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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

inter	iai Reve	nue Service		3×** 3 × 4 × 5 × 5					
A	For th	e 2016 calendar year, or tax year beginning u_{n-1} , 2016, and ending May u_{n-1}		2017					
		applicable C Name of organization D	Employer i	dentification number					
Ħ		VETEDANC OF FORETCH WARE DEPT	23-7332998						
-	Name cl	Number and street (or P O box, if mail is not delivered to street address) Room/suite F	Telephone	Telephone number					
_	Initial re	rn/terminated 2163 JERICHO TURNPIKE	(516)	761-6631					
		City or town, state or province, country, and ZIP or foreign postal code							
<u> </u>		į į	Group Ex	cemption · · · · · · . ►					
	_	OTAL STATE OF THE							
		_ ,		organization is not					
١.	Website: N/A required to attach Schedule B								
<u></u>	Tax-exempt status (check only one) — 501(c)(3)								
K		of organization X Corporation Trust Association Other							
L —	assets	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		43,287.					
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions fo	or Part I)					
		Check if the organization used Schedule O to respond to any question in this Part I		X					
	1	Contributions, gifts, grants, and similar amounts received	1						
	2	Program service revenue including government fees and contracts	2	41,645.					
	3	Membership dues and assessments	3	1,612.					
	4	Investment income	4						
	5 a	Gross amount from sale of assets other than inventory	3						
		Less cost or other basis and sales expenses							
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c						
		Gaming and fundraising events	`						
R	l .	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a	1111						
R E V		Gross income from fundraising events (not including \$ of contributions							
Ė	"	from fundraising events reported on line 1) (attach Schedule G if the sum	jij :						
Ų		of such gross income and contributions exceeds \$15,000) 6 b	* ****						
	c	Less direct expenses from gaming and fundraising events 6 c	_						
	س ا	Net income or (loss) from gaming and fundraising events (add lines 6a and							
	"	6b and subtract line 6c)	6 d						
	7 a	Gross sales of inventory, less returns and allowances							
	,	Less cost of goods sold							
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c						
	8	Other revenue (describe in Schedule O)	enue 8	30.					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		43,287.					
	 	Grants and similar amounts paid (list in Schedule to Company)	. 10	43,201.					
	10	Benefits paid to or for members	· -						
_		Benefits paid to or for members	. 12						
EXPERSES	12	Salaries, other compensation, and employee benefits 1 g							
	13	Professional fees and other payments to independent contractors	13	400.					
	14	Occupancy, rent, utilities, and maintenance	14						
	15	Finitifity, publications, postage, and shipping.	15						
	16	Other expenses (describe in Schedule O)		<u>38,965.</u>					
IJ_ <u>_</u>	17	Total expenses. Add lines 10 through 16		<u>39,365.</u>					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	3,922.					
NSETTS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year							
ĘĘ	1	figure reported on prior year's return)		<u> 10,476.</u>					
ʻT S	20	Other changes in net assets or fund balances (explain in Schedule O)	-						
	21	Net assets or fund balances at end of year Combine lines 18 through 20	. > 21	14,398.					
BA	A For	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2016)					

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Form	1990-EZ (2016) VETERANS OF FOR	EIGN WARS DEPT		23	- 7332	998 Page 2
Par	Tt II Balance Sheets (see the inst Check if the organization used Sched		ion in this Bart II			П
	Check if the organization used Sched	due O to respond to any quest	ion in this Part II	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			10,476		14,398.
23	Land and buitaings			0		0.
24	Other assets (describe in Schedule O)			0	. 24	
25	Total assets			10,476	. 25	14,398.
26	Total liabilities (describe in Schedule O).			0	. 26	0.
27	Net assets or fund balances (line 27 of c			10,476	. 27	14,398.
Pai	rt III Statement of Program Service A	ccomplishments (see the ins	structions for Part III)	X		Expenses
\A/hat	Check if the organization used Sch is the organization's primary exempt purpose? SE	edule O to respond to any que	estion in this Part III.	ΔΔ	ų (Reduir	ed for section 501
Desc	cribe the organization's program service acc	E BELOW complishments for each of its t	hree largest program s	ervices as		nd 501(c)(4) ations, optional
mea	cribe the organization's program service acc sured by expenses. In a clear and concise efited, and other relevant information for eac	manner, describe the services	provided, the number	of persons	for othe	rs)
28			DC UTBU		 	
20	PAYING OUT DEATH BENEFITS		RE MILH		1 1	
					1	
	(Grants S) If the	s amount includes foreign grai	nts, check here		28a	
29					1	
					1	
	(Grants \$) If the	s amount includes foreign gra	nts, check here		29a	
30					,	
]]	
	75					
24		s amount includes foreign gra			30a	
31		s amount includes foreign gra			31a	
32	Total program service expenses (add in					
	rt IV List of Officers, Directors,					nstructions for Part IVA
<u> </u>	Check if the organization used Sch					
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	n (d) Health benefits contributions to employ benefit plans, and defe	vee I	(e) Estimated amount of
		position	(if not paid, enter -0-)	compensation	erred	other compensation
<u>JOH</u>	HN_CROKER		İ			
	EASURER	5.00	<u> </u>	·	0.	0.
	E BEGANSKIS					
QUA	ARTERMASTER	5.00	<u> </u>	'- 	0.	<u> </u>
			<u> </u>	 		
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				 	+	
					_	

