Form Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Incurie 100
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
The past 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.

2016 Open to Public Inspection

<u> </u>	For the	2016 c	<u>alen</u>	dar year, or t	tax year be	ginning	07/01	/16	, and endin	g 06/30	0/1	.7				
В	Check if app	plicable	CN	ame of organization	วก								D Emplo	yer Identifl	cation number	r
	Address ch	ange			VE	<u>TE</u> RANS	OF FO	REIG	N WARS P	OST 2743			1			
$\overline{\Box}$	Nama shan	200	٥	oing business as									7 34-	4382	759	
	Name chan	ige	N	umber and street	(or P O box if m	nail is not deliv	ered to street	address	, .			Room/suite	E Teleph	one numbe	,	
	Initial return	n	_	40 MILA									419	<u>-668</u>	<u>-9297</u>	
	Final return		City or town, state or province, country, and ZIP or foreign postal code													
	terminated		1	ORWALK			OH 4	485	7				G Gross	eceipts \$	3,19	9,311
	Amended re	eturn	FΝ	ame and address	of principal offic	er										
	Application	pending	1	BRIAN A	TGER							H(a) is this a g	roup return fo	r subordinat	es? Yes	X No
	**			40 MIL		ייוורי						H(b) Are all su	ha	-1	Yes	No
						MOE		~ 11	44057		٩	t				
				ORWALK					44857		η I		o," attach a lis	st (566 msti	uctions)	
	Tax-exem			501(c)(3)	X 501(c)	(4)	(insert no		4947(a)(1) or	527 /						
J	Website	▶ N	<u>/A</u>								1	H(c) Group ex	emption num	ber_	025	6
ĸ	Form of or	ganization	2	Corporation	Trust	Association	n Other	•			L Ye	ar of formation		M Sta	te of legal domic	cite
P	art I	Si		nary						,			· · · · · ·			
Ť				e the organiz	ation's miss	ion or mos	t significan	activi	ties							
	1 ' -	•		CLUB FO			_									
9	l	3001	ΑЦ	CHOP FO.	K VEIEK	MIS OF	POREI	G11 N	AKS							
Гап																
eru	İ			.,												
Activities & Governance	2 C	heck th	s bo	x ▶ 📄 if the	e organizatio	on discontir	nued its op	eration	s or disposed	of more than 2	25% (of its net asse	ts			
Ö	1			ling members	•		=						3	17		
ος S				lependent vot	-		•	-	`				4	7		
tie	* '\	·	. 1110	rependent voi	ing member	is of the go	verning ou	עא (די	(t vi, iiile ib)	1	ارزز					
⋛	5 1	otal nun	nber	of individuals	employed in	n calendar	year 2016	(Paπ,	/, line 2a)	2015 (5	12		
Ac	6 T	otal nun	nber	of volunteers	(estimate if	necessary	')		,	7.	<u> </u>		6	0		
·	7a ⊺	otal unr	elate	d business re	venue from	Part VIII, o	olumn (C),	line 1	2		\mathbf{O}_{1}		. 7a		450	,391
	b N	let unrel	ated	business tax	able income	from Form	n 990-T, lin	e 34	was di	, 🕠 .	11		7b			0
								-			=-	Prior Y			Current Yea	r
4	8 Contributions and grants (Part VIII, line 1h)									3	31,73	2)	61	,018		
Ž	9 P	9 Program service revenue (Part VIII, line 2g)								22	2,74	4	238	,843		
Revenue		_					4 and 7d)						2,10			,906
æ										-		3,08			739	
				•							-					
	12 T	otal rev	enue	 add lines 8 	through 11	(must equ	al Part VIII,	colun	n (A), line 12)			46	55,46			,506
	13 G	Frants ar	nd sii	milar amounts	s paid (Part	IX, column	(A), lines 1	I – 3)			L		<u>2,788</u>	3	10	<u>, 960</u>
	14 B	4 Benefits paid to or for members (Part IX, column (A), line 4)												0		
s	15 S	Salaries,	othe	r compensation	on, employe	e benefits	(Part IX, co	olumn	(A), lines 5-10))		18	0,83	2	164	,285
Expenses	16aP			undraising fee	-					•				1		
ĕ	h T			ing expenses	•		•			0				+		
X	1 47 0			•	•	• •		٠,		Ū	⊢	38	3,32	,	136	,225
_	''			es (Part IX, co							_ }-					
	1	•		s Add lines	•			n (A),	ine 25)		- }-		6,94			,470
_	19 R	Revenue	less	expenses S	ubtract line	18 from line	e 12						1,48	<u> </u>		,036
Net Assets or	3										-	Beginning of Co			End of Year	
95	20 T	otal ass	ets (Part X, line 16	3)						L	1,12	2,95		1,142	
Y.	21 T	otal liab	ılıties	(Part X, line	26)						L		3,45			<u>, 805</u>
2	22 N	let asse	ls or	fund balance	s Subtract I	ine 21 from	line 20					1,11	9,498	3	1,138	,534
7	art II			ture Bloci												
			_			and this soft	rea recluding	2000	npanying schedu	ilos and statom	onto r	and to the best	of my know	lodge and	holiof it is	
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- 6				/ ()	 _										-18	
Sig			-	ire of officer									Da -	te		
He	re		BI	RIAN AL	-GER					QUAI	RTE	RMASTE	<u>R</u>			
7	<u>. </u>		уре о	r print name and t	itle											
200	$\overline{}$	Pnnt/Typ	e prep	arer's name			Prepare	r's signa	turg) D L	. Y I		Date	/ Chec	k f	PTIN	
Pai	-	DANDAT	.T. A	RUTHSATZ			I AMA	yanl	I ll. Kullus Ruthsatz	taly		5/15	118	employed	P001069	no
	parer				NDALL	A DY	JTHSAT			1C.						
		Firm's na	me					٠ 4	CO, IN	<u>. </u>			Firm's EIN		0-0434	145/
US	e Only	Ì			1 E M							Ì				
		Firm's ad			MDUSK		4487			 			Phone no	41	9 <u>-625-</u>	5000
				return with the				nstruct	ions)						X Yes	No
		ork Redu	ction	Act Notice, s	ee the separa	ate instructi	ions.								Form 9	90 (2016)
DAA														1		

