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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2016 calendar year, or tax year beginning 2016, and ending D Employer identification number C Name of organization Waco VFW Post Check if applicable Address change Doing business as 74-1021455 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return PO Box 483 (254) 662-3625 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return ТX 76703 **G** Gross receipts \$ 793,254 Waco Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) TX 76706 Alton Leuschner 122 Saffle Rd Waco 527 Tax-exempt status 501(c)(3) X 501(c) (1 9 (insert no) 4947(a)(1) or Website: ► N/A H(c) Group exemption number Other -Form of organization X Corporation Trust Association L Year of formation 1950 M State of legal domicile Part 13 Summary Briefly describe the organization's mission or most significant activities Funds are used to benefit veterans Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)..... Revenue NV PS Activities & Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . 5 6 10 7a Total unrelated business revenue from Part VIII, column (C), line (72 7a 32 551. b Net unrelated business taxable income from Form 990-T, line 34 7h 5,542. O **Current Year** MAY 1.8.201 Contributions and grants (Part VIII, line 1h). . . 7,429 9,403. Program service revenue (Part VIII, line 2g) 40,000. 26,009. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1,548. 2,124. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,985. 11 11,490. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 66,962 49,026. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,438 14,077. Benefits paid to or for members (Part IX, column (A), line 4) . . . e 1 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)...... 24,234 25,691 39,768 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 27,672 19 39,290 9,258 8 **Beginning of Current Year End of Year** Total assets (Part X, line 16) . 398,006. 379.798 8,950. Net assets or fund balances Subtract line 21 from line 20 379.798 389,056. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 5-10-2011 Sign Here Alton Leuschner Commander Type or print name and title Print/Type preparer's name PTIN Check A Baldwin self-employed Margaret P01339050 Paid Preparer Firm's name MARGARET A **Use Only** Firm's address PO BOX 384 Firm's EIN 45-2693587 (210) 296-6710 THREE RIVERS TΧ 78071

No

Form 990 (2016)

Yes

Form 990 (2016) Waco VFW Post 2148	74-1021455 Page 2
Partilles Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·
Briefly describe the organization's mission	
Activities and	
Funds are used to benefit veterans	
2 Did the organization undertake any significant program services during the year which were not list	ed on the prior
Form 990 or 990-EZ?	
If 'Yes,' describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	m services? Yes X No
If 'Yes,' describe these changes on Schedule O	
4 Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated and revenue, if any, for each program service reported	services, as measured by expenses ations to others, the total expenses,
4a (Code) (Expenses \$ 14,077. including grants of \$) (Revenue \$)
activities and funds are used to benefit veterans	
4 b (Code) (Expenses \$ including grants of \$)/Revenue S
The (Code) (Expenses of modeling grants of) (Revende \$)
A. (O.)	
4 c (Code) (Expenses \$ including grants of \$) (Revenue 5)
4 d Other program services (Describe in Schedule O)	•
	/enue \$)
4 e Total program service expenses ► 14,077.	

Form 990 (2016) Waco VFW Post 2148 RandIVS 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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	Х	
ı	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
(Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		<u> </u>
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	Х	

Par	t IV. * Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	-		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	23		
	complete Schedulé K If 'No, 'go to line 25a	24a		X
		24b	_	
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ł	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	256		
		25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
•	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ا	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	(016)

Form 990 (2016) Waco VFW Post 2148	74-1021455	F	age
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			. [
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0 1 1	*	May .
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	7000	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	ele gamıng 1 c	X	Wi.
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	40 53		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	3.2030.0
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		X	<u> </u>
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account	rity over, a		Х
b if 'Yes,' enter the name of the foreign country ▶		4.7	300
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR)		1
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tarini and the	20.000 m.l. 10.00	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible as charitable contributions?	anization		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or contributions or contributions or contributions.	gifts were		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?	and 7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ			
Form 8282?	7c		<u>.</u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year			Kij
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t? 7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 88 as required?	99 		 ! L _
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file.	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t		o White	4:2
organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.	<u>iii</u>	12.20	
a Did the sponsoring organization make any taxable distributions under section 4966?	· · · · · · · 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9</u> b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter			3 11 A
a Gross income from members or shareholders	12 Table 1		
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them)			HW.
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	. ba. 70 . 1 d	Simu . ser
b If Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a	B. 18.14	1. 11.Ke.7%
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	1307.7	X
	L		

