2949318104710

OMB No. 1545-0047

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2017 cale	ndar year, or tax year be	eginning		, 2017, a	nd ending				, 20			
В	Check if	applicable:	C Name of organization Vet	terans of Foreig	n Wars of the 1108	VFW-IN	D		D Employer identification number					
	Address		Doing business as VFW								35-6068017			
	Name ch	nange	Number and street (or P.C	), box if mail is not o	delivered to street addi	ess)	Room/suite	,	ET	elephon	e number			
	Initial ret	um	213 S. 8th Street								765-966-6441			
	Final retur	m/terminated	City or town, state or prov	ince, country, and	ZIP or foreign postal co	ode								
	Amende	d return	Richmond, IN 47374						GG	iross re	ceipts \$	739,300		
Ē.			F Name and address of prin	cipal officer Ror	n Weadick			H(a) Is this	a group r	etum for s	ubordinates? Ye	s 🗸 No		
		p 3	602 SW A St., Richmon				107	1	-		included? TYes			
	Tax-exer	mpt status			◀ (insert no.) ☐ 4947	(a)(1) or	□ 527 T	-4 ` '			list. (see instructi			
<u>.                                    </u>	Website	•	w.vfw1108.org	2 00 1,07 ( 10 )	· (moore mor)	Î		H(c) Gro	up exe	mption	number ▶			
K				Association	Other ▶	LYea	r of formation		·		of legal domicile.	IN		
	art I	Summ				1					g			
	1		escribe the organization	n's mission or r	most significant a	ctivities:								
ø	'	-	le services to past and p		_									
Governance	1	10 provid	- services to past and p	oreseric illeriber	s of the affiled for									
Ĕ	2	Check th	is box ▶☐ if the organ	nization discont	tinued its operation	ns or di	ennsed of	more th	an 25	% of	its net assets			
Š	3		of voting members of t		_				<u></u> .	3				
ص ص	4		of independent voting		• .	•			•	4	·····	12		
Activities &	5		nber of individuals em			•	-		•	5	<del></del>	14		
Σij	6		nber of volunteers (est		•		, zu, .		•	6		12		
ct	7a		elated business reveni			100	<b>⊣</b> · ·		•	7a				
_	b	Net upre	lated business taxable	uncome from F	orm-990-T ine 3		1		•	7b				
	<del>                                     </del>	140t draic	ated business taxable	miconic month		12	<del>}}                                   </del>	Prior	Year	7.0	Current \	/ear		
	8	Contribu	tions and grants (Part	VIII line 1hV	MAY 0 1/21	018	3 -			1,791		25,384		
Ę	9		service revenue (Part		· / · · · · · · · · · · · · · · · · · ·		\$1 · ⊢			1,731		23,304		
Revenue	10		ent income (Part VIII, co		\$  ·  -			5,150		4,172				
æ	11		venue (Part VIII, columi				20	0,561		295,293				
	12		enue—add lines 8 throi			v	ne 12\			7,502	<del></del>	324,849		
<b>(</b>	13		nd similar amounts par				10 12)			2,446				
<b>≅</b>	14		· ·	•	• • •		· · ·  -			2,440		43,835		
©o,	15		enefits paid to or for members (Part IX, column (A), line 4)									22,162		
nse	16a		onal fundraising fees (F		<sup>5-10</sup> ,  -	105,120			<del></del>	132,753				
<u>ğ</u> a	b		draising expenses (Pa			3	· ·		N. T	3) 🛬	And a series of the series of	<b>新华港</b>		
⋽₹	17	Other ev	nancas (Part IX colum	in (A) diago 111 b	11 Par 1 1 1 2 2 2 2 1	<del>M</del>	<del> </del> -							
•	18	Total evi	penses (Part IX, colum penses. Add lines 13-1	17 (miletages illus	Part IX=column=14	1 1 2º	²′ ⊢		52,309 219,881			68,589		
<u>.</u>	19	Revenue	less expenses. Subtra	act line 19 from	Tine iteal 117	y, iiile 20	" ∶ ⊢			-2,371		267,339		
	2 13	Tievenue	less expenses. Oublit	O O	GDEN	- ·		eginning o			End of \	57,510 Year		
	20	Total ac	sets (Part X, line 16)		12.		F	-3						
_88.	21		pilities (Part X, line 26)				· · ·  -			79,811		505,836		
Net Assets or	22		ets or fund balances. S	ubtract line 21	from line 20		· · · ⊢			31,845		12,668		
	art II	_	ture Block	ubliact line 21	nomine 20 .	<u> </u>	<u>· · 1</u> .		4	48,326	<u> </u>	493,168		
_									<u> </u>					
			ury, I declare that I have exar liete. Destaration of preparer								my knowledge al	ilu bellet, it is		
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Si	gn	Sign	parture of officer	//aren					Date	to-	25, LOL	<i>}</i>		
	ere			//1=0	Quarter	mas l	or		Date					
• • • •	J1 C	Typ	e or print name and title	VIII.	- AKTU ACT	TILLST	<u> </u>							
_	<del></del>	<u> </u>	ype preparer's name	Panar	er's signature		Da	te.	<del></del>		PTIN			
	aid				10. Vogas/		الما	1 1.		Check	Ķ1 μ]	454-55		
	repare	·	Isaacs	ICIL	annous	<del></del>		1 Ant 1		self-em	throled b00	454752		
U	se On				IN 47074			- 1	Firm's		705.000			
1.4.	av tha II		address ► 4857 Union P ss this return with the p			notions	<del></del>		Phone	no.	765-220- ✓ Y			
_	<u> </u>		<u></u>	<del></del>	•	actions;			•	· ·		'es <b>∐ No</b> n <b>990</b> (2017)		
FO	r raper	work Hed	uction Act Notice, see th	ne separate insti	ructions.		Cat. N	o. 11282Y			Forn	.ı マ安U (2017)		

