efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492314019757 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning 07-01-2016 and ending 06-30-2017 B Check if applicable D Employer identification number C Name of organization Veterans of Foreign Wars of the US Dept of Michigan Ladies Auxiliary \square Address change 38-3300933 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 3013 Bay City Road ☐ Final return/terminated (989) 859-1342 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Midland, MI 48642 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(19) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization \square Corporation \square Trust \square Association \square Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 5,266 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 1,053 4 4 11 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 78,577 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 46,727 Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 31.850 7a Gross sales of inventory, less returns and allowances . . . 457 b 362 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 95 **7**c C 8 8 Other revenue (describe in Schedule O) 2,685 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 40.960 10 10 Grants and similar amounts paid (list in Schedule O) 19,041 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 400 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 1,780 15 15 352 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 8,476 17 Total expenses. Add lines 10 through 16 17 30,049 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 10,911 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 50,816 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 61,727 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

-orm 990-EZ (2016)						Page 2
Part II Balance Sheets (see the instructions Check if the organization used Schedule		wastian in this D	ort II			П
Check if the organization used schedule	O to respond to any q	descion in this P		eginning of year		(B) End of year
22 Cash, savings, and investments		[(14)	50,816	22	61,727
23 Land and buildings					23	
24 Other assets (describe in Schedule O)					24	
25 Total lassets		-		50,816	25 26	61,727
27 Net assets or fund balances (line 27 of column				50,816	-	61,727
Part III Statement of Program Service	· · · -	·	ns for Pai	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Expenses
Check if the organization used Schedule	O to respond to any o	question in this P	Part III			equired for section 501(c)) and 501(c)(4)
What is the organization's primary exempt purpose? Aid veterans of foreign wars of the USA					org	ganızatıons, optıonal for
Describe the organization's program service accompli measured by expenses In a clear and concise manne benefited, and other relevant information for each pro	er, describe the service				- oth	hers)
28 See Additional Data Table						
see Additional Data Table						
(Grants \$) If this amoun	it includes foreign gran	nts. check here		. ▶ □	28a	
29		,		<u> </u>	29a	
(Grants \$) If this amoun	t includes foreign gran	nts, check here		. ▶ □		
30					30a	1
· · · · ·	t includes foreign gran	•		. ▶ ⊔		
31 Other program services (describe in Schedule O)						
	t includes foreign gran				31a	
32 Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees,	and Key Employees	(list each one ever	n if not co	mpensated — see the	ınstrı	uctions for Part IV)
Check if the organization used Schedule	O to respond to any q	uestion in this P	art IV.		•	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reporta compensati (Forms W-2/1 MISC) (if not enter -0-	ion 1099- paid,	(d) Health beni contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
CATHERINE SASSE	015 00		0			
PRESIDENT						
CYNTHIA HIGNITE	010 00		0			
SR VICE PRESIDENT						
FRANCEINE HIGNITE	010 00		0			
JR VICE PRESIDENT						
CHERIE WILSON	015 00		0			
TREASURER						

Page **3**

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	<u> </u>	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	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		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
		35a		No
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
_	section 4911 ▶			
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		
41	transaction? If "Yes," complete Form 8886-T		<u> </u>	
42a	The organization's books are in care of ▶ CHERIE WILSON Telephone no ▶	(989) 8	59-1342	<u>2</u>
	Located at ▶ 3013 SHREEVE MIDLAND, MI ZIP + 4 ▶	4864	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		No
	If "Yes," enter the name of the foreign country			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	\vdash		
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