Form 990 (2016) VETERANS OF FORI	EIGN WARS POST 2743	34-4382759	Page 2
Part III Statement of Program Se	•		
	ns a response or note to any lin	e in this Part III	
1 Briefly describe the organization's mission SOCIAL CLUB FOR VETERAN	C OF FORETCH WARD		
SOCIAL CLUB FOR VETERAN	5 OF FOREIGN WARS		
2 Did the organization undertake any significan	t program services during the year which	were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on School			-
3 Did the organization cease conducting, or ma	ke significant changes in how it conduct	s, any program	
services?	. 0		Yes X No
If "Yes," describe these changes on Schedule 4 Describe the organization's program service:		aget program convices, as measured by	
expenses Section 501(c)(3) and 501(c)(4) or			
the total expenses, and revenue, if any, for ea		rount of granto and anodations to others,	
4a (Code) (Expenses \$	484,663 including grants of \$	10,960) (Revenue \$	238,843)
PROFITS FROM BAR AND CA			
ORGANIZATION TO PROVIDE			
PURPOSES AND PROMOTE ME	MBERS' SOCIAL ACTIV	ITIES.	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
, (====================================	33	, (,
	1.1.		
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
			=
4d Other program services (Describe in Schedu	le ()		
(Expenses \$	ncluding grants of \$) (Revenue \$	
4e Total program service expenses ▶	484,663		
			Form 990 (2016)

	•		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		_ <u>x</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		İ	
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
1	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	\dashv	
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,	ا ہا	v	
2	Part III	5	X	
3	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	Ì	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
R	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	İ	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- 		_
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
0	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		X
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 if "Yes,"	-	I	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	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	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	· · · · · · · · · · · · · · · · · · ·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>x</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		ļ	37
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\mathbf{x}}{\mathbf{x}}$
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	
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]	x
_	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
5	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-:-		
0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- <u>`</u>		 -
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
8	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		X
9	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	x	

	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ		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 19 If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 1	-	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ļ		
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		_	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27-	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	ŀ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			_
_	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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			
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		_
38	19? Note. All Form 990 filers are required to complete Schedule O	38	\mathbf{x}	
	10 Hazer / Will out moto are required to complete dericate o			

14a 14b X

13b 13c

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

c Enter the amount of reserves on hand

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 7 Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8Ъ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Gode.) No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 20 140 MILAN AVENUE BRIAN ALGER 419-668-9297 OH 44857 NORWALK

Form 990 (2016)	VETERANS OF FOREIGN WARS POST 2743 34-4382759	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII								
	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
	s table for all persons required to be listed. Report compensation for the calendar year ending with or within the	_						
	ne organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of inter -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