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

<u> Par</u>	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O See instructions.	ıń		
~	Check if Schedule O contains a response or note to any line in this Part VI		· · · ·	. X
Sec	tion A. Governing Body and Management		V	LNI
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
Ŀ	Enter the number of voting members included in line 1a, above, who are independent 1 b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 7 a	Did the organization have members or stockholders?	6	X	
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8 b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		ļ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
_	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	N	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	i i i		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
(Countries of the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14	362	X
á	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		X
ı	Other officers or key employees of the organization	15 b		Χ
16:	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 3 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain in Schedule O)	avaılat	ole	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	le to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Alton Leuschner 122 Saffle Rd Waco TX 76706 (2	54)	662-3	3625
BAA	TEEA0106 11/16/16	Form	990 (2016)

						<u> </u>				Page 7
PartiVIII Com	pensation pendent	on of Cont	Officers ractors	, Directors,	Trustees	, Key Employees,	Highest (Compensated I	Employees	and

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

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

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

				(C)							
(A) Name and Title	(B) Average hours per	than	one both dire	box, i an o ector/	untess fficer truste	ck mor s perso and a ee)	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Alton Leuschner Commander	40.00	х		Х				0.	0.	0.	
(2) Ray Garcia Surgeon	5.00	Х		Х				0.	0.	0.	
(3) Eugene Leuschner Quartermaster	4.00	Х		Х				0.	0.	0.	
(4) Richard Garcia Second Vice Comm		Х		X				0.	0.	0.	
(5) Roger Sturdevant Judge Advocate	0.00	Х		Х				0.	0.	0	
(6) Miguel Valverde Chaplain	1.00	х		Х				0.	0.	0	
(7) Luis Lopez First Vice Comm	5.00	Х		Х				0.	0.	0	
(8) J Dane Richburg Trustee	1.00	Х						0.	0.	0	
(9) Raymond Mosley Adjutant	12.00	Х		Х				0.	0.	0.	
(10) Daniel Booker Service Officer	2.00	Х		Х				0.	0.	0.	
(11) Raymond Maciel Trustee	5.00	х						0.	0.	0.	
(12) Robert Birkes Trustee	1.00	Х						0.	0.	0.	
(13)											
(14)											

Part VII Section A. Officers, Directors, Tru		Kov	=					d Highaat Com	74-10214	155 Page 8	
Part VIN Section A. Officers, Directors, 11t	(B)	<u>rey</u>	CII	ibio		es, a	and	a riignest Con	ipensated En	iployees (continued)	
、 (A) Name and title	Average hours per week	off	Position (do not check more than of box, unless person is both officer and a director/truste					(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the from the organization and related organizations	
<u></u>		-			-						
(16)	 	-				-	-			 	
<u>(17)</u>			-		 						
(18)		-		-			-				
(19)		-	-		-						
(20)		-	-		-		-				
(21)		-			-		-			+	
(22)		-			-						
(23)		-								- 	
(24)		-			-				 		
(25)		-									
1 b Sub-total	on A	 <u></u>	 	 <u></u>	 	 	► ► Eive	0. 0. d more than \$100,	(0. 0. compensation	
from the organization								 		Yes No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdual				• •		•			3 X	
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater t such individual	han \$150	,000?	' If 'Y	es, '	con	nplete	Sc	hèdule J for		4 X	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or a services rendered to the organization?										5 X	
1 Complete this table for your five highest compensation from the organization Report compe	ed indepensation for	ender or the	t co	ntra	ctors	that	rec	eived more than \$	100,000 of organization's tax	vear	
(A)								(B) Description o		(C) Compensation	
Total number of independent contractors (including \$100,000 of compensation from the organization.)	but not li	mited	to th	nose	list	ed ab	ove) who received mo	re than		
RAA		TEEA	2100	11/1	6116				<u>_</u>	Form 990 (2016)	