art V Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any que	rements in			, X
		· · ·	Yes	No
3 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		33		X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		
5a Did the organization have unrelated business gross income of \$1,000 or more during the year fro	m business activities			X
(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
b If Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explant Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6 reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	3033(e) notice	35 b		X
6 Did the organization undergo a liquidation, dissolution, termination, or significant				X
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36	3. f	X
7a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	(37a) 0.	37 b	- Barrier	X
8a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ any such loans made in a prior year and still outstanding at the end of the tax year covered by the	oyee or were	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b		2 1128	
9 Section 501(c)(7) organizations Enter				3
a Initiation fees and capital contributions included on line 9	39 a			k Z
b Gross receipts, included on line 9, for public use of club facilities	39 b	146		83
IOa Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year		23	Ø.	19.8
section 4911 , section 4912 , section 4912 , section 4955 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any se benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.	ection 4958 excess		Ř.	2
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		22.
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on orga managers or disqualified persons during the year under sections 4912, 4955, and 4958	· · ´	V.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimb	uread	V Ca. 4		k /////
by the organization	· • 	40 e	1	X
by the organization	· • 	40 e		X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	· • 		-100	L
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed New York 12 a The organization's books are in care of ALBERT HAFT Located at 3393 LONG BEACH ROAD OCEANSIDE b At any time during the calendar year, did the organization have an interest in or a signature or of	Telephone no ► (516) NY ZIP + 4 ► 11572 her authority over a	_536	-100 Yes) <u>1</u> _
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		N WARS DEPT			23-733299	8 Yes
	ie organization engage, directly or indirect dates for public office? If 'Yes,' complete t					46
	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.	s only				es
	Check if the organization used Schedul	e O to respond to any qu	estion in this Part V	<u> </u>	· · · · · · · · ·	
	ne organization engage in lobbying activiti					Yes
	organization a school as described in se					48
	ne organization make any transfers to an					49a
b If Yes	s,' was the related organization a section	527 organization?				49 b
50 Comp emplo	plete this table for the organization's five houses) who each received more than \$10	ighest compensated emp 0,000 of compensation fr	ployees (other than om the organization	officers, directors, to lf there is none, e	rustees and key nter 'None '	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compen- (Forms W-2/1099-MIS	(d) Health b contributions to benefit plans, a compens	employee (e) l	Estimated amou ther compensati
		-				
		-				
		-				
		-				
f Total	number of other employees paid over \$1	00.000			<u> </u>	
51 Comp	number of other employees paid over \$1 plete this table for the organization's five to pensation from the organization. If there is	nighest compensated ind s none, enter 'None'				
51 Comp	plete this table for the organization's five t	nighest compensated ind s none, enter 'None'		rs who each receive		00,000 of (c) Compensate
51 Comp	plete this table for the organization's five to pensation from the organization. If there is	nighest compensated ind s none, enter 'None'				
51 Comp	plete this table for the organization's five to pensation from the organization. If there is	nighest compensated ind s none, enter 'None'				
51 Comp	plete this table for the organization's five to pensation from the organization. If there is	nighest compensated ind s none, enter 'None'				
51 Comp	plete this table for the organization's five to pensation from the organization. If there is	nighest compensated ind s none, enter 'None'				
51 Comp	plete this table for the organization's five to pensation from the organization. If there is	nighest compensated indispone, enter 'None'				
51 Comp	plete this table for the organization's five toensation from the organization. If there is (a) Name and business address of each independent.	nighest compensated indistributions in one, enter 'None'		o) Type of service		