Form 990	<u> </u>		Page 2									
Part I	<b></b> ,											
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>										
	Briefly describe the organization's mission:											
	To provide services to past and present members of the armed forces.											
	Did the organization undertake any significant program services during the year which were not listed on the	ne										
	prior Form 990 or 990-EZ?											
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?											
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measur											
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.											
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)									
		•										
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$		<u> </u>									
	(Journal of Cartesian Cart											
4c	(Code:) (Expenses \$) (Revenue \$)		)									
	•••••••••••••••••••••••••••••••••••••••											
	***************************************											
		_										
			·									
	Other program services (Describe in Schedule O.)	·										
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )											
	Total program service expenses ▶	<del></del>										





# Part IV Checklist of Required Schedules

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		_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		<u>v</u>
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		·
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		·
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		_
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		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	,	_
	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		<u> </u>
	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		~
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		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		٧
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		>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	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		v
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		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		•
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	~	
		For	m <b>990</b>	(2017

Part IV	Checklist	t of Required Schedules (continued	<u>7</u> )

~~	Did the second of		Tes	NO.
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		<b>,</b>
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		<u> </u>
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		<b>,</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
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?			
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		<u> </u>
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	24d		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
	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		~
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		~
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	المتأثلة المتأسد	الاستانات ا
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
00	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		-
	Part I	31		·
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		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del>                                     </del>
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-
	or IV, and Part V, line 1	34		·
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
00	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		ما	
	The state of the s	38	- 99(	(2017)
		ror	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	# (ZUI/)

