SCANNED AUG 0 7 2018

10050,05/15/2018 1 43 PM Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service	Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)							
Department of the Treasury	Do not enter social security numbers on this form as it may be made public.							
	Information about Form 990 and its instructions is at www.irs.gov/form990.							
A For the 2016 calendary	year, or tax year beginning 07/01/16, and ending 06/30/17							

_	•	•	•	
THE PARTY OF THE	T. 1	肥.	100	A SHEET WAY
湖(·) NA N	Sto	MP	เมก	HICE
THE PO	20	-		
Open Ins	μU	u	IVI	

8	Check if appli	cable C Name of organization		D Employe	r Identification number								
	Address char	Dough histories as A127 APPANT SMITH											
\Box	Name change	Doing business as 4127 ARRANT-SMITH											
$\ddot{\sqcap}$	Initial return	Number and street (or PO box if mail is not delivered to street address) 601 NE 2ND ROAD	Room/suite	E Telephon	e number 245-453 5								
님	Final return/	City or town, state or province, country, and ZIP or foreign postal code	L	100	243 4333								
닏	terminated	HOMESTEAD FL 33030		C	erpts \$ 210,535								
	Amended ret	F Name and address of principal officer		G Gross rec	eipis \$ 210,000								
\Box	Application pe	1	H(a) Is this a gr	oup return for s	ubordinates? Yes X No								
_			H(b) Are all sut	ordinates inclu	ided? Yes No								
		1			(see instructions)								
_	Tax-exempt	status 501(c)(3) X 501(c) (19) ◄ (insert no) 4947(a)(1) στ 527	-										
÷	Website:	37/3	H(c) Group exe	motion oumbo	. 🍆								
κ -	Form of orga		Year of formation		M State of legal domicile FL								
ÄF	art I	Summary	Tour of touringson		in claic of logar dominic								
P 3F		efly describe the organization's mission or most significant activities											
40	1 .	SUPPORT FOR VETERANS OF FOREIGN WARS											
ွဋ	}												
E													
Activities & Governance	2 Ch	eck this box > if the organization discontinued its operations or disposed of more than 259	% of its net asset	s									
ق مع	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	9								
Se	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)		4	9								
Ę	5 To	tal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0								
ŧ	6 To	tal number of volunteers (estimate if necessary)		6	0								
•		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0								
	l l	t unrelated business taxable income from Form 990-T, line 34		7b	0								
_			Prior Ye	ar	Current Year								
ō	8 Co	intributions and grants (Part VIII, line 1h)			16,100								
enn	9 Pro	ogram service revenue (Part VIII, line 2g)			194,435								
Revenue	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)			0								
u.	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ		0 505								
		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			210,535								
	13 Gr	ants and similar amounts paid (Part IX, column (A) lines 1-3)			0								
	14 Be	nefits paid to or for members (Part IX, column (A), TINE CEIVED	<u> </u>		0								
es	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>		0								
Expenses	16a Pro	laries, other compensation, employee benefits (Part IX, column (A), lines 5 (10) of large signal fundraising fees (Part IX, column (B), line 25) 1 2018 (20) tal fundraising expenses (Part IX, column (B), line 25) 0			0								
X													
	17 01	tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			0								
					210,535								
-	si ia ke	venue less expenses Subtract line 18 from line 12	Beginning of Cu	rrent Year	End of Year								
sta	[20 To	tal assets (Part X, line 16)		8,418	248,418								
Ass	21 To	tal liabilities (Part X, line 26)		0	0								
Net Assets or	팀 22 Ne	et assets or fund balances Subtract line 21 from line 20	24	8,418	248,418								
	විතැයි ∭	Signature Block											
	Jnder penal	lties of perjury, I declare that I have examined this return, including accompanying schedules and statemi	ents, and to the be	st of my kno	wledge and belief, it is								
t	rue, correct	, and complete Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowledge	•									
		10-2ml		_ <	81-21-2								
Si	gn	Signature of officer		Date	•								
He	ere	Denis Nerney, Quartermo	acter										
		Type or print name and title											
	. 1	Print/Type preparer's name Preparer's signature	Date	Check	d PTIN								
Pa	Ľ	AMES R. PIERCE, JR. CPA	05/15	/18 self-em									
		um's name LOPEZ LEVI & ASSOCIATES, P.N., CPAS		imi's EIN	46-0792248								
Use Only 44 NE 16TH ST.													
_		rm's address HOMESTEAD, FL 33030-4511		hone no	305-246-5141								
_		discuss this return with the preparer shown above? (see instructions)			Yes No								
Fo:		k Reduction Act Notice, see the separate instructions.			Form 990 (2016)								