(A) Name and Title	week box, ur (list any officer		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				oth an from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Former Highest compensated employee		(W-2/1099-MISC)	organization and related organizations		
(1) TERRY TRUMPOWER											
	0.00										
TRUSTEE	0.00	X					0	0			
(2) ROBERT WOLCOTT											
	0.00										
TRUSTEE	0.00	X					0	0			
(3) ANTHONY CESA											
	0.00	1									
TRUSTEE	0.00	X					0	0			
(4) BRIAN ALGER]]							
	30.00	ł					}				
QUARTERMASTER	0.00	<u> </u>		X			31,200	0			
(5) GARY FELTER											
	0.00	ì	1								
TR VICE COMMANDER	0.00	ـــــــ		X	L.	<u> </u>	0	0			
(6) HOWARD SMITH		1		1	Ì	} }	}				
	0.00						1				
COMMANDER	0.00	_		X	L.	 	0	0			
(7) ORVILLE PLATTE J											
	0.00	}				(
SR VICE COMMANDER	0.00	↓	L	X	<u>L</u> .		0	0			
(8)											
(9)					-						
10)		-	_	-	-						
11)		-									

DAA

ra	τ VII Section A. Onicers	, Directors, Trus	tees	s, re	y Er	npic	yees	, ar	nd Highest Compensated	Employees (continued)	
•	(A) Name and title	(B) Average hours per week {list any	bo	x, unle	Pos check ess pe	rson ı	l l		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	1 11-11-11-11-11-11-11-11-11-11-11-11-11										
					-						
											
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectic	n A	<u> </u>	<u> </u>	L	> > >	31,200		
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ve)			
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu 1a, is the sum of	ile J : repo	<i>for si</i> ortab	uch i le co	ndıv. İmpe	<i>idual</i> ensat	ion a	and other compensation from		yes No
5	organization and related organ individual Did any person listed on line 1a for services rendered to the org	a receive or accru	ie co	mpe	nsat	ion f	rom a	any i	unrelated organization or inc	fividual	4 X
	ion B. Independent Contracto Complete this table for your five			محد ام		ndor			store that are a silver	- £100 000 of	
1	compensation from the organiz								r year ending with or within t		(C) Compensation
	Name and	búsíness address							Descrip	tion of services	Compensation
-			_								
		-						_	·		
2	Total number of independent or received more than \$100,000 or								listed above) who	0	
DAA								-		_ _	Form 990 (2016

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue Total revenue Unrelated business exempt excluded from tax function revenue under sections 512-514 revenue 1a 1a Federated campaigns b Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 61,018 1f Q Noncash contributions included in lines 1a-1f 61,018 h Total. Add lines 1a-1f Busn Code Revenue 722513 236,391 236,391 2a RESTAURANT & BAR 2,247 2,247 b LIFE MEMBER REBATES Service 150 150 DIES c 55 DUES - ASSOCIATES Program f All other program service revenue 238,843 ▶ Total. Add lines 2a-2f Investment income (including dividends, interest, 21,679 21,679 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (#)-Personal 9,925 6a Gross rents **b** Less rental exps 9,925 Rental inc or (loss) 9,925 9,925 d Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets 1,579,757 166 other than inventor **b** Less cost or other 1,537,696 basis & sales exps 166 42,061 c Gain or (loss) 42,227 42,227 ▶ d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 95 b Less direct expenses -95 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. 1,245,014 See Part IV, line 19 1,031,014 b b Less direct expenses 214,000 214,000 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 30,862 30,862 11a REAL ESTATE TAX REBATE 4,179 4,179 ATM REBATES 4,120 4,120 JUKEBOX, POOL CLAW MACHINE 3,748 3,748 d All other revenue 42,909 Total, Add lines 11a-11d 630,506 119,192 450,391 Total revenue. See instructions

Form 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include.amounts reported on lines 6b, (A) Total expenses (B) (C) (D) Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 10,960 individuals See Part IV, line 22 10,960 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees 31,200 31,200 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 118,872 Other salaries and wages 78,872 40,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 14,213 7,817 6,396 Fees for services (non-employees) a Management **b** Legal 7,500 c Accounting 7,500 d Lobbying e Professional fundraising services See Part IV, line 17 9,235 Investment management fees 9,235 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,055 1,055 12 Advertising and promotion 10,103 Office expenses 10,103 14 Information technology 15 Royalties 16 Occupancy 39,165 39,165 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 17,021 19 Conferences, conventions, and meetings 17,021 20 21 Payments to affiliates 23,042 23,042 22 Depreciation, depletion, and amortization 12,685 23 Insurance 12,685 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) COGS 126,066 126,066 CONTRIBUTIONS 65,261 65,261 b FIREWORKS DONATIONS 42,000 42,000 REPAIRS & MAINTENANCE BUI 22,275 22,27560,817 55,465 5,352 e All other expenses 611,470 484,663 Total functional expenses Add lines 1 through 24e 126,807 0 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 ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 33,368 41,918 1 2 Savings and temporary cash investments 37,037 20,460 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 6,876 8 6,778 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,247,447 other basis Complete Part VI of Schedule D 10a 10b 924,064 **b** Less accumulated depreciation 346,425 10c 323,383 11 Investments—publicly traded securities 697,839 11 748,390 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 1,410 1,410 15 Total assets. Add-lines 1 through 15 (must-equal-line 34) 16 1,122,955 1,142,339 16 17 Accounts payable and accrued expenses 3,457 17 3,805 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 3,457 3,805 26 X and Organizations that follow SFAS 117 (ASC 958), check here Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,079,498 1,098,534 27 28 Temporarily restricted net assets 28 29 40,000 40,000 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 š 32 Retained earnings, endowment, accumulated income, or other funds 32 1,119,498 33 Total net assets or fund balances 1,138,534 33 Total liabilities and net assets/fund balances 1,122,955 1,142,339