46 Did the ora								Page
16 Did the orga							Yes	No
	anization engage, directly or indirector for public office? If "Yes," complete							
	ction 501(c)(3) organization	<u> </u>		• •		46		No
All s	section 501(c)(3) organizations	must answer quest	ons 47-49b and 52	2, and c	complete the table	es for lu	nes 50	and 5
Chec	ck if the organization used Schedule	O to respond to any q	uestion in this Part V		<u> </u>		Yes	□ No
							103	
	anızatıon engage ın lobbyıng actıvıtı mplete Schedule C, Part II		D1(h) election in effec			47		
8 Is the organ	nization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sci	nedule E		48		
_	anization make any transfers to an o					49a		
_	as the related organization a section	,				49b		
	his table for the organization's five h	-	mnlovees (other than	officers	directors trustees	and key	employ	ees)
who each re	eceived more than \$100,000 of com	pensation from the org	janization If there is	none, e	nter "None "	,		
(a) Name	e and title of each employee	(b) Average hours per week	(c) Reportable compensation	contr	l) Health benefits, ibutions to employee		stimated er compi	
		devoted to position	(Forms W-2/1099- MISC)		enefit plans, and erred compensation			
ONE					·			
						-		
f Total num	nber of other employees paid over \$	100,000			-			
	his table for the organization's five h		ndependent contracto	s who e	ach received more t	:han \$10	0,000 o	f
<u>'</u>	(a) Name and business address of e	<u> </u>	actor	(b) T	ype of service (o	c) Comp	ensation	
	ay mame and business address or e	acii iliacpellaciie collei		(5)	ype or service (e	y comp	CHSCHOL	
ONE								
								_
								_
d Total num	nber of other independent contractor	s each receiving over :	\$100,000					
	nber of other independent contractor	-			• _			— —
52 Did the o	nber of other independent contractor organization complete Schedule A? N od Schedule A	OTE. All Section 501(c)(3) organizations m			▶ □ Ye	es 🗸	
Did the o complete	organization complete Schedule A? N Id Schedule A	OTE. All Section 501(c)(3) organizations m			► □ Ye		
Did the o complete	organization complete Schedule A? N Id Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, an	d to the	best of	my
Did the o complete	organization complete Schedule A? N Id Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, an	d to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledg	organization complete Schedule A? N Ind Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, an ed on all information	d to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledge.	organization complete Schedule A? Noted Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, an	d to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledg	organization complete Schedule A? N Ind Schedule A	IOTE. All Section 501(c)(3) organizations m	hedules	and statements, an ed on all information	d to the	best of	my
Did the o complete of the comp	rganization complete Schedule A? Noted Schedule A	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than officer	hedules	and statements, an ed on all information	d to the	best of	my
2 Did the o complete of the penalties of sowiedge and be so any knowledge and be so any knowledge of the penalties of the pen	rganization complete Schedule A? Noted Schedule A	nined this return, included Declaration of preparation	c)(3) organizations m ding accompanying so rer (other than officer	hedules	and statements, an ed on all information 2017-11-07 Date Check if self-employed	d to the	best of	my
Did the o complete of the penalties and bear any knowledge and bear any knowledge of the penalties of the pe	prganization complete Schedule A? Noted Schedule A	nined this return, included Declaration of preparation	c)(3) organizations m ding accompanying so rer (other than officer	hedules	and statements, an ed on all information 2017-11-07 Date Check ☐ if self-employed Firm's EIN ▶	d to the	best of	my
2 Did the o complete of comple	prganization complete Schedule A? Noted Schedule A	nined this return, included Declaration of preparation	c)(3) organizations m ding accompanying so rer (other than officer	hedules	and statements, an ed on all information 2017-11-07 Date Check if self-employed	d to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledg	prganization complete Schedule A? Noted Schedule A	nined this return, included Declaration of preparation	c)(3) organizations m ding accompanying so rer (other than officer	hedules	and statements, an ed on all information 2017-11-07 Date Check ☐ if self-employed Firm's EIN ▶	d to the	best of	my

Additional Data

Software ID: 16000333 **Software Version:** 17.2.1.0

EIN: 38-3300933

Name: Veterans of Foreign Wars of the US Dept of Michigan Ladies Auxiliary

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizati services, as measured b number of persons bend	` (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 FINANCIAL ASSISTANC	CE TO VFW POST 3651	28a		
(Grants \$)				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492314019757			
TY 2016 Compensation Explanation					
Name:	Veterans of Fore Auxiliary	ign Wars of the US Dept of Michigan Ladies			
EIN:	38-3300933				
Software ID:	16000333				
Software Version:	17.2.1.0				
		1			
Person Name		Explanation			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492314019757 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Veterans of Foreign Wars of the US Dept of Michigan Ladies Auxiliary 38-3300933 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2016