	990 (2016) VETERANS OF FOREIGN WARS OF THE US 59-1097344	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission	<u></u>
S	UPPORT FOR VETERANS OF FOREIGN WARS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	pnor Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ including grants of \$) (Revenue S ARIOUS ACTIVITIES SUPPORTING VETERANS OF FOREIGN WARS	,
▼.	ARIOUS ACTIVITIES SOFFORTING VEHICAND OF FORMION WAND	
46	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	(Code.) (Expenses \$ including grants of \$) (Revenue \$	
	·	
		•
	·	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
DAA	Total program service expenses ▶	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,"			v
2	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political company activities on behalf of or in opposition to	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	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		<u> </u>
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
Ь				
	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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			77
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\dashv	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا 🚛 ا		v
	If "Yes," complete Schedule G, Part III	19		<u> </u>

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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			
	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			
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u> </u>
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		
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		
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	PEREL TE	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		- 1	
	or IV, and Part V, line 1	34	\rightarrow	<u> </u>
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-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_ [[**
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

14a

14b

13c

c Enter the amount of reserves on hand

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

X

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

sec:	tion A. Governing Body and Management				V	Ma
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		Yes	No
14	If there are material differences in voting rights among members of the governing body, or	··-				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	16	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
_	any other officer, director, trustee, or key employee?			2	315,6#129E	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
,	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		Х
5	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?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint					
14	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
U	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	ollowing	重角報		
	The governing body?	_,		8a	X	
a	Each committee with authority to act on behalf of the governing body?			8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			55		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
500	tion B. Policies (This Section B requests information about policies not required by the Inte	mal R	evenu		<u> </u>	
<u>360</u>	tion B. Foncies (This Section B requests information about policies hat required by the inte	mari		5 	Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			132		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	the state of the s	e form	?	11a		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		•		Mai	
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	റ ഗേന്ദി	cts?	12b		X
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	0 0011111	Cl3 ·	120		
С				12c	x	
42	describe in Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	\vdash
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?					
_	The organization's CEO, Executive Director, or top management official			15a		X
a	Other officers or key employees of the organization			15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				waren	44.5
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a	with a taxable entity during the year?			16a	CHESIOLO DE	X
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1.00	a Marine	## E
Ь	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				47 E	\$ 100 miles
	organization's exempt status with respect to such arrangements?			16b	J-98-C3- E	3.3.2.
500	tion C. Disclosure			1 100	<u> </u>	Ь
	List the states with which a copy of this Form 990 is required to be filed FL					
17 40	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501)	c)(3)e (יחות)			
18	available for public inspection. Indicate how you made these available Check all that apply	U)(U)S	·· '' <i>})</i>			
	Own website Another's website X Upon request Other (explain in Schedule O)					
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	noline	and			
19		, policy,	and			
20	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	444 0	. P				
	ENIS NERNEY 601 NE 2ND ROAD OMESTEAD FL 330	30		305-24	5-4	535
					_	