d Tota	plete this table for the organization's five toensation from the organization. If there is (a) Name and business address of each independent in the organization of the organization complete Schedule A? Note that is the organization complete Schedule A? Note that is the organization complete Schedule A?	s each receiving over \$10 ote: All section 501(c)(3)	00,000 organizations must	o) Type of service		(c) Compensation
d Tota 52 Did t	plete this table for the organization's five toensation from the organization. If there is (a) Name and business address of each independent in the organization of the organization complete Schedule A? No pleted Schedule A.	s each receiving over \$10 ote: All section 501(c)(3)	00,000 organizations must	o) Type of service		
d Tota 52 Did t	plete this table for the organization's five toensation from the organization. If there is (a) Name and business address of each independent in the organization of the organization complete Schedule A? Note that is the organization complete Schedule A? Note that is the organization complete Schedule A?	s each receiving over \$10 ote: All section 501(c)(3)	00,000 organizations must	o) Type of service		(c) Compensation
d Tota 52 Did t	plete this table for the organization's five toensation from the organization. If there is (a) Name and business address of each independent (a) Name and business address of each independent in the plete of the result of the organization complete. Schedule A? Not pleted Schedule A	s each receiving over \$10 ote: All section 501(c)(3)	00,000 organizations must	o) Type of service	e and belief, it is	(c) Compensation
d Tota 52 Did t com Under penaltir true, correct, a	plete this table for the organization's five toensation from the organization. If there is (a) Name and business address of each independent (a) Name and business address of each independent in the organization complete. Schedule A? No pleted Schedule A es of penury, I declare that I have examined this edum and complete. Declaration of preparer (other than office.	s each receiving over \$10 ote: All section 501(c)(3)	00,000 organizations must	attach a In the best of my knowledg wledge	e and belief, it is	(c) Compensation
d Tota 52 Did t com Under penaltirue, correct, a	i number of other independent contractor he organization complete Schedule A? No pleted Schedule A	s each receiving over \$10 ote: All section 501(c)(3) Including accompanying schedur) is based on all information of w	00,000	attach a othe best of my knowledg wiedge Date treasure	e and belief, it is	(c) Compensation
d Tota 52 Did t com Under penaltitue, correct, a	plete this table for the organization's five bensation from the organization. If there is calculated and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (c) Name and business address of each independent (c) Name and independent contractor the organization complete Schedule A? No pleted Schedule A	s each receiving over \$10 te: All section 501(c)(3) Including accompanying schedur) is based on all information of w	00,000	attach a othe best of my knowledg wiedge Date treasure	e and belief, it is	(c) Compensation
d Tota 52 Did t com Under penaltirue, correct, a	plete this table for the organization's five bensation from the organization. If there is consistent in the property of the results of each independent to the organization complete Schedule A? No pleted Schedule A	s each receiving over \$10 ote: All section 501(c)(3) Including accompanying schedury is based on all information of we have a section 501 of we h	00,000	attach a the best of my knowledg wiedge Date treasure 22/17 Chec. self-	e and belief, it is e x prince prin	(c) Compensation
d Tota 52 Did t com Under penaltirue, correct, a	plete this table for the organization's five bensation from the organization. If there is consistent in the property of the results of each independent to the organization complete Schedule A? No pleted Schedule A	s each receiving over \$10 ote: All section 501(c)(3) Including accompanying schedury is based on all information of we have a section 501 of we h	00,000	attach a the best of my knowledg wiedge Date treasure 22/17 Chec. self-	e and belief, it is e x prince prin	(c) Com

SCHEDULE 0 (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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016



VETERANS OF FOREIGN WARS DEPT

<u></u>		1110 01		3 2 3 1 11 2 2
Pt	II:	I, Lir	ne 31	none
Ρt	IV			none
Ρt	V,	PBC		none
Ρt	V,	Line	33	none
Ρt	V,	Line	34	none
Ρt	V,	Line	35b	none

Pt V, Line 44d

23-7332998