Form **990** (2016)

orm 990 (2016) VETERANS OF FOREIGN WARS POST 2743 34-4382759			Page 12
Part XI Reconciliation of Net Assets	_		
Check if Schedule O contains a response or note to any line in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	1		,506
2 Total expenses (must equal Part IX, column (A), line 25)	2		,470
3 Revenue less expenses Subtract line 2 from line 1	3	19	,036
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,119	,498
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		
9 Other changes in net assets or fund balances (explain in Schedule O)	9		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
33, column (B))	10	1,138	,534
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Ye	s No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	1
Schedule O			1
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
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			Ī
b Were the organization's financial statements audited by an independent accountant?		2b	x
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
separate basis, consolidated basis, or both			1
Separate-basis Consolidated-basis Both-consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			Ī
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	ŀ
If the organization changed either its oversight process or selection process during the tax year, explain in			
Schedule O			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1 1	Ī
the Single Audit Act and OMB Circular A-133?		3a	
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		3ь	
rogened data. St debted organisms in desired a data debted and dispersion of the debted			90 (2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 8	ection 501(c)(4), (5), or (6) organizations Complete Part III						
Name	e of organization	WARE DOCE 2742		1	ification number		
Da	VETERANS OF FOREIGN t I-A Complete if the organization is exen		or is a spetio	34-43827			
<u> Fai</u> 1	Provide a description of the organization's direct and indirect				<u>n, </u>		
1	definition of "political campaign activities")	or political campaign activities in	Part IV (see instru	ctions for			
2	Political campaign activity expenditures (see instructions)			▶ \$			
Volunteer hours for political campaign activities (see instructions)							
	t LB Complete if the organization is exem		(3).				
1	Enter the amount of any excise tax incurred by the organiza		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
2	Enter the amount of any excise tax incurred by organization			▶ \$			
3	If the organization incurred a section 4955 tax, did it file For	•		•	Yes No		
4a	Was a correction made?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes No		
b	If "Yes," describe-in-Part-IV-						
Pa	Complete if the organization is exen	npt under section 501(c	, except section	on 501(c)(3).			
1	Enter the amount directly expended by the filing organizatio	n for section 527 exempt function	n				
	activities			▶ \$			
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sec	tion				
	527 exempt function activities ▶ \$						
3	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,						
	line 17b ► \$						
4 Did the filing organization file Form 1120-POL for this year?							
5	Enter the names, addresses and employer identification numbers	mber (EIN) of all section 527 pol	itical organizations	to which the filing			
	organization made payments. For each organization listed,	enter the amount paid from the t	filing organization's	funds Also enter			
	the amount of political contributions received that were pron			•			
	as a separate segregated fund or a political action committee	ee (PAC) If additional space is r	eeded, provide info	rmation in Part IV	,		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-		
(1)							
(2)		_					
(3)							
(4)							
(5)							
(6)							

Schedule C (Form 990 or 990-EZ) 2016 VETER	ANS OF FO	REIGN WARS	POST 2743	34-4382759	Page 2
Part II-A Complete if the organization 501(h)).					ction under
A Check ▶ ☐ if the filing organization	n belongs to a	n affiliated group (a	and list in Part I	V each affiliated gro	up member's
name, address, EIN, e	xpenses, and	share of excess lo	bbying expendi	tures).	ap member 3
B Check ▶ ☐ if the filing organization					
Limits on Lob (The term "expenditures" m	oying Expend	itures		(a) Filing organization's totals	(b) Affiliated
1a Total lobbying expenditures to influence publi				organization's totals	group totals
b Total lobbying expenditures to influence a leg			 	····	
c Total lobbying expenditures (add lines 1a and	• •	ct lobbyllig)	<u> </u>	<u> </u>	
d Other exempt purpose expenditures	1 10)		 	· · · · · · · · · · · · · · · · · · ·	
e Total exempt purpose expenditures (add line	s 1c and 1d)		<u> </u>		
f Lobbying nontaxable amount Enter the amount	•	una tabla un bath	 		
columns	int from the follow	ing table in both			
If the amount on line 1e, column (a) or (b) is:	The lobbying no	ontaxable amount is:			
Not over \$500,000	20% of the amou	ınt on line 1e		-	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 1	5% of the excess over \$50	00,000	1	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	0% of the excess over \$1,	000,000	1	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	% of the excess over \$1,5	00,000	1	
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero or less, e	nter -0-				
i Subtract line 1f from line 1c If zero or less, et					
j If there is an amount other than zero on eithe	r line 1h or line 1i,	did the organization file	Form 4720		· · · · · · · · · · · · · · · · · · ·
reporting section 4911 tax for this year?					Yes No
	4-Year Avera	ging Period Under s	section 501(h)		
(Some organizations that made				all of the five colum	ns below.
		instructions for line			
Lot	bying Expendi	tures During 4-Year	r Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	-				
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	, , , _ , , , , , , , , , , , , , , , ,				
(150% of line 2d, column (e))					
					