46050 05/15/2018 1 43 PM										
Form 990 (2016) VETERANS	OF FORE	<u> G</u> N	_w	AR	S	OF	TH	IE US 59-109	7344	Page 7
		Dire	cto	rs,	Tru	stee	s,	Key Employees, Hig	hest Compensated E	mployees, and
Independent C							_ 4.	a amirilima in Albin Dawl	\ #1\	П
								o any line in this Part Compensated Employee		<u> </u>
1a Complete this table for all person						· ·				
organization's tax year • List all of the organization's cu									regardless of amount of	
compensation Enter -0- in columns ("	
 List all of the organization's cu List the organization's five curi 				-				• •	•	
who received reportable compensation organization and any related organization	on (Box 5 of For									
 List all of the organization's for \$100,000 of reportable compensation 									received more than	
 List all of the organization's for 	rmer directors o	r tru	stee	s tha	at red	ceived	l, in	the capacity as a former di		
organization, more than \$10,000 of re List persons in the following order in						•		, ,		
compensated employees, and forme		OI UII	ecio	13, 11	istitu	ilionai	uu	stees, officers, key employe	es, mgnest	
X Check this box if neither the orga	nization nor any	relate	ed or	ganı	zatio	n con	npei	nsated any current officer, o	lirector, or trustee	
(A) Name and Title	(B)	ļ			C)			(D) Reportable	(E)	(F)
Name and Title	Average hours per			check		than or		compensation	Reportable compensation from	Estimated amount of
	week (list any					is both a or/truste		from the	related organizations	other compensation
	hours for related	or d	Īng	Officer	ě	BA	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	vidua	ittor] g	key employee	nest a	ner			and related organizations
	line)	Individual trustee or director	nstitutional trustee		oyee	ompe				
		8	stee		ļ	Highest compensated employee				
(1) JORGE E MARTINE	z	\dagger	\vdash	_	┢	+-				
Steve Wells	0.00		}							
COMMANDER	0.00			X	_	1_1		0	0	0
(2) DENIS NERNEY	0.00									
OUARTERMASTER	0.00			x				0	o	0
(3)	0.00	╁╌	\vdash	^	\vdash	+-1		ļ -		
(0)	İ	1								
		—	┞-	ــــ	┞_	-	_	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(4)	[1	[}						
		}			}					
(5)	1	\Box								
			1							
(6)	 	╁─	├─	 	 	╁╌┤			 	
(0)				}	}] }				
, 		<u> </u>		<u> </u>					L	
(7)			}			, ,				
	.]									
(8)	 	\vdash		\vdash		\vdash				
								ī		

(9)

(10)

(11)

Pa	rt VII Section	on A. Officers	, Directors, Tru	stee	s, K∈	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title		tle	(B) Average hours per week (list any hours for related organizations below dotted line)	bc	nx, uni ficer a	Pos check ess pe	rson	than both structure employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	<u> </u>	(F) Estimate amount other compensation from the organization and relationganizations.	of ation ne tion ted	
				stee	rustee		•	ensated							
						}									
-	 -	- · ·													_
								 -						· <u>·</u>	_
		 			-	-	_	 -							
1b c	Sub-total Total from conf	tinuation shee	ets to Part VII, S	ection	on A	L	i	1	>						
d 	Total (add lines Total number of reportable comp	individuals (inc			to th	ose	liste	d abo	► ove)	who received more than \$1	00,000 of	L			
3	employee on line	e 1a? <i>If "Yes,"</i> :	complete Schedi	ıle J	for s	uch i	indiv	idual	í	ee, or highest compensated		Popp.	3	Yes	No X
5	organization and individual	I related organ	izations greater t	han S	\$150	,000	? If "	Yes,	" cor	inplete Schedule J for such		- T-	4		X
Sect	for services rend ion B. Independe			s," c	omp	lete S	Sche	dule	J fo	r such person			5		<u> </u>
1	Complete this ta compensation fr	om the organiz	ation. Report co	nsate nper	ed inc	depe	nder r the	nt cor	ntrac	ctors that received more that r year ending with or within t	he organization's tax year.				
		Name and	(A) business address						-	Descrip	(B) tuon of services		Com	(C) pensati	on
									 			-			
														_	
														-12	
2	Total number of received more th									listed above) who	0				