Form **990** (2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>	
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	學就		1000
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	220	عكعة	التثرر تي
_	reportable gaming (gambling) winnings to prize winners?	1c	<b>/</b>	2 2 - 2
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			14 75 TE
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	24.2		أأشأ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1 25	7-74-3
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	E.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
1_	account)?	4a	7. J. C.	F. 35%
b	If "Yes," enter the name of the foreign country:	<b>建</b>	13.13	形質
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			信題
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	السند	الكنائدة
ъа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\vdash$	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del>	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<del> </del>	<del>                                     </del>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		·
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		T	$\vdash$
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	A Bar	10 2 g	3, 3,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		7	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	↓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	75.85	a returning
d	If "Yes," indicate the number of Forms 8282 filed during the year			TREAT!
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	+
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<del> </del>	+
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	+	+
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1 min 1 m	1 2 J. A.	الرسي تيم الوا
_	sponsoring organization have excess business holdings at any time during the year?	8		الثعندسة إن
9	Sponsoring organizations maintaining donor advised funds.	FFE.	EÇEVÎ.	e girai
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ت المتناث
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	1. 3. 1.2.	75.75	2 - 2 - 1
а	Initiation fees and capital contributions included on Part VIII, line 12		1 34 -	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1 12	- 12 mg
11	Section 501(c)(12) organizations. Enter:	134	, ,	
а	Gross income from members or shareholders	١٠.	*	-[
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1 '	P
	against amounts due or received from them.)		-\- <u>-</u> -	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b>!</b>	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1-		+
а	Is the organization licensed to issue qualified health plans in more than one state?	138	4	
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
þ	the organization is licensed to issue qualified health plans	1	1,	-
С	Enter the amount of reserves on hand	13	. 2	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	146		1
1701 h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	141	$\rightarrow$	+

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			ons. 🔽
Section	on A. Governing Body and Management	<del></del>	<u> </u>	ب
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12	17 m	1 A	3.40
	If there are material differences in voting rights among members of the governing body, or	3	<b>建</b> 石	<b>分析</b>
	if the governing body delegated broad authority to an executive committee or similar		7	1.
_	committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent .   12		學	
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		<b>/</b>
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?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<b>/</b>	1.00
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Tell San		
а	The governing body?	8a	~	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	~	<b>├</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	~
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
	PN 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	-	1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<b>"</b>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	<del>                                     </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	21 347	1. 12.	12
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		V
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		v
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	المراكب المرا		
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b	1	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	, .S.	12.
16a	with a taxable entity during the year?	16a	,	· ·
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	· 		
	organization's exempt status with respect to such arrangements?	16b	<u> 1</u>	1
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶		77777	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)	s oni
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir	iteres	t poli	cy, ar
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 r	ecord	s: <b>&gt;</b>	
•	Jerome Marcum, Quartermaster, 213 S. 8th Street, Richmond, IN 47374			

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- (1111)	330	120171	

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any related	d orga	aniz	atio	n c	ompei	nsa	ted any curren	t officer, director	, or trustee.
	(C)									- · · -
(A)	(B) Position							(0)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)						compensation	compensation from	amount of
	week (list any hours for	악코	5	Q	~	9 표	ת	from the	related organizations	other compensation
	related	랖	<b>§</b>	Officer	9	귷	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	흏	٦ ٔ	를	st c	4	(W-2/1099-MISC)		organization
	below dotted	٦ <u>ُ</u>	at		Key employee	퉦		Ì		and related organizations
		Individual trustee or director	Institutional trustee	İ	•	) Š		Ì		
			8			Highest compensated employee				
				-						
(1) Ron Weadick	10							İ		
Commander		~	L	L_	L					
(2) Bill Bailey	1									
Sr. Vice Commander	ļ	~		L.,	L	L				
(3) Jim Hankins	1 1		1	}				}	<u>'</u>	
Jr. Vice Commander	<u> </u>	~		L_	_					<u> </u>
(4) Jerome Marcum	20	}		}	1				1	
Quartermaster		~	_	L.	<u> </u>	<u> </u>		15,600		
(5) Gary Franklin	3	[	Į .	l			l			
3-Year Trustee		~		L						
(6) Brad Lindsey	3								_	
2-Year Trustee	<u> </u>	~		<u> </u>		<u> </u>	<u>.</u>	<u> </u>		
(7) Al Bledsoe	3									
1-Year Trustee		1	L	1_						
(8)				Γ				]		
			L	<u> </u>		L				
(9)										
			L	<u></u>	L.	L				
(10)		)				}	1	}		
				<u> </u>		<u> </u>		<u> </u>	<u> </u>	
(11)			П	Γ	Γ					
(12)	<u> </u>	J		Γ						
		1.							<u>j</u>	
(13)		]								
		<u>L</u> .	L	L		1		1	<u>                                     </u>	
(14)	<u> </u>									
	1	l	1	1	1		1			Į.

