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Form	990	إنفا

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

Α	For the	2017 cale	ndar year, or tax year beginning	, 2017, a	ınd ending			, 20		
В	Check if	applicable	C Name of organization Waco VFW Post 2148	VILTE		D	Employe	r identification number		
	Address		Doing business as	VOI C			74-1021455			
$\overline{\Box}$	Name cl	-	Number and street (or P.O. box if mail is not delivered to street	et address)	Room/suite	E.	Telephon	e number		
$\overline{\Box}$	Initial ref		PO Box 483				(254)	662-3625		
$\overline{\Box}$		m/terminated	City or town, state or province, country, and ZIP or foreign po	stal code			, , ,	· · · · · · · · · · · · · · · · · · ·		
\exists	Amende		Waco, TX 76703			G	Gross re	ceipts \$ 1,119,264.		
\exists		on pending	F Name and address of principal officer:	• • •				ubordinates ² ☐ Yes ☒ No		
	Applicat	ion pending	Alton Leuschner, 122 Saffle Rd ,	Waco, T	x 76706			included? Yes No		
_	Tau aua		☐ 501(c)(3) ■ 501(c) (19) ◄ (insert no) ☐	4947(a)(1) or		⊣ ''		list (see instructions)		
÷	Website	mpt status	/A	1 4947 (a)(1) OI	<u> </u>	H(c) Group ex				
<u>, , , , , , , , , , , , , , , , , , , </u>			X Corporation Trust Association Other ►	l l Vos	ar of formatio			of legal domicile TX		
_	art I	Summ		i Liea	ar Or IOITHAUO	1 1950	W State	or regar dornione 17		
					20		1			
•	1	-	escribe the organization's mission or most significa	ani activities.	ACTIV	itles and	l 			
Governance		Funds	are used to benefit veterans							
raa	١.							L		
Ş.	2		is box ▶ ☐ if the organization discontinued its ope		•		+ 1			
ŏ	3		of voting members of the governing body (Part VI,				3	12		
- დ დ	4		of independent voting members of the governing t	- '			4	0		
iŧie	5		nber of individuals employed in calendar year 201				5			
Activities &	6		nber of volunteers (estimate if necessary)				6	10		
ĕ	7a		elated business revenue from Part VIII, column (C)				7a	27,007.		
_	b	Net unre	ated business taxable income from Form 990-T, li	ine 34	· · ·		7b	13,007.		
						Prior Year		Current Year		
<u>o</u>	8	Contribu	tions and grants (Part VIII, line 1h)			9,	403.	26,508.		
J.	9	Program	service revenue (Part VIII, line 2g)			26,	009.	14,439.		
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	124.	48.					
» —	11	Other rev	490.	21,977.						
2 2 2	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII,	column (A), lıı	ne 12)	49,	026.	62,972.		
2	13	Grants a	nd similar amounts paid (Part IX, column (A), lines	1–3)			077.	10,218.		
1	14	Benefits	paid to or for members (Part IX, column (A), line 4)							
<i>)</i>	1		other compensation, employee benefits (Part IX, colu		_					
	16a		onal fundraising fees (Part IX, column (A), line 11e)							
Expenses	Ь		draising expenses (Part IX, column (D), line 25)	· 		, ′ · į į 🖓 .	,1:15.X			
МŢ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24				691.	45,152.		
Ď	18		penses. Add lines 13–17 (must equal Part IX, colun			_	768.	55,370.		
201	19		less expenses. Subtract line 18 from Line 12 ACT		´ 		258.	7,602.		
ξĝ	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RECEIVE		Be	eginning of Curre		End of Year		
ets c	20	Total ass	ets (Part X, line 16)	ာပ္စု		398,		406,956.		
Assi	21		<u> \bar{\bar{\bar{\bar{\bar{\bar{\bar{</u>		· ·		950.	10,298.		
Net Assets of	22		ollities (Part X, line 26) [옺]MAY . [-7 20] ts or fund balances. Subtract line 21 from line 20	10 . Y	· ·	389,		396,658.		
	art II		ture Block	, 	• • •	3037	000.1	330,000.		
			ry, I declare that I have examined this return; including accomp	anyung schedule	e and statem	ents and to the	heet of n	ay knowledge, and belief it is		
			lete. Declaration of preparer (other than officer) is based on all in					ly knowledge and belief, it is		
_		T								
Si	gn	Sign	ature of officer	1	7	l Date				
	ere		100.0	lana 1	Ann	54.0	5-7	-18		
110	510		ton Leuschner, Commander c				<u> </u>			
_		1, -,	pe preparer's name Preparer's signature	nn	Date	e 1		PTIN		
Pa	aid	'	W/Was Date L	Hal Hier		7-2018	Check [X }		
	epare	71 <u></u>	aret A Baldwin	JUNIUN				ployed P01339050		
U	se On	ly Firm's r		. 50055				15-2693587		
				X 78071	_	Phone	no (2	10) 296-6710		
_			s this return with the preparer shown above? (see			· · · ·	<u> </u>	Yes No		
Fo	r Paper	work Redu	ction Act Notice, see the separate instructions. BAA	\	REV	12/05/17 PRO		Form 990 (2017)		