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section (election under section 501(h)).				·		Page
For each "Yes," response on lines 1a through 1i below, provide in Part IV a deta	oulod	a)		(b)	
description of the lobbying activity	Yes	No		Amo	unt	•
 During the year, did the filing organization attempt to influence foreign, national, state legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c the Media advertisements? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar material in the activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(color billing) in the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section difference in the filing organization incurred a section 4912 tax, did it file Form 4720 for this year 	nrough 1i)?					-
Part III-A Complete if the organization is exempt under section 501(c)(6).		or se	ction			
- Contains	1.1.				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1_	Х	
2 Did-the-organization-make-only-in-house-lobbying expenditures of \$2,000 or less?			-	2	X	<u> </u>
Part III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and answered "Yes."	501(c)(4), section 501(c)(5),			ine 3	 s, is	X
Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include ar	nounts of					
political expenses for which the section 527(f) tax was paid).						
a Current year		2a	ļ			_
b Carryover from last year		2b				
c Total		2c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section	, ,	3				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

Schedule C (Form 990 or 990-EZ) 2016 VETERANS OF FOREIGN WARS POST 2743 34-4382759
Part IV Supplemental Information (continued)

Page 4

SCHEDÙLE D (Form 990)

Department of the Treasury . Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2016 Open to Public Inspection

Name of the organization

Employer Identification number

V	ETERANS OF FOREIGN WARS POST 2743		34-43	882759						
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F									
		(a) Donor advised funds	(b)	Funds and other accounts						
1	Total number at end of year	(4) 2333 2333 2333	(-)	- direction accounts						
2	Aggregate value of contributions to (during year)									
-	Aggregate value of grants from (during year)									
3	Aggregate value at end of year									
4										
5										
c	funds are the organization's property, subject to the organization's exclus	•		Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in w									
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose								
-	conferring impermissible private benefit?			Yes No						
r e	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply)								
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import	tant land a	rea						
	Protection of natural habitat	Preservation of a certified historic s	structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on							
	easement on the last day of the tax year		ŀ	leld at the End of the Tax Year						
а	Total number of conservation easements		2a							
þ	Total acreage restricted by conservation easements	2b								
С	Number of conservation easements on a certified historic structure include	2c								
d	Number of conservation easements included in (c) acquired after 8/17/06	S, and not on a								
	historic structure listed in the National Register									
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the									
	tax year ▶									
4	Number of states where property subject to conservation easement is loc	cated >								
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of								
	violations, and enforcement of the conservation easements it holds?			Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easen	nents durin	g the year						
	>									
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easements	during the	e year						
	▶ \$									
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)								
	and section 170(h)(4)(B)(ii)?			Yes No						
9	In Part XIII, describe how the organization reports conservation easemen	nts in its revenue and expense statement, ar	nd							
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	bes the							
	organization's accounting for conservation easements									
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		milar As	ssets.						
	If the organization elected, as permitted under SFAS 116 (ASC 958), not		oo choot							
та	works of art, historical treasures, or other similar assets held for public ex	· •								
			CC 01							
h	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet									
ม	works of art, historical treasures, or other similar assets held for public ex									
		and the state of t	~ vi							
	public service, provide the following amounts relating to these items									
	(i) Revenue included on Form 990, Part VIII, line 1									
2	(ii) Assets included in Form 990, Part X	ther similar assets for financial dain, provide	the	•						
2	If the organization received or held works of art, historical treasures, or of	- · · ·	a ic							
_	following amounts required to be reported under SFAS 116 (ASC 958) re	nating to these items	_	¢						
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$						
1)	maacio ilibiuubu ili i viili võV. i QILA			~						