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, i office or directo	ot ch	Posi eck s pe	ition more	than of the state	ne an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-MI	rom s	(F) Estimated amount of other compensation from the organization and related organizations
(15)							8.	-				<del></del>
(16)			<del> </del>		ļ			-	<u> </u>			
(17)				ļ		_						
							<u> </u>	L				····-
(18)								_				
(19)		<u> </u>										
(20)				<u> </u>								
(21)				├		<del> </del>		-				
(22)				-		-	-	-			-	
(23)			}	$\vdash$	-		ļ	-				
			<u> </u>		ļ	<u> </u>	ļ	L		-		
(24)			1									
(25)			}									
1b c d	Sub-total	<u> </u>	<u></u>				abov	▶ ► ► N (e) W	IS1600	ore than \$10	00.000	of
	reportable compensation from the organ								0			<del></del>
3	Did the organization list any <b>former</b> or employee on line 1a? <i>If "Yes," complete</i>							emţ	ployee, or high	nest comper	nsatedi 	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividua <b>i</b> 	5 0
Section 1	on B. Independent Contractors  Complete this table for your five highest	compensa	ted in	den	enc	lent	cont	ract	tors that receiv	ed more tha	n \$100	000 of
	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) Name and business ad	dress				·		1	(B) Description of	services	C	(C) compensation
		<del></del>	_					$\pm$				
								+	<del></del>			
	Total annulus of today of the	6						Ţ				
2	Total number of independent contract received more than \$100,000 of compens							o t	nose listed at	oove) who	•	

Form 99	90 (2017	n							Page 9
Part	VIII	Statement of Reve							
**************************************	. / 7	Check if Schedule O	contains	a resp	onse or note to			·····	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns		1a			"明子"		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ls, Grants Amounts	b	Membership dues .		1b	8,468				
	C	Fundraising events .		1c					
	d	Related organizations		1d					
	е	Government grants (conf	tributions)	1e		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A. M.		
P S	f	All other contributions, gi	fts, grants,				基本是		
t e		and similar amounts not incl	luded above	1f	16,916		<b>建设设施全</b> 个		
Contributions, and Other Sim	g	Noncash contributions includ	led in lines 1a	-1f: \$		25 July 12 12		100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 m 100 mg 100 mg	
S E	h	Total. Add lines 1a-11	f . <u></u>		🕨	25,384	ر الله الله الله الله الله الله الله الل	14 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Program Service Revenue					Business Code	5-10-10-10-10-10-10-10-10-10-10-10-10-10-	Mile Marie		
N N	2a			]					<del></del>
- g	b								
흫	C								
Şe	d								
E a	е								
ogu	f	All other program sen		_			W = 5 to a start a size for	. 210 June on 100 57 65 75	**** *** ** ** ** ** ***
4	<u>g</u>	Total. Add lines 2a-2				ļ	The second of the second	"是有一个一个	Control of the second
	3	Investment income	. •						4 472
		and other similar amo	•			4,172			4,172
	4	Income from investmen	t of tax-exe	mpt bo	nd proceeds ►				
,	5	Royalties			<u>.</u>	27 To be 200 - 200 - 100 -	- var. 1 - townseld - plan	1. "435" 64 St. o. v. o. s.	1 1634 5 4
			(i) Rea		(ii) Personal				<b>经验证证证</b>
	6a	Gross rents		23,922					10000000000000000000000000000000000000
	b	Less: rental expenses		9,691					· 一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	С	Rental income or (loss)		14,231					The state of the state of
	_ d	Net rental income or			63 Other	14,231	14,231	184 A	77 - 1-14 16 2 16 1 - 5 2 16 1 - 5 4 16 1 -
	7a	Gross amount from sales of	(ī) Securi	ties	(ii) Other				
		assets other than inventory							
	b	Less; cost or other basis				A Comment		The state of the s	图表 在东西
	1	and sales expenses .							
	°.	Gain or (loss)				و المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
	d	Net gain or (loss) .		٠.,	<u> P</u>	75 C 2 C 2 C	2 13 m.n. 1 4	The first the first	2 5 5 5 5 5 6 12 11 25 13
•		0						10 to 10 to	
Ĕ	ва	Gross income from for events (not including \$	unaraising			Carried Services			
96				1-1		مناوع والمعدم فللسطاع والأشهر	11年,增加了		
Œ	1	of contributions report See Part IV, line 18 .	eo on line	•	4.20				
Other Revenue	١.			_	4,20- 3,20	ન . ે			
ō	D	Less: direct expense Net income or (loss)				7) - 3-7	10000	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	997
	C	Gross income from g			events . P	//	* * * * * * * * * * * * * * * * * * * *	17 70 8 7	The First For For
	34		aning acti		418,94		والمراجع الموسقون التيا		
						<b>⊣</b> ,, .	· ', »' ·		
	b					159,38	1 159,381		
	10a		-		1	137,30			1 1
	.00	returns and allowand			245,33	9		} .	
	Ь			_		<del>-</del>	·		
	6	Net income or (loss)				120,68	4 120,684	1	
	<b>—</b>	Miscellaneous			Business Code		1		
	11a								
	Ь								
	C								
	d	A 11 11							
	e	Total. Add lines 11a	–11d		•		0		
	12	Total revenue. See	instruction	ns	<u></u> . <b>&gt;</b>	324,84	289,29	6	5,169
	•								Form <b>990</b> (2017