Pa	rt V	III Statemen Check if S			ains a	response (or note to any line	in this Part VIII		
HE.	- 1구 - 4구			1	15 E , 17		(A)	(B) Related or	(C)	(D) Revenue
							Total revenue	exempt function	Unrelated business	excluded from tax under sections
	را پرایزورش در ۱۶				فلط في الأسراني			revenue	revenue	512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaig	ins	<u>1a</u>						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
돌림		Membership dues	-	1b		2,953		्रीत् म्यान्य प्रश्लेष्टिकः । विकास सम्बद्धिः ।		
ξĘ		Fundraising events		1c				#### 1		
١	d	Related organization		1d						
Sir		Government grants (contri- All other contributions, gifts		1e						
풀힐	•	and similar amounts not in		1f		13,147				· 注意: 上层连正整门
Ęō	g	Noncash contributions incli	L uded in lines 1a-1f							
and	_	Total. Add lines 1a		•		•	16,100			
						Busn Code				
Ven	2a	PROGRAM SEI	RVICES				194,435	194,435		
Re l	b									
Vice	С								ļ	
Ser	d							<u> </u>		
Program Service Revenue	е							<u> </u>		
ē.	f	All other program s		ie		L		Litas milatenacia: Jalanti ee Ce denis meeti	n distance or district to district and	on or Venturality of Application of the state of the stat
_	g	Total. Add lines 2a					194,435			
	3	Investment income	_	/idend	s, interes	t,]	ļ	
		and other similar ar	•	4					 	
	4	Income from invest	ment of tax-e	xempt	bona pro	oceeds >		<u> </u>	 	
	5	Royalties	(ı) Real		(n) F	Personal	(
	6a	Gross rents	(i) itodi			C. SOIILI				
,	b	Less rental exps		$\neg \uparrow$						
	c	Rental inc or (loss)		$\neg \neg$						
	d	Net rental income of	or (loss)							
	7a	Gross amount from	(i) Secunties		(II)	Other				
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (loss)		r						
ē	8a	Gross income from fu	ndraising event	s						
ent		(not including \$		l						
Re		of contributions report	ed on line 1c)							五 五 五 五 二 二 二 二 二 二 二 二 二 二 二
Other Revenue	_	See Part IV, line 18		a b			,	, , ,		
8		Less direct expens Net income or (loss				•		•		
(Gross income from ga			***************************************					
		See Part IV, line 19	ming convince.	a						
	ь	Less: direct expens	ses	ь						
		Net income or (loss		g activ	rities	. >				
		Gross sales of inve		آ						
		returns and allowar		a				[
	b	Less cost of goods	sold	ь[
ļ	С	Net income or (loss) from sales	of inve	ntory	•				
į		Miscellan	eous Revenue			Busn. Code				
	11a					<u> </u>			 	
	þ					<u> </u>			ļ	
- 1	C	A.D. 41		-		<u> </u>		 		
		All other revenue	- 444					 		
	_	Total. Add lines 11					210,535	194,435	0	
	12_	Total revenue. Se	<u> = แเรนนต์แอกร</u>				210,535	134,433	L U	U

Pa	ittiX Statement of Functional Ex	penses			
Secti	on 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All othe	er organizations must comp	lete column (A)	
	Check if Schedule O contains a response	onse or note to any line in th	nis Part IX		
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				· · · · · · · · · · · · · · · · · · ·
	individuals See Part IV, line 22		_		E STATE OF S
3	Grants and other assistance to foreign				等。"你会啊,这些"
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u> </u>			
5	Compensation of current officers, directors,	j	,		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	{		{	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	·		i	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	L		ļ	
10	Payroll taxes	ļ	<u></u>		
11	Fees for services (non-employees)				
а	Management			<u> </u>	
þ	5 -	ļ	<u> </u>	ļ	
С	Accounting				ļ
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees		ļ		
g	· · · · · · · · · · · · · · · · · · ·				ļ
	(A) amount, list line 11g expenses on Schedule O)	<u> </u>	 	 	
12	Advertising and promotion	<u> </u>	<u> </u>	ļ	
13	Office expenses		 		
14	Information technology	<u> </u>	<u> </u>		
15	Royalties	<u> </u>			
16	Occupancy				
17	Travel		 		
18	Payments of travel or entertainment expenses		}		
40	for any federal, state, or local public officials	 	 	 	
19 20	Conferences, conventions, and meetings interest	 	 	 	
	Payments to affiliates	 		 	
21 22	Depreciation, depletion, and amortization	 		 	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
47	above (List miscellaneous expenses in line 24e If			'	
	line 24e amount exceeds 10% of line 25, column	ł I			
	(A) amount, list line 24e expenses on Schedule O)	{	,		1
а	• • • • • • • • • • • • • • • • • • • •				
b					
c					
d				<u> </u>	
e	All other expenses				
25	Total functional expenses. Add Enes 1 through 24e	0	0	0	0
26	Joint costs. Complete this line only if the			<u>`</u>	
	organization reported in column (B) joint costs	Ì			
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