		Check if Schedule O co	ontains a res	ponse or note to any li	ne in this Part VIII .			[]
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues Fundraising events		la 1,817. lc 7,586.				
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and							
antribu d Oth	_	similar amounts not included at Noncash contributions included	in lines 1a-1f	· 			ing the second of	
<u>8</u> €	1	Total. Add lines 1a-1f .		. , , ,	9,403.			
≘				Business Code		2383692965		
Program Service Revenue	2 a	Bingo		713200	26,009.	0.	26,009.	0.
am Servi	6		 					
짱	f	All other program service	revenue .	· -{			<u> </u>	
چ	g	Total. Add lines 2a-2f			26,009.		\$1915 XXXX	
	3	Investment income (include other similar amounts). Income from investment of	. <i></i>		2,124.	2,124.	0.	0.
	5	Royalties					· · · · · · · · · · · · · · · · · · ·	
	Ĭ	royamest t t t t t t	(ı) Real	(ii) Personal				
		Cross route						
	i i	Gross rents						
		Less rental expenses		···				
	C	Rental income or (loss) L						
	C	Net rental income or (loss	<u> </u>	. , , , , , , , , , , , , , , , , , , ,				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
		Less cost or other basis and sales expenses			en e	en en		
		Gain or (loss)						1 (A)
	C	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
Other Revenue	8 a	Gross income from fundra (not including. \$	7,586		The same of the sa	and the second s		
Ę		See Part IV, line 18		a				
-		Less direct expenses						
\$						Artini dan Antara dan		
0		Net income or (loss) from Gross income from gamin See Part IV, line 19	ng activities					
	Ł	Less direct expenses .		b 744,228.	្រៃ « នៃសាស្ត្រា ស្ថា	The state of the state of		MARINE PARTIES
		: Net income or (loss) from	gaming acti		6,542.	0	6,542.	Λ
	1	Gross sales of inventory, and allowances	less returns		2. HE TO THE STATE OF THE STATE	gradus Gradus (1988)		
		Less cost of goods sold				15276224404	74 (14 £ 7 7 P 17) F	
	c	Net income or (loss) from	sales of inve	entory ►				
		Miscellaneous Revenue	•	Business Code				
	11 a	Liberty bankers	Annuit	y NA	2,676.	2,676.	0.	0.
		Sentinel Security			2,240.	2,240.	0.	0,
	l .	interest		NA	32.	32.	0.	0.
		All other revenue			1			
	1	Total. Add lines 11a-11d		• • • • • • • • • • • • • • • • • • •	4,948.		edical and the second	u mumali samba
		Total revenue. See instru				7 070	20 EE1	C CONTRACTOR CONTRACTOR
	<u> </u>	. 3-2 07011401 000 111811			49,026.	7,072.	32,551.	<u> </u>

	Statement of Functional Expen				
Sect	ion 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a re-				,
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	14,077.	14,077.		
2	Grants and other assistance to domestic individuals See Part IV, line 22				到了。这个事情
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		·	ı	
	Management				
	Legal			<u> </u>	
	Accounting				<u> </u>
	Lobbying			The State (State (State) and State (State) and St	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12					
13	Office expenses		<u>_</u>		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	.	9,299.	9,299.	0.	0.
20	Interest		ļ	ļ	
21	Payments to affiliates	ļ	<u> </u>		
22	Depreciation, depletion, and amortization	<u> </u>	ļ	<u> </u>	
23 24	Other expenses litemize 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)	1,118.	1,118.		0.
á	supplies	4,909.	4,909.	0.	0.
	Utilities	3,620.	3,620.	0.	0.
	Building repairs	2,682.	2,682.	0.	0.
	Dues/Fees	1,835.	1,835.	0.	0.
	All other expenses	2,228.	2,228.	0.	0.
25	Total functional expenses. Add lines 1 through 24e.	39,768.	39,768.	0.	0.
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)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
l	1	Cash — non-interest-bearing	37,812.	1	79,596
I	2	Savings and temporary cash investments	276,923.	2	256,513
	3	Pledges and grants receivable, net		3	
l	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	inventories for sale or use $\ \ldots \ \ldots \ \ldots \ \ldots \ \ldots \ \ldots$		8	
۲	9	Prepaid expenses and deferred charges		9	
į	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	65,063.	10 c	61,897
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	379,798.	16	398,006
	17	Accounts payable and accrued expenses		17	8,950
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>e</u> .	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	85-8 (4-8 man) 4 man 4 man 4 man 6 man 6 m
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	8,950
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	reg. proj	140	mag (F)
ĕ		lines 27 through 29, and lines 33 and 34.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	500.0	and the Complete Comp
ā	27	Unrestricted net assets	379,798.	27	389,056
89	28	Temporarily restricted net assets		28	
귤	29	Permanently restricted net assets		29	
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.	The state of the s		
ध	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ş	32	Retained earnings, endowment, accumulated income, or other funds		32	

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389,056.