•	•			•
Part IX	Statement of	Functional Expen	ses	

Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	43,835	43,835		
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22				AND THE PROPERTY OF THE PARTY O
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				<b>经工作的</b>
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	22,162	22,162		
5	Compensation of current officers, directors, trustees, and key employees				
e	1		<del></del>	<del></del>	<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	ļ			
7	6.1	400 0	400.000		<u> </u>
7 8	Other salaries and wages	120,940	120,940	· · · · · · · · · · · · · · · · · · ·	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,813	11 012		
11	Fees for services (non-employees):	11,813	11,813		
''	Management				
b	Legal				
c	Accounting	200		200	
d	Lobbying	200		200	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		THE PERSONNEL OF MENTALSHIP AND AND AND AND AND AND AND AND AND AND	The second contract of the state of the second seco	
g	Other. (If line 11g amount exceeds 10% of line 25, column			<del> </del>	<del> </del>
_	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,251		1,251	
13	Office expenses	11,163		11,163	
14	Information technology				
15	Royalties				
16	Occupancy	25,666		25,666	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,123	·	4,123	
20	Interest	981		981	
21	Payments to affiliates		· · ·	ļ	
22	Depreciation, depletion, and amortization .	2,307		2,307	
23	Insurance	9,111		9,111	
24	Other expenses. Itemize expenses not covered		,		, , , , , , , , , , , , , , , , , , ,
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	<b>]</b> ,	'		, s ,
	(A) amount, list line 24e expenses on Schedule O.)			· .	
_	Licenses and Permits		<u> </u>		
a b	Van Expenses	167		167	<b>'</b>
C	Bank Fees	1,259			
d	Put III 1 663	6,255		6,255	-
e	All other expenses Miscellaneous Expenses	6,106		6 104	<u></u>
25	Total functional expenses. Add lines 1 through 24e	267,339	<del></del>	6,106	<del>                                     </del>
26	Joint costs. Complete this line only if the	201,339	200,008	0/330	<u>,                                     </u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Pa	ärt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
<u> </u>			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	252,496		276,672
i	2	Savings and temporary cash investments	57,262	2	6,412
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	en en en en en en en en en en en en en e	4	1 2 5 2 2 5 5 6
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	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	
set	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 192,736			
	b	Less: accumulated depreciation 10b 24,790		10c	167,946
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	479,811	16	505,836
	17	Accounts payable and accrued expenses		17	
	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.	6,714	21	9,916
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jat		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	<del> </del>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,771	25	13,752
	26	Total liabilities. Add lines 17 through 25	31,485	+	12,668
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	12,000
JCe		complete lines 27 through 29, and lines 33 and 34.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	~~	* * * * * * * * * * * * * * * * * * *
<u>a</u>	27	Unrestricted net assets	<u></u>	27	<del></del>
ä	28	Temporarily restricted net assets	<del></del>	28	<del> </del>
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
8	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	448,32	6 32	493,168
<u>é</u>	33	Total net assets or fund balances	448,32		
	34	Total liabilities and net assets/fund balances	479,81		
_					Form <b>990</b> (2017