PartX **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 2,481 2,481 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 240,000 10a other basis Complete Part VI of Schedule D 240,000 240,000 **b** Less accumulated depreciation 10c 10b 5,937 11 11 Investments-publicly traded securities Investments-other securities See Part IV, line 11 12 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 248,418 248,418 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D ol 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 29,303 8,418 27 Unrestricted net assets Temporarily restricted net assets 240,000 240,000 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 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 248,418 248,418 269,303 Total net assets or fund balances 33 33 269,303 Total liabilities and net assets/fund balances

Form	990 (2016) VETERANS OF FOREIGN WARS OF THE US 59-1097344		Page 12
Pa	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	210,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses Subtract line 2 from line 1	3	210,535
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	269,303
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Pnor period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	} }	
	33, column (B))	10	479,838
Pa	Tixii Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes 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		
	Schedule O		
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		
þ	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		
	Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c
	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		
	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		3b
			Form 990 (2016

SCHEDULE 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 Open to Public

Name of the organization Empi				Employer I	ployer Identification number	
VETERANS OF FOREIGN WARS OF THE US 59-					-1097344	
	N E	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on I	nds or Other Similar Funds or Ac			
			(a) Donor advised funds	(1) Funds and other accounts	
1	Total nun	nber at end of year				
2	Aggregat	e value of contributions to (during year)				
3	Aggregat	e value of grants from (during year)				
4	Aggregat	e value at end of year				
5	Did the o	ganization inform all donors and donor advisors in writing that t	the assets held in donor advised			
	funds are	the organization's property, subject to the organization's exclusi	sive legal control?		Yes No	
6	Did the o	rganization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used			
	only for c	haritable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose			
Market III		ımpermissible private benefit?			Yes No	
Pa 		Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (check a	ıll that apply)			
	Pres	ervation of land for public use (e.g., recreation or education)	Preservation of a historically importa		area	
	Prote	ction of natural habitat	Preservation of a certified historic st	tructure		
		ervation of open space				
2		lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservation	n		
	easemer	t on the last day of the tax year			Held at the End of the Tax Year	
а	Total nur	nber of conservation easements		2a	 	
b		eage restricted by conservation easements		2b		
С		of conservation easements on a certified historic structure inclu		2c		
d		of conservation easements included in (c) acquired after 8/17/0	6, and not on a	1		
		tructure listed in the National Register		2d		
3		of conservation easements modified, transferred, released, exti	nguished, or terminated by the organization d	uring the		
	tax year					
4		of states where property subject to conservation easement is lo				
5		organization have a written policy regarding the periodic monitor	oning, inspection, nandling of		☐ Yes ☐ No	
c		s, and enforcement of the conservation easements it holds?	violations, and enforcing conservation easem	ente dur		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
7	Amount ∈	of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation easements	during ti	ne year	
		ch conservation easement reported on line 2(d) above satisfy th	e requirements of section 170(h)(4)(R)(i)			
0			e requirements or section 17 o(n)(4)(b)(n)		☐ Yes ☐ No	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
		ion's accounting for conservation easements.				
Pa	ırt III	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		nilar A	ssets.	
12	If the ora	anization elected, as permitted under SFAS 116 (ASC 958), not		e sheet		
	-	art, historical treasures, or other similar assets held for public e				
		rvice, provide, in Part XIII, the text of the footnote to its financial				
b	•	anization elected, as permitted under SFAS 116 (ASC 958), to		heet		
	•	art, historical treasures, or other similar assets held for public e				
	public se	rvice, provide the following amounts relating to these items				
	(i) Reve	nue included on Form 990, Part VIII, line 1		•	\$	
	(ii) Asse	ts included in Form 990, Part X		•	\$	
2	If the org	anization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide t	lhe		
	following	amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items:			
а	Revenue	included on Form 990, Part VIII, line 1		>	\$	
b	Assets in	cluded in Form 990, Part X			\$	

