES AS THE ORGANIZATION'S BOARD OF DIRECTORS AMONG THE DUTIES OF THE COUNCIL IS BUDGETING, THE ESTABLISHMENT OF SALARIES FOR OFFICERS AND EMPLOYEES AND APPROVAL OF POLICIES AND PROCEDURES THE COUNCIL CONSISTS OF CERTAIN ELECTED AND APPOINTED OFFICERS, NUMBERING 11, AND NATIONAL COUNCIL MEMBERS WHO REPRESENT MEMBERS IN EACH STATE AND ARE ELECTED BY DELEGATES AT THEIR RESPECTIVE STATE ORGANIZATION'S CONVENTIONS THE NATIONAL COUNCIL MEMBERS TOTAL 53 AND CONSIST OF A REPRESENTATIVE FROM EACH OF THE FIFTY STATES, THE DISTRICT OF COLUMBIA, AND TWO OVERSEAS DEPARTMENTS THREE MEMBERS OF THE NATIONAL COUNCIL OF ADMINISTRATION ARE APPOINTED, RATHER THAN ELECTED APPOINTED MEMBERS HAVE ALL VOTING RIGHTS OF ELECTED MEMBERS EXCEPT THAT THEY DO NOT VOTE ON THE APPOINTMENT OR REMOVAL OF SALARIED OFFICERS OF THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Ord

**DLN: 93493013013167**OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

Open to Public Inspection

Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES				<b>Employer i</b> 44-04742		ation number		
Part I Identification of Disregarded Entities Comple	te if the organization	answered "Yes" or	n Form 990, Part I					
(a) Name, address, and EIN (ıf applıcable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	<b>(e)</b> I-of-year assets	Di	<b>(f)</b> irect controlling entity		
Part II Identification of Related Tax-Exempt Organiz	vations Complete if	the organization an	swered "Yes" on F	-orm 990 Pa	rt IV lı	ine 34 because it h	nad on	e
or more related tax-exempt organizations during the (a)  Name, address, and EIN of related organization	ne tax year.  (b)  Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity: (if section 501(	status	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> n 512(l
			504/03/03				Yes	No
(1)VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH STREET  KANSAS CITY, MO 64111 43-1758998	VETERANS SERVICE	MO	501(C)(3)	LINE 7		VETERANS OF FOREIGN WARS OF THE UNITED STATES	Yes	
								_

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

(a) Name, address, and EIN of related organization	Primary activity Legal domination (state fore)		Direct	Legal Direct omicile controlling i tate or entity oreign ountry)	y Legal Direct F domicile controlling ind (state or entity foreign exountry)	ty Legal domicile (state or foreign country)	y Legal Direct Predominant Share controlling (state or entity foreign excluded from	Primary activity Legal domicile (state or foreign country) Primary activity I Legal domicile (state or foreign country) Predominant income (related, excluded from tax under sections 512-		Imary activity Legal Direct domicile controlling (state or entity foreign		Share of	(h) Disproprtionate allocations?		are of Disproprtionat of-year allocations?		Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No											
											$\vdash$											
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>															

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

Part V	<b>Transactions With</b>	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		Yes	No
10	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
١.	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	<b>1</b> s		No
	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 Method of determining an		nvolved	

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)VETERANS OF FOREIGN WARS FOUNDATION	A	43,212	FAIR MARKET VALUE
(2)VETERANS OF FOREIGN WARS FOUNDATION	С	1,669,476	FAIR MARKET VALUE
(3)VETERANS OF FOREIGN WARS FOUNDATION	Q	983,416	FAIR MARKET VALUE

## 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