7	OF FOREIGN			<u>34-4382759</u>	Page 2
Part III Organizations Maintaini	ng Collections of	Art, Historical Ti	reasures, or	Other Similar Ass	sets (continued)
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other records,	check any of the follow	wing that are a s	significant use of its	
a Public exhibition	d 🗍	Loan or exchange pro	ograms		
b Scholarly research	e 🗍	Other	J		
c Preservation for future generations					
4 Provide a description of the organization's of	collections and explain t	now they further the or	ganization's exe	empt purpose in Part	
XIII			_		
5 During the year, did the organization solicit	or receive donations of	art, historical treasure	s, or other simila	ar	
assets to be sold to raise funds rather than	to be maintained as pa	rt of the organization's	collection?		Yes No
Part IV Escrow and Custodial A	rrangements.			· · · · · · · · · · · · · · · · · · ·	
Complete if the organization	on answered "Yes <mark>'</mark>	' on Form 990, Pa	art IV, line 9,	or reported an amo	ount on Form
990, Part X, line 21					
1a Is the organization an agent, trustee, custoo	dian or other intermedia	ry for contributions or	other assets not	t	
included on Form 990, Part X?					Yes No
b If "Yes," explain the arrangement in Part XII	I and complete the follo	wing table			
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
 Distributions during the year 				1e	
f Ending balance				1f	
2a Did the organization include an amount on f					Yes No
b If "Yes," explain the arrangement in Part XII	I Check here if the exp	lanation has been prov	vided on Part XI	<u> </u>	
Part V Endowment Funds.					
Complete if the organization	T .				
	(a) Current year	(b) Prior year	(c) Two years	back (d) Three years	back (e) Four years back
1aBeginning-of-year-balance					
b Contributions					
c Net investment earnings, gains, and					
losses		i	-		
d Grants or scholarships			 		
e Other expenditures for facilities and					
programs			 		
f Administrative expenses					
g End of year balance	L	<u></u>	<u> </u>		
2 Provide the estimated percentage of the cu	-	(line 1g, column (a)) he	eld as		
a Board designated or quasi-endowment	%				
b Permanent endowment > %					
c Temporarily restricted endowment ►	%				
The percentages on lines 2a, 2b, and 2c sh 3a Are there endowment funds not in the poss	•	an that are hold and a	designatored for t	lha	
organization by	ession of the organizati	on that are new and at	immstered for t	ine	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If "Yes" on line 3a(ii), are the related organizations	zatione lietad ae raquira	d on Schadula D2			3b
4 Describe in Part XIII the intended uses of the					30
Part VI Land, Buildings, and Eq		ment iunus		·	
Complete if the organization		on Form 990 Pa	urt IV/ line 11	a See Form 990 F	Part Y line 10
Description of property	(a) Cost or other I		other basis	(c) Accumulated	(d) Book value
occupation of property	(investment)	1 ''	ner)	depreciation	(a) Dook Value
1a Land	<u> </u>	, , , ,	86,000	·	86,000
b Buildings		1 3	394,124	314,465	
c Leasehold improvements			868,821	220,091	
d Equipment			398,502	389,508	
e Other					1 .,,,,,,
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part >	(, column (B), line 10c)		323,383
		 			

line 25.

1	(a) Description of hability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

<u>Sche</u>	dule D (Form 990) 2016 VETERANS OF FOREIGN WARS POST	2743	34-438275	9	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, P.	art 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				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIII)	2d	_		
е	Add lines 2a through 2d		_	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, P.	art IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d		1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
- a-	-Investment-expenses-not-included-on-Form-990, Part-VIII, line-7b		<u></u>		,
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2016 VETERANS OF FOREIGN WARS POST 2743
Part XIII Supplemental Information (continued) 34-4382759

Page 5

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 entswered "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