Form 99	0 (2017)	Page 2
Part	Ш	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u>. Ц</u>
`1		ly describe the organization's mission:	
		ivities and ds are used to benefit veterans	
	r um	ds are used to benefit veterans	
2		he organization undertake any significant program services during the year which were not listed on the	7
		Form 990 or 990-EZ?	⊻ No
3		es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program	
		ces?	☑ No
	If "Ye	es," describe these changes on Schedule O.	_
4	expe	cribe the organization's program service accomplishments for each of its three largest program services, as measul enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to cotal expenses, and revenue, if any, for each program service reported.	
4a	(Cod	e.) (Expenses \$ 10,218. including grants of \$) (Revenue \$)	<u> </u>
		ivities and funds are used to benefit veterans	
			 -
4b	(Cod	e:) (Expenses \$ including grants of \$) (Revenue \$	
	`		
4c	(Coc	le:) (Expenses \$ including grants of \$) (Revenue \$	
			-
4d	Othe	er program services (Describe in Schedule O.)	···
	(Ехр	enses \$ including grants of \$) (Revenue \$)	
4e	Tota	l program service expenses ► 10,218.	



Part 1	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1 2		<u>×</u>
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	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		×
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, 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	er feet a small
b		11b		×
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		×
	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		×
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		×
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	, , , ,	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		
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	×	
			_ aan	(2017

Part1	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_x_
	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	ا ا		
00	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		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		×
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	200		
20	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		i	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Wallant 3	×
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):			27. 27.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		×
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		!	
22	complete Schedule N, Part II	32		×
33	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, Part II, III,	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	<u> </u>	×
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	[
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		×
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
		1 00	_ ^	1

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		• •	
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	×	
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	×	
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			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶	V X		,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	***	, ,	2.2.8
	(FBAR).		<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			İ
_	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			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- *	e decide	
а	and services provided to the payor?	7a	1.2	نسب سُدُ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		Į
d	If "Yes," indicate the number of Forms 8282 filed during the year	4 Hg	U-M	
е	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? .	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		2.25	0 74.
	sponsoring organization have excess business holdings at any time during the year?	8	3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9	Sponsoring organizations maintaining donor advised funds.			7.4 ;
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
_b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12			.*
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	┪		}
11	Section 501(c)(12) organizations. Enter:	1		l
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		1
C	Enter the amount of reserves on hand	1	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		i

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🔀
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . $1a$	2		
	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	, , ,	익		
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?			 -
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	×	├──
J	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		X
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	_	<u> </u>	\vdash
	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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	\$.3	7	
	the year by the following:	2.41		12. 31.
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	_8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	oae.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			×
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	j	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		. Julyan	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		}
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	ļ	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	×
14 15	Did the organization have a written document retention and destruction policy?	14	 	X 31
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?			*`
а	The organization's CEO, Executive Director, or top management official	150		
a b	Other officers or key employees of the organization	15a 15b	 	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	 	 ^ -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	:		
	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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectional available for public inspection. Indicate how you made these available. Check all that apply.	on 501	(c)(3):	s only)
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 ii	nterest	nalia	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	financial statements available to the public during the tax year.	irei 62f	hone	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and	ecorde	· -	
	Alton Leuschner 122 Saffle Rd Waco TY 76706 (254) 662-3625	Jourus	. –	

Form **990** (2017)

•	·	
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 nor any related organization compensated any current officer, director, or trustee.