Form 99	ο <sup>0</sup> (2017)				Pag	je <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
7	Total revenue (must equal Part VIII, column (A), line 12)	1_1				4,849
2	Total expenses (must equal Part IX, column (A), line 25)	2_			267	7,339
3	Revenue less expenses. Subtract line 2 from line 1	3			57	7,510
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			448	B,326
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_	•
	33, column (B))	10			50	5,836
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u> </u>		
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	kplain	in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:			2a		<b>✓</b>
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ted or	1 a	2b		<b>-</b>
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for confidence of the audit, review, or compilation of its financial statements and selection of an independent acco			2c		

If the organization changed either its oversight process or selection process during the tax year, explain in

За

Form **990** (2017)

**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.

Schedule O.

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

	ns of Foreign Wars of the 1108 VFW-IND		35-6068017
Par			
	Complete if the organization answered	'Yes" on Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, o	or for any other purpose
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservatior	n of a historically important land area
	Protection of natural habitat	☐ Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contrib	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified I		
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 7/25/06, and n	1 1
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or t	terminated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		<u></u>
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforci	ing conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easement	of the footnote to the organization's	
Part	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	AS 116 (ASC 958), not to report in assets held for public exhibition,	n its revenue statement and balance sheet , education, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relative	SFAS 116 (ASC 958), to report in assets held for public exhibition,	its revenue statement and balance sheet
	(i) Revenue included on Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other sim	nilar assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	·	
	Assets included in Form 990, Part X		
<u></u>	perwork Reduction Act Notice, see the Instructions fo	r Form 990. Cat. No. 52	

	Urganizations Maintaining								
. 3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her record	ds, check	cany of the	follow	ng that are a sig	nificant	use of its
a.	☐ Public exhibition		<b>d</b> [	Loan	or exchange	progra	ams		
b	☐ Scholarly research		е [	] Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	and expla	in how th	ney further th	ne orga	anization's exemp	ot purpo	se in Par
5 	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							s 🗌 No
Part			_			_	_		
	Complete if the organization 990, Part X, line 21.								Form
	Is the organization an agent, trustee, included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fol	lowing ta	ıble:		Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun	nt on Form 990, P	art X, line	21, for e	scrow or cu	stodial	account liability?	☐ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa								
Par									
	Complete if the organization	answered "Yes	on For	n 990, F	Part IV, line	10.			
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								_
c	Net investment earnings, gains, and								
•	losses					Í			
d	Grants or scholarships		-		<del>-</del>	<del></del>		<del> </del>	
e	Other expenditures for facilities and	<u></u>					·	<del> </del>	
•	programs								
f	Administrative expenses		ļ			1		<u> </u>	
g	End of year balance		<u> </u>					L	
2	Provide the estimated percentage of	the current year e	nd balanc	e (line 1g	, column (a)	) held a	as:		
а	Board designated or quasi-endowme	nt ▶	<b>%</b>						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal	100%.						
За	Are there endowment funds not in th	e possession of t	he organi	zation th	at are held a	and ad	ministered for the	9	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of				chedule R?			3b	
4	Describe in Part XIII the intended use					•			
Par				<del></del>			-		
	Complete if the organization		s" on For	m 990	Part IV line	11a	See Form 990	Part X	line 10
-	Description of property	(a) Cost or o	other basis	(b) Cost	or other basis	(c)	Accumulated	( <b>d</b> ) Boo	
		(investr		<u> </u>	other)		epreciation		
1a	Land	·			89,831		·	<del>-</del> -	89,8
b	Buildings				98,165		23,200		74,9
C	Leasehold improvements			<u> </u>					
d	Equipment				4,740		1,590		3,1
e	Other	<u>.                                      </u>		<u> </u>			. <u> </u>		
Total	. Add lines 1a through 1e. (Column (d)	must equal Form	990, Part	X, colum	n (B), line 10	)c.) .	•		167,9