379,798.

379,798.

33

34

FOII	n 990 (2016) Waco VFW Post 2148 = = = = -/4-	T 0 5-1	. <u>455</u> -		- Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			. X
1	`Total revenue (must equal Part VIII, column (A), line 12)	1			19,0	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2			39,7	68.
3	Revenue less expenses Subtract line 2 from line 1	3				58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37	79,7	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	_7				
8	Prior period adjustments	8	ļ			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	ļ			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	40				
Dä	rt XIII Financial Statements and Reporting	10	L	38	39,0	<u>56.</u>
ra	(LAIX) Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	• • •	· · · ·	• • •	<u>: 11</u>
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			12		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		I			. Allenda
	b Were the organization's financial statements audited by an independent accountant?			2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				12	
	basis, consolidated basis, or both			5.4		
	Separate basis Consolidated basis Both consolidated and separate basis			20		i. H
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	t, 		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			3.5		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		_X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at	ıdıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b	İ	
BAA	1			Form !	990 (2	2016)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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-

2016

Open to Public Inspection

Waco VFW Post 2148

	Waco viw lose 2140				1/4-102	21455	
Pa	Organizations Maintaining Donor Complete if the organization answer	Advised Funds or Ot red 'Yes' on Form 990,	her Similar Fund Part IV, line 6.	is or A	ccounts.		
		(a) Donor advised	funds	(b)	Funds and	other acco	unts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	dvisors in writing that the ass nization's exclusive legal cor	sets held in donor adv	used fund	ls 	Yes	No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of the impermissible private benefit?	ne donor or donor advisor, or	for any other purpose	e conferri	ng _	 ∏Yes	□No
1869							
Pa	Conservation Easements. Complete if the organization answer	ed 'Yes' on Form 990	Part IV. line 7.				
1	Purpose(s) of conservation easements held by the						
•	Preservation of land for public use (e.g., recreations)	•	Preservation of a	historica	illy important	land area	
	Protection of natural habitat		Preservation of a				
	Preservation of open space			- 001111104		otaro	
2	Complete lines 2a through 2d if the organization he last day of the tax year	eld a qualified conservation o	contribution in the forr	n of a co	nservation ea	sement o	n the
	,			56, 1	Held at the	End of th	ne Tax Yea
	a Total number of conservation easements			2 a			
	Total acreage restricted by conservation easement	ts		2 b			
	Number of conservation easements on a certified l			-			
	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and	not on a historic	2 d			
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguish	ed, or terminated by t	he organ	zation during	the .	
4	Number of states where property subject to conser	rvation easement is located	•				
5	Does the organization have a written policy regard	ing the periodic monitoring, i	inspection, handling o	f violation	ns, _	_	_
	and enforcement of the conservation easements it	holds? \dots			· · · · · <u>·</u>	Yes	No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violation	ons, and enforcing co	nservatio	n easements	during the	e year
7	Amount of expenses incurred in monitoring, inspect ► \$	cting, handling of violations,	and enforcing conserv	ation eas	sements durii	ng the yea	r
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requ	irements of section 17	70(h)(4)(E	B)(i)	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements	conservation easements in i e organization's financial stat	ts revenue and expen ements that describes	se stater the orga	nent, and bal inization's ac	ance shee counting fo	et, and or
Pa	Organizations Maintaining Collec Complete if the organization answer	tions of Art, Historica red 'Yes' on Form 990,	I Treasures, or C Part IV, line 8	Other S	imilar Ass	sets.	
1	alf the organization elected, as permitted under SFA art, historical treasures, or other similar assets hele in Part XIII, the text of the footnote to its financial s	d for public exhibition, educa	ition, or research in fu				
	o If the organization elected, as permitted under SF/ historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to report r public exhibition, education	in its revenue stateme , or research in furthe	ent and b	alance sheet public service	works of a e, provide t	art, the
	(i) Revenue included on Form 990, Part VIII, line						
	(ii) Assets included in Form 990, Part X				▶\$		
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 116			cıal gaın,	provide the f	ollowing	
	a Revenue included on Form 990, Part VIII, line 1				▶\$		
	h Assets included in Form 990. Part Y				. ċ		