Inspection

Fart Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ files are not required to complete this part indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations	ame	of the organization VETERANS OF FOREIGH	N WARS PO	ST	274	13	Employer Identifica 34-4382	
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Old the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 390, Part VIII) or entity in connection with professional fundraising services? Yes No b If "Yes, Is the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and actines of individuals or entities (fundraisers) (iii) Activity Organization (iii) Activity Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (or retained by) Organization (iv) Amount paid to (organization (iv) Amount paid to (organiza	Pŧ	Fundraising Activities. Complete if	the organizatio	n ans	swer			
b Internet and email solicitations 1 Solicitation of government grants c Phone solicitations 3 Special fundraising events d In-person solicitations 2 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If Yes, No No No No No No No No	1	Indicate whether the organization raised funds through an	y of the following a	ctivitie	s Ch	eck all that apply	<u> </u>	
c Phone solicitations g Special fundraising events d In-person solicitations 2a	а	Mail solicitations	e Solicitation	of nor	-gove	ernment grants		
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5.000 by the organization (III) Name and address of individual or entity (fundraiser) if the service of the serv	b	Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part Vil) or entity in connection with professional fundratising services? If Yes, In the 10 highest paid individuals or entities (fundrasers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entitie (fundraser) (iii) Activity (iii) Construction from activity (fundraser listed at) (iii) Activity (iii) Construction from activity individual or entity (fundraser) (iii) Activity (iii) Activity (iv) Gross receipts (iv) Gross rece	С	Phone solicitations	g 🔲 Special fun	draisir	ıg eve	ents		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves	d	In-person solicitations						
compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraser) (iii) Activity (iv) Circus recepts (tv) Circus recepts (2a	Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	any individual (inc	luding	office	ers, directors, trustees, undraising services?		Yes No
(ii) Name and address of individual or entity (fundraser) (iii) Activity (iv) Gross recepts from activity fundraser issted in cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the cost of individual or entity fundraser is the	b	If "Yes," list the 10 highest paid individuals or entities (fund		to agre	eeme		raiser is to be	
1			(ii) Activity	raiser custo cont	have dy or rol of		(or retained by) fundraiser listed in	(or retained by)
3 4 5 6 7 8 9 0 1011	1			Yes	No			
4 5 6 7 8 9 0 101 102 103 104 105 105 105 105 105 105 105	2							
5 6 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3				•			
6	4						- ,	
7	5							
8 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6					-		
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7							
0	8	<u> </u>						
otal Description of the second	9							
	0					4		
								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from			ensed to solicit con		<u> </u>	has been notified it is ex	empt from	

	3,000,000,000	greater than \$5,000			
	•	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
a		(event type)	(event type)	(total number)	col (c))
Revenue					
Rev	1 Gross receipts	· · · · · · · · · · · · · · · · · · ·			
	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
sesus	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses				· · · · · · · · · · · · · · · · · · ·
4		Add lines 4 through 9 in column (c		>	<u> </u>
P	11 Net income summary Surf III Gaming. Com	ibtract line 10 from line 3, column (conclude if the organization and	i) swered "Yes" on Form 990, P	Part IV line 19 or reports	ad more
		on Form 990-EZ, line 6a		art IV, mic 15, or reporte	od more
enne/		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col (a) through col (c))
Revenue	1 Gross revenue	(a) Bingo	1		
	Gross revenue Cash prizes	(a) Bingo	bingo/progressive bingo		col (a) through col (c))
		(a) Bingo	bingo/progressive bingo		col (a) through col (c))
Direct Expenses Revenue	2 Cash prizes	(a) Bingo	bingo/progressive bingo		col (a) through col (c))
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	bingo/progressive bingo	231,311	col (a) through col (c)) 1,245,014
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes % No	1,013,703 1,013,703 861,154 Yes %	231,311 169,860	col (a) through col (c))
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes %	1,013,703 1,013,703 861,154 Yes % X No	231,311 169,860	1,245,014
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes %	861,154 Yes X No	231,311 169,860 X No	1,031,014
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summ	Yes % No Add lines 2 through 5 in column (comany Subtract line 7 from line 1, column	861,154 Yes X No	231,311 169,860 Yes % X No	1,245,014
b c Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the	Yes % No Add lines 2 through 5 in column (co	1,013,703 1,013,703 861,154 Yes % X No umn (d)	231,311 169,860 Yes % X No	1,031,014
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the list he organization licensed to if "No," explain	Yes % No Add lines 2 through 5 in column (comary Subtract line 7 from line 1, column corganization conducts gaming act of conduct gaming activities in each	1,013,703 1,013,703 861,154 Yes % X No umn (d)	231,311 169,860 Yes % X No	1,031,014 1,031,014 214,000