			WARS OF THE		59-109			Page 2
	itilla Organizations Maintainin						sets (continue	d)
	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records,	check any of the follow	ving that are	a significant us	se of its		
а	Public exhibition	d 🗍	Loan or exchange prog	grams				
b	Scholarly research	e H	Other	-				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain l	how they further the org	janization's e	exempt purpos	e ın Part		
5	XIII During the year, did the organization solicit of	ar receive densitions of	art historical treasures	or other cir	nılar			
3	assets to be sold to raise funds rather than t				illai		Yes	□ No
⊯Pa	tt V Escrow and Custodial Ar		it of the organization o	CONCONON				140
	Complete if the organization		" on Form 990, Pa	rt IV, line !	9, or reporte	ed an amo	ount on Form	
	990, Part X, line 21.	 				 		
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or o	other assets i	not			_
	included on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table			<u>г</u> т		
						├┼	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F	•	•		•		Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	nanation has been prov	nded on Pari	VIII			
Fa	Endowment Funds. Complete if the organization	n answered "Ves	" on Form 990 Pa	rt IV/ line '	10			
	Complete it the organization	(a) Current year	(b) Pnor year	(c) Two ye		(d) Three years	back (e) Four ye	nare back
4	Basing of wast balance	(a) Current year	(b) Filor year	(6) 1 #0 96	rais back	(u) Thice years	back (e) Four ye	
	Beginning of year balance Contributions		 	 				
-			 	 				
·	Net investment earnings, gains, and losses	1	1	ł	į,		1	
а	Grants or scholarships		 	†				
	Other expenditures for facilities and		 	 				
	programs])			
f	Administrative expenses			T				
a	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a)) he	eld as				
	Board designated or quasi-endowment ▶	%	()					
b	Permanent endowment ▶ %)						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%						
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held and ad	lministered fo	or the		_	
	organization by						\Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations			,	,		3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	ed on Schedule R? 👝				3b	
4	Describe in Part XIII the intended uses of the		ment funds					
Pa	nt VI Land, Buildings, and Equ						_	
	Complete if the organization						<u> Part X, line 10.</u>	
	Description of property	(a) Cost or other	l ' ' '		(c) Accu		(d) Book val	lue
		(investment)				ciation		
	Land	 	2	40,000			<u>240</u>	0,000
	Buildings	 			 		 	
	Leasehold improvements	 			 		 	
	Equipment	 			 		+	
	Other Add lines 1a through 1e (Column (d) must	agual Form 000, Dod N	Coolumn (B) Iron 10-1				241	2 000
iotal	. Add lines to dirought te (Column (d) must	equal Fulli 990, Pall /	, within (b), line 100	<u> </u>	 _			0,000

□Part VIII	Investments—Other Securities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	of valuation
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial d	lenvatives			
(2) Closely-he	ld equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		<u> </u>		
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, III	ne 11c See Form 990, P	art X, line 13.
•	(a) Description of investment	(b) Book value	(c) Method o	fvaluation
			Cost or end-of-ye	ar market value
(1)		<u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, II	<u>ne 11d. See Form 990, P</u>	art X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	<u> </u>	
PartX	Other Liabilities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 11e or 11f. See Form	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				4.4

1	(a) Description of liability	(b) Book value	
(1)	Federal 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

Sche	dule D (Form 990) 2016 VETERANS OF FOREIGN WARS	OF THE US 59-	-1097344	Page 4
Pa	Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	_2c		
ď	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 [
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	至:	
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 XIII Reconciliation of Expenses per Audited Financial	Statements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part 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		+ 10 14 14 14 14 14 14 14 14 14 14 14 14 14	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	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 IX, line 25, but not on line 1		7 10 11 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

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

Schedule D (Form 990) 2016 VETERANS OF FOREIGN WARS OF THE US Part XIII Supplemental Information (continued) 59-1097344

Page 5

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.

OMB No 1545-0047

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.

Open to Public Inspection. **Employer Identification number**

VETERANS OF FOREIGN WARS OF THE US

59-1097344

FORM 990 - ADDITIONAL INFORMATION

NO INDIVIDUAL DONOR GAVE MORE THAN \$5,000 IN THE CURRENT YEAR. NO SCHEDULE

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE CLEANING AND BARTENDING SERVICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD REVIEWS 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD ANNUALLY REVIEWS POLICIES AND PROCEDURES FOR ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.