Part III Organizations Mainta	ining Collec	tions of A	rt, Historica	l Treasures, o	r Other S	Similar Asso	ets (c	ontinu	ied)
 Using the organization's acquisition items (check all that apply) 	i, accession, an	nd other recor	ds, check any c	of the following that	are a signi	ficant use of its	collect	.ion	
a Public exhibition		d	Loan or exc	change programs					
b Scholarly research		e	Other _			 			
c Preservation for future general	ions								
4 Provide a description of the organiz Part XIII	zation's collection	ons and expla	in how they fur	ther the organization	n's exempt	purpose in			
5 During the year, did the organization to be sold to raise funds rather that	n to be maintain	ned as part of	the organization	n's collection?		[Yes		No
Part V Escrow and Custodia line 9, or reported an ar	mount on Fo	ents. Comp rm 990, Pa	ort X, line 21	rganization ans	wered Y	es' on Form	990, I 	art IV	/,
1 a Is the organization an agent, truste on Form 990, Part X?							Yes	[No
b If 'Yes,' explain the arrangement in	Part XIII and C	omplete the to	ollowing table			 	· · · · · · · · · · · · · · · · · · ·		
a Basianina halanaa					1-1		Amount		
c Beginning balance d Additions during the year									
e Distributions during the year									
f Ending balance									
2 a Did the organization include an am					<u> </u>	2	Yes	$\neg \neg$	No
b If 'Yes,' explain the arrangement in					-			<u> </u>	
Part V Endowment Funds. C	omplete if th	e organiza	tion answere	ed 'Yes' on Forr	n 990. Pa	art IV. line 10)		
1	(a) Current ye		b) Prior year	(c) Two years back		ree years back		our years	s back
1 a Beginning of year balance				1		_ : 4- : : : : :			
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships				 			 		
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	of the current ye	ear end balan	ice (line 1g, col	umn (a)) held as					
a Board designated or quasi-endowr	nent ►		용						
b Permanent endowment	9								
c Temporarily restricted endowment	<u> </u>	90							
The percentages on lines 2a, 2b, a	ind 2c should e	qual 100%							
3 a Are there endowment funds not in organization by	the possession	of the organi	zation that are	held and administe	red for the		Г	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							<u> </u>		
b if 'Yes' on line 3a(ii), are the relate							3b		<u> </u>
4 Describe in Part XIII the intended i	-	· · · · · · · · · · · · · · · · · · ·							
Part VI Land, Buildings, and Complete if the organiz			n Form 990,	Part IV, line 11	a. See F	orm 990. Pa	rt X. lı	ne 10	
Description of property		a) Cost or oth	er basis (I	b) Cost or other basis (other)	(c) Acc	cumulated eciation		Book va	
1a Land				6,500.				6.	500.
b Buildings	[58,563.		3,166.			397.
c Leasehold improvements	[
d Equipment	[
e Other	<u> </u>				<u> </u>				
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, P.	art X, column (L	3), line 10c)				61,	897.
BAA							le D (F		0) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		 	
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) >			
Part VIII Investments - Program Related. Complete if the organization answered 'Y	es' on Form 990.	Part IV. line 11c See Form 99	00. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
(10)			20 1/0. 36 0 C0/14 0/20 + 00 00 14. (4.)
Total (Column (b) must equal Form 990, Part X, column (B) line 13).			
Part IX Other Assets. Complete if the organization answered 'Y	es' on Form 990.	Part IV. line 11d. See Form 99	90. Part X. line 15
(a) Des			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			-
(7)			-
(8)			-
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) lir	ne 15)		. ▶
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on Fo			e 25
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)			型心型 医性硷性小虫
(3)			
(4)		A Company of the Comp	
(5)		7. 25 11. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
(6)			
(7)			
(8)			
(9)	+		
(10)			
	_		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)		TO THE RESIDENCE OF THE PARTY O	The Control of the Co
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's fir	nancial statements that renorts the organization	n's liability for uncertain

PartXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn
	turii.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
RaniXII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.
RareXII Reconciliation of Expenses per Audited Financial Statements With Expenses per Financial Statements With With Expenses Per Financial Statements With With With With With With With With	Return.
	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	1 2e 3 4c

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016 Open to Public Inspection

Employer identification number

Waco VIW Post 2148	·				1/4-102145	
Part Fundraising Activities. Compl Form 990-EZ filers are not requ	ete if the organ	nization ans te this part	wered 'Yes	s' on Form 990, Part IV,	line 17	
1 Indicate whether the organization rai						
a Mail solicitations	Mail solicitations e Solicitation of non-government grants					
b Internet and email solicitations			f	Solicitation of gover	rnment grants	
~ 			-	Special fundraising		
			g	openial randrationing	0.000	
d In-person solicitations						
2 a Did the organization have a written of employees listed in Form 990, Part \	/II) or entity in (connection	with profes	ssional fundraising servi	ces?	
b If 'Yes,' list the 10 highest paid indivi- compensated at least \$5,000 by the	duals or entitie organization	s (fundraise	ers) pursua	nt to agreements under	which the fundraiser is t	to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		undraiser dy or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9	3					
10						
Total						
 List all states in which the organizat or licensing 	ion is registere	d or license	ed to solicit	contributions or has bee	en notified it is exempt fr	om registration

Schedule G (Form 990 or 990-EZ) 2016 Waco VFW Post 2148 Partill Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) **ドランドンご** (event type) (event type) (total number) Gross receipts 2 Less Contributions Gross income (line 1 minus line 2). . . . Cash prizes Noncash prizes DIRECT Rent/facility costs . . . Food and beverages . . EXPERSES Entertainment.... Other direct expenses. Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d)............. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming REVEZUE (a) Bingo bingo/progressive (c) Other gaming (add column (a) through column (c)) 362,654. 388,116. 750,770. 277,314. 2 Cash prizes . . . 310,872 588,186. DIRECT Noncash prizes . . . Rent/facility costs 22,968. 22,968. 45,936. Other direct expenses. 28,814. 81,293. 110,107 Yes Yes Yes No Volunteer labor . . No No 744,229. 6,541. 9 Enter the state(s) in which the organization conducts gaming activities Texas a is the organization licensed to conduct gaming activities in each of these states? No b If 'No,' explain

b If 'Yes,' explain

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

	dule G (Form 990 or 990-EZ) 20			74-1021455	Page 3
11	Does the organization conduct g	jaming activities with nonme	embers?	· · · · · · · X Yes	No
12	Is the organization a grantor, be administer charitable gaming?	neficiary or trustee of a trust	t, or a member of a partnership or other entity t	formed to	XNo
13	Indicate the percentage of gami	ng activity conducted in		1 1	
	The organization's facility			13a	ફ
- 1	An outside facility			13b	ૄ
14	Enter the name and address of	the person who prepares the	e organization's gaming/special events books a	and records	
	Name •				
	Address				
1	a Does the organization have a co of If 'Yes,' enter the amount of gan of gaming revenue retained by to the If 'Yes,' enter name and address	ning revenue received by the			⊠No
	Name •				
	Address				
16	Gaming manager information				
	Name •				
	Gaming manager compensation	ı ► \$			
	Description of services provided	, -			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
	•	ler etate law to make charita	ible distributions from the gaming proceeds to i	rotoin the	
	state gaming license?	ei state iaw to make chanta		Yes	No
	Enter the amount of distribution	s required under state law to	be distributed to other exempt organizations		ш
	organization's own exempt activ	rities during the tax year	<u>▶</u> \$ 26,009.		
Pa	and Part III, lines 9, unformation See ins	9b, 10b, 15b, 15c, 16,	explanations required by Part I, line 2b and 17b, as applicable. Also provide	i, columns (iii) and (v); any additional	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

2016 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Pt XI

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

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Name of the organization		Employer identification number
Waco VFW Post 214	3	74-1021455
Pt VI, Line 2	two boad members are brothers and one is their	cousin.
Pt VI, Line 6	Only combat veterans are allowed as members	
Pt VI, Line 7a	Members elect half of the governing body, the o	ther half are appointed
Pt VI, Line 11b	Commander reviews the 990 prior to filing.	

Taxes paid in 2015 before amendment of return