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

		5,000. (a)Event #1	(b) Event #2	(c)Other events	(d)
ne		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue					
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
S လ	5 Noncash prizes				
euse	6 Rent/facility costs				
Ä.	7 Food and beverages				
Direct Expenses	8 Entertainment				
ā	9 Other direct expenses				
	10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10				
Par	t III Gaming. Complete if the org		es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
	on Form 990-EZ, line 6a.	<u> </u>			
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue	73,190		5,387	78,577
ses	2 Cash prizes	29,272		2,163	31,435
क					31,433
Expenses	3 Noncash prizes				31,433
	3 Noncash prizes				31,433
Direct Exper		15,292			15,292
	4 Rent/facility costs		☐ Yes%	✓ Yes100 000 %	
	4 Rent/facility costs	15,292		✓ Yes100 000 % □ No	
	4 Rent/facility costs	15,292 Ves 100 000 % No	☐ Yes <u>%</u>		
	4 Rent/facility costs	15,292 Yes 100 000 % No through 5 in column (d)	☐ Yes % %	□ No	15,292
Direct	4 Rent/facility costs	15,292 Yes 100 000 % No through 5 in column (d) It line 7 from line 1, column ion conducts gaming activities.	☐ Yes % ☐ No	□ No	15,292 46,727 31,850
Direct	4 Rent/facility costs	15,292 Yes 100 000 % No through 5 in column (d) It line 7 from line 1, column ion conducts gaming activities in each of	Yes % No	□ No ▶	15,292 46,727
Direct on a	4 Rent/facility costs	15,292 Yes 100 000 % No through 5 in column (d) It line 7 from line 1, column ion conducts gaming activities in each of the conducts in each of the conducts gaming activities gaming gam	Yes % No	□ No ▶ ▶	15,292 46,727 31,850
pa n Direct	4 Rent/facility costs	15,292 Yes 100 000 % No through 5 in column (d) It line 7 from line 1, column ion conducts gaming activities in each of the conducts in each of the conducts gaming activities gaming gam	Yes % No	□ No ▶ ▶	15,29 46,72 31,85

Sche	dule G (Form 990 or 990-EZ) 2016					Page 3
11	Does the organization conduct gaming a	ctivities with nonmember	s?		✓ Yes	□No
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?		member of a partnership or other entity		□Yes	✓ No
13	Indicate the percentage of gaming activi	ty conducted in				
а	The organization's facility			13a		100 000 %
b	An outside facility			13b		%
14	Enter the name and address of the person	on who prepares the orga	nization's gaming/special events books and re	cords		
	Name CHERIE WILSON					
	Address > 3013 SHREEVE MIDLAND, MI 48642					
15a	Does the organization have a contract we revenue?				□Yes	✓ No
b	If "Yes," enter the amount of gaming rev amount of gaming revenue retained by t		anization ► \$ and th	e		
С	If "Yes," enter name and address of the	third party				
	Name •					
	Address►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ▶					
		☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	law to make charitable di	stributions from the gaming proceeds to		Yes	✓ No
b	Enter the amount of distributions require	ed under state law distrib	uted to other exempt organizations or spent			
	ın the organization's own exempt activiti	es during the tax year 🕨	\$			
Pai		c, 16, and 17b, as app	cions required by Part I, line 2b, columns licable. Also complete this part to provic			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2016

efile GRAPH	l: 93492314019757			
SCHEDUL	FΩ	Supplemental Information to Form 99	00 or 990-F7	OMB No 1545-0047
(Form 990 or 990- EZ)		Complete to provide information for responses to speci Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ.	fic questions on	2016
Department of the T		► Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	its instructions is at	Open to Public Inspection
Internal Revenue for Name of the org Veterans of Foreigr		he US Dept of Michigan Ladies Auxiliary	Employer iden 38-3300933	tification number
990 Schedule	e O, Sup	oplemental Information		
Return Reference		Explanation		
Form 990- EZ, Part I, Line 8, Other Revenue	CRAFT	SHOW TABLE RENT 630		

990 Schedule O, Supplemental Information Return Explanation Reference FOOD SALES 2.055

Form 990-EZ, Part I, Line 8, Other Revenue

Return Explanation
Reference

Form 990EZ, Part I,
Line 10,
Grants Paid

Activity DONATIONS, Grantee VFW POST 3651 3651 BAY CITY ROAD MIDLAND MI 48642, Cash Grant 17,061, Relationship

Return Explanation
Reference

Form 990EZ, Part I,
Line 16,
Other
Expenses

Conferences, conventions, and meetings 225

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Supplies 1,154 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Gifts 3.750 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Per Capita 991 EZ, Part I, Line 16,

Other Expenses

Return Reference Explanation

Form 990- Public communications 25

Expenses

Form 990- Public communications 25

EZ, Part I,

Line 16,

Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Insurance 169 EZ, Part I, Line 16,

Other Expenses

Return
Reference

Form 990Childrens Christmas party 303

Form 990- Childrens Christmas party 303

EZ, Part I,
Line 16,
Other

Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Licenses 482

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation Reference Form 990-Youth sports sponsorships 250 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Funeral expenses 597 EZ, Part I, Line 16,

Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Veterans Day lunch 530 EZ, Part I,

EZ, Part I,
Line 16,
Other

Expenses