che	dule G (Form	990 or 990-EZ)	2016	VETERAL	NS OF	FOREI	GN WA	RS PC	OST 2	743	34-4	382759		Page 3
1	Does the org	anization condu	ct gaming ac	ctivities with no	nmember	's?							Yes	7==1
2		zation a grantor, minister charitat		or trustee of a	trust, or a	member of a	partnersh	ip or othe	er entity			ſ	Yes	X No
3		percentage of ga		y conducted in										٠٠٠ ــــا
а	The organiza	tion's facility										13a	100.0	00 %
b	An outside fa	cility										13b		%
4	Enter the nar records	ne and address	of the perso	n who prepare	es the orga	anization's ga	ming/spec	ial events	s books a	nd				
	Name ▶	BRIAN AL	GER											
		140 MILA	n avenu	E										
	Address ►	NORWALK									OH 44	1857		
5a	Does the org	anızatıon have a	contract wi	th a third party	from who	m the organi	zation rece	ives gam	iing			[Yes	X No
b	If "Yes," ente	r the amount of	gaming reve	nue received l	by the org	anization 🕨	\$			ar	nd the			
	amount of ga	ımıng revenue re	etained by th	e third party	\$									
С	If "Yes," ente	r name and add	ress of the tl	hird party										
	Name ▶													
	Address ▶													
16	Gaming man	ager information	1											
	Name ▶ Do	ONOVAN PL	ATTE											
	Gaming man	ager compensa	tion ▶ \$	4	10,00	0								
	Description of	of services provide	ded ► (CLUB MAI	NAGER	•								
	Director	/officer	X Emp	loyee	In	dependent c	ontractor							
17	Mandatory di	stributions												
а	Is the organiz	zation required ι	ınder state la	aw to make ch	arıtable dı	stributions fro	om the gan	ning proce	eeds to			·	_	
		ite gaming licens											X Yes	∐ No
b		ount of distributi					other exem		zations oi	r				
Pai	r t IV Su Pa	organization's ov ipplemental irt III, lines 9, ie instruction:	Informat i 9b, 10b,	i on. Provide	the ex	planations	-	by Pai	rt I, line				nd	
sc	H G, PA	RT III,	LINE :	17B - R	EQUIR	ED DIS	TRIBU	TIONS	S PER	STA	TE LAW	ī		
ОН	10	STATE		D	ISTRI \$	BUTION 60	AMOU! , 425	NT						
		·												

VFW2743								•	
SCHEDULE 1		Grants	and Ot	her Assistan	Grants and Other Assistance to Organizations,	tions,		OMB No 1545-0047	
(Form 990)		Governm Complete if the	nents, a	nd Individual	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990. Part IV. line 21 or 22.	States		2016	•
				► Attach to Form 990.	1 990.			Open to Public	<u>ن</u>
Department of the Treasury Internal Revenue Service	▲	nformation about	Schedule	(Form 990) and its	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	w.irs.gov/form990.		Inspection	
							Emp	Employer identification number,	
	VETERANS OF FOREIGN WARS POST	WARS POS	T 2743				34	34-4382759	
Part i Genera	General Information on Grants and Assistance	Assistance							
1 Does the organization the selection criteria Describe in Part IV 1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	amount of the grar e? onno the use of ors	its or assista	or assistance, the grantees' elfinds in the United States	igibility for the grants or	assistance, and		X Yes	Š
art III	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 that received more than \$5,000. Part II dan be duplicated if additional space is needed	nestic Organi: that received m	zations a	nd Domestic Go \$5 000 Part II o	overnments. Com	plete if the organ	nization answer	ed "Yes" on Form	1
1 (a) Name an	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)				,		0000	. 1		
(2)									1
(3)									
(4)									1
(5)									1
(9)							:		1
(2)									
(8)									I
(6)									
2 Enter total number o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ganizations listed in table	the line 1 ta	lble				A A	
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	r Form 990.						Schedule I (Form 990) (2016)	16)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 34-4382759 Schedule | (Form 990) (2016) VETERANS OF FOREIGN WARS POST 2743

Part III Grants and Other Assistance to Domestic Individuals Completed

Part III can be duplicated if additic	onal space is needed				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book, (f) Description of no	(f) Description of no
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
1 CASH PAYMENTS		10,960			•
4					
·					
ဖ					
2					
Part IV Supplemental Information. Provide the information	vide the information rec	quired in Part I, line 2	Part III, column (b),	required in Part I, line 2; Part III, column (b), and any other additional information	Iformation

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MEMBERS PETITION THE QUARTERMASTER FOR ASSISTANCE IN PAYING EXPENSES. THE

PAYMENTS ARE MADE DIRECTLY TO THE VENDORS IN THE MAJORITY OF CASES SO THAT

THE ORGANIZATION IS ABLE TO DETERMINE THE USE OF THE FUNDS.

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.

2016

2016Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ.

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

Employer identif

90. Inspection

Employer identification number 34-4382759

VETERANS OF FOREIGN WARS POST 2743

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION. MEMBERS MUST BE VETERANS

TO FULLY PARTICIPATE IN THE VOTING PROCESS. SOCIAL MEMBERSHIPS ARE

AVAILABLE BUT ARE NOT PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE GOVERNING BODY ARE ELECTED BY ALL MEMBERS OF THE ORGANIZATION PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
ALL DECISIONS ARE SUBJECT TO FINAL APPROVAL FROM THE VOTING MEMBERSHIP.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A REVIEW HAS BEEN DONE WITH THE QUARTERMASTER OF QUESTIONS, AMOUNTS, ETC.

ON THE FORM 990 PRIOR TO FILING. THIS RETURN WILL BE DISCUSSED AND

REVIEWED AT A FUTURE TRUSTEE MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS

NECESSARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS NECESSARY.

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Employer identification number

34-4382759

FORM 9,90, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.