Part VII	Investments — Other Securities.  Complete if the organization answer	ered "Yes" on Form 990	). Part IV. line	11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)		Book value	(c) Metho	d of valuation -year market value
(1) Financial	derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					<del>_</del>
(D)					
(E) (F)					
(G)					
(H)					
<u>-</u>	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				STATE OF THE STATE
Part VIII	Investments—Program Related.			ex Care with the	energy and the property of the property
	Complete if the organization answer	ered "Yes" on Form 99	0, Part IV, line	11c. See Form 9	90, Part X, line 13.
	(a) Description of investment		Book value		od of valuation:
				Cost or end-o	f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				<del></del>	
(7)					<del></del>
(8)				··-	
	(b) must equal Form 990, Part X, col. (B) line 13.)			ELECTION CO	
Part IX	Other Assets.			CONTRACTOR OF THE PARTY OF THE	Contract the management of the contract from
	Complete if the organization answ	ered "Yes" on Form 99	0, Part IV, line	11d. See Form 9	990, Part X, line 15.
	(a)	Description			(b) Book value
(1)					<del></del>
_(2)					
(3)					
(4)					
(5)					
(6)					
(8)		··	. <u>-</u>	<del></del>	<del></del>
(9)		· · · · · · · · · · · · · · · · · · ·			
Total. (Colu	umn (b) must equal Form 990, Part X, col	l. (B) line 15.)		<b>&gt;</b>	<del></del>
Part X	Other Liabilities.				
	Complete if the organization answ line 25.	vered "Yes" on Form 99	90, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	I		
(1) Federal	income taxes				,
(2) US Ban	k Loan on Rental Properties	13,752		,	
(3)	···		, -		
(4)			1		
(5)		<del></del>	_ ՝		
(6)			4		
(8)			1		
(9)			1		
	(b) must equal Form 990, Part X, col. (B) line 25.)		1		

Part	XI	Reconciliation of Revenue per Audited Financial Stateme		Return.
		Complete if the organization answered "Yes" on Form 990, I		
4		revenue, gains, and other support per audited financial statements		1
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	1	
а		nrealized gains (losses) on investments	2a	
b		ted services and use of facilities	2b	
С		veries of prior year grants	2c	
d		(Describe in Part XIII.)	2d	
е	Add	ines 2a through 2d		2e
3		ract line 2e from line 1		3
4		unts included on Form 990, Part VIII, line 12, but not on line 1:		
а	inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	18° 1 249
b		r (Describe in Part XIII.)	4b	
C		ines <b>4a</b> and <b>4b</b>		4c
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII	Reconciliation of Expenses per Audited Financial Statem		er Return.
		Complete if the organization answered "Yes" on Form 990,		
1		expenses and losses per audited financial statements		1
2		unts included on line 1 but not on Form 990, Part IX, line 25:		
а		ted services and use of facilities	2a	
b		year adjustments	2b	
C	Othe		2c	
d			2d	
е		ines 2a through 2d		2e
3		ract line 2e from line 1		3
4		unts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>		tment expenses not included on Form 990, Part VIII, line 7b	4a	
b			4b	
c		ines 4a and 4b		4c
5	XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1	e 18.)	5
		Supplemental Information.  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Dort IV lines 1b and 0	h. Dort V. line 4: Dort V. line
2: Par	t XI lir	nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	oformation
_,	,	and the same same same same solutions and pare	to provide any additional in	mornation.
			•••••••••••••••••••••••••••••••••••••••	
			••••••••••••••	
			***************************************	

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
•		

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization Employer identification number Veterans of Foreign Wars of the 1108 VFW-IND 35-6068017 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 Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g Special fundraising events 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 VII) or entity in connection with professional fundraising services? ☐ Yes 🗹 No 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. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of or entity (fundraiser) fundraiser listed in from activity contributions? organization col. (i) Yes No 1 2 3 7 8 9 Total 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.

Ť		gross receipts greater than	1 \$5,000. (a) Event #1	(b) Event #2	(c) Other events	
	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
r	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes			<del></del>	
	5	Noncash prizes				
enses	6	Rent/facility costs				
쫎	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac	act line 10 from line 3, c	olumn (d)		
Pa	rt III			ed "Yes" on Form 99	0, Part IV, line 19, or	r reported more
		than \$15,000 on Form 9	90-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue	199,745	219,150		418,895
ses	2	Gross revenue	199,745	219,150		418,895
sesuedx			199,745	219,150		418,895
Direct Expenses	2	Cash prizes	199,745 52,647	219,150		418,895 52,647
Direct Expenses	2	Cash prizes	52,647 96,231	110,686		52,647 206,917
ರ	3 4	Cash prizes  Noncash prizes  Rent/facility costs	52,647			52,647 206,917
ರ	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	52,647 96,231  Yes 100 % No	110,686 ✓ Yes 100 %  ☐ No	☐ Yes%	52,647 206,917
ರ	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	52,647  96,231  Yes 100 %  No  dd lines 2 through 5 in c	110,686  Yes100 %  No  olumn (d)	☐ Yes% ☐ No	52,647 206,91
Direct	2 3 4 5 6 7 8	Cash prizes	52,647  96,231  Yes 100 %  No  dd lines 2 through 5 in cory. Subtract line 7 from l	110,686  Yes 100 %  No  olumn (d)	☐ Yes% ☐ No	52,647 206,917 6 259,56 159,38
Direct	2 3 4 5 6 7 8	Cash prizes	52,647  96,231  Yes 100 %  No  dd lines 2 through 5 in cony. Subtract line 7 from larganization conducts ga	110,686  Yes 100 %  No  olumn (d)	☐ Yes% ☐ No	52,647 206,917 6 259,56 159,38
Direct	2 3 4 5 6 7 8	Cash prizes	52,647  96,231  Yes 100 %  No  dd lines 2 through 5 in cory. Subtract line 7 from largenization conducts gas conduct gaming activities	110,686  Yes 100 %  No  olumn (d)	☐ Yes	52,647 206,917 6 259,56 159,38
Direct	2 3 4 5 6 7 8 a is b if	Cash prizes	52,647  96,231  Yes 100 %  No  dd lines 2 through 5 in concept. Subtract line 7 from leading activities and activities.	110,686  Yes 100 %  No  olumn (d)  ine 1, column (d)  aming activities: Indiana s in each of these state	Yes % No No Service Se	52,647 206,917 6 259,566 159,38
Direct	2 3 4 5 6 7 8 a is b if	Cash prizes	52,647  96,231  Yes 100 %  No  dd lines 2 through 5 in conducts garganization conducts garden activities  gaming licenses revoked	110,686  Yes 100 %  No  olumn (d)  ine 1, column (d)  aming activities: Indiana s in each of these state	Yes % No No Service Se	52,647 206,917 6 259,566 159,38

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

chedul	ė G (Fòrm 990 or 990-EZ) 2017 Page <b>3</b>
11 12	Doès the organization conduct gaming activities with nonmembers?
13 •	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► Jerome Marcum
	Address ► 103 Elmhurst Drive, Richmond, IN 47374
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name ► Sherry Cook
	Gaming manager compensation ► \$
	Description of services provided ► Runs Bingo
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 or 990-EZ) 2017



### 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
2017

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

VFW POST 1108	35-6068017
PART VII, COLUMN (F). GOVERNING DOCUMENTS, POLICIES, AND FI	NANCIAL STATEMENTSD ARE AVAILABLE AT THE VELOCATION AT
213 S. 8TH STREET IN RICHMOND, INDIANA 47374	
PART VI, LINE 11B FORM 990 IS REVIEWED IN A BOARD MEETING, A	PPROVED, AND FILED ON SITE AT 213 S 8TH ST., RICHMOND, IN
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	·