					C)					
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Alton Leuschner	40.00									
Commander		×		×	1			0.	0.	0.
(2) Lester D Crowl Senior Vice Commander	5.00	×		×				0.	0.	0.
(3) Miguel M Valverde Jr Vice Commander	4.00	×		×				0.	0.	0.
(4) Eugene M Leuschner Quarter Master	5.00	×		×				0.	0.	0.
(5) Jimmy E. Ewing Jr. Chaplain	0.00	×		×				0.	0.	0.
(6) Jose A Morales Judge Advocate	1.00	×		×				0.	0.	0.
(7) Jerry W Guinn Surgeon	5.00	×		×				0.	0.	0.
(8) Raymond Maciel 1 year Trustee	1.00	×						0.	0.	0.
(9) Luis J Lopez 2 year Trustee	12.00	×		×				0.	0.	0.
(10) Raymond A Mosley 3 Year Trustee	2.00	×		×				0.	0.	0.
(11) Gregory L Brenner Adjutant	5.00	×						0.	0.	0.
(12) Boris L. Morring Service Officer	1.00	×						0.	0.	0.
(13)										
(14)										

REV 12/05/17 PRO

	(A) Name and title	(B) Average hours per	box, ı	ot ch unles	s pe	, ition more rson	than o	an	(D) Reportable compensation	(E) Reportable compensation related	- 1	(F) Estimated amount of other	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compensatio from the organization and related organizations	n I
(15)							12						
(16)													
17)													
18)													
(19)											-		
20)						-		-					
(21)													
(22)								<u> </u>					
(23)				-									
(24)													
25)													
1b c d	Sub-total	VII, Section						> > >	0.		0.		0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	no received m	ore than \$10	00,000	of	
3	Did the organization list any former or employee on line 1a? <i>If</i> "Yes," complete	fficer, direc						emp	oloyee, or high	nest compe	nsated	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio					4	×
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind			×
Section	on B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·				1 7
1	Complete this table for your five highest compensation from the organization. Re year.												ax
	(A) Name and business add	dress		•					(B) Description of	services	c	(C) Compensation	
							-						
	Total number of independent contract												

Part	VIII	Statement of Revenue				a any lina ia thia	Dort VIII		Г
•		Check if Schedule O co	mains a	res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Representation excluded from tax under sections 512-514
र छ	1a	Federated campaigns .		1a					-
E Z	b	Membership dues		1b					
ا ق ت	c	Fundraising events		1c	6,810.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .		1d					
S, E	е	Government grants (contribu	_	1e					3
ion	f	All other contributions, gifts,		_					\$,
the late		and similar amounts not include	d above	1f	19,698.				ź
d d	g	Noncash contributions included in	n lines 1a-1	lf: \$					
	<u>h</u>	Total. Add lines 1a-1f.	<u> </u>			26,508.			<u> </u>
nue					Business Code				3 2
evel	2a	Bingo			713200	13,000.	0.	13,000.	0.
ě	b	Dues			N/A	1,439.	1,439.	0.	0.
Ş	C								
Se	d								
ıran	e	All other program service							
Program Service Revenue	g	Total. Add lines 2a-2f.			•	14,439.		***	
	3	Investment income (inc				11,133.	. 2.2.	* (m***** ()	18 24 3000 1 /
	_	and other similar amount	_		•	48.	48.	0.	0.
	4	Income from investment of	tax-exem	npt b	ond proceeds >		_		
	5								
		Royalties	(ı) Real		(II) Personal	Na :			
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	_d	Net rental income or (los				1 2 2 2 2 4 7 2		2.80 0.2	* A* . B) 45 AM AN 27 A
	7a	Gross amount from sales of assets other than inventory	(i) Securitie		(II) Other		* *,``;		
	L	Less cost or other basis					1.0		
	b	and sales expenses .					x *		
	С	Gain or (loss)						3) Ç	
	d	Net gain or (loss)							
ne	8a	Gross income from fund	raising	•		,			
Other Revenue			6,810						
ě		of contributions reported of				,			\$
e.	ļ	See Part IV, line 18		a	ı				f
捶	b	Less: direct expenses .		. b					
•	С	Net income or (loss) from		_	events . >				
	9a	Gross income from gamin							
		See Part IV, line 19				1			
	b	Less: direct expenses .			1,056,292.		· · · · · · · · · · · · · · · · · · ·		
	C	Net income or (loss) from	_	_	ivities	14,007.	0.	14,007.	0.
	10a	Gross sales of inver returns and allowances	ntory, I						
				· a		<u> </u>			
	b	Less: cost of goods sold Net income or (loss) from			`\		 		
	- 6	Miscellaneous Reve			Business Code		+		
	11a	Alantic Coast banker		itv	NA	5,754.	5,754.	0.	0.
	b	Sentinel Security			NA	2,216.	2,216.	0.	0.
	c							†	· · · · · · · · · · · · · · · · · · ·
	d	All other revenue	· · ·						
	e	Total. Add lines 11a-11	d		▶	7,970.			
	12	Total revenue See inst	ructions			62 972	0 457	27 007	

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	Il other organization	is must complete co	lumn (A).
Secuo	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				\$
2	Grants and other assistance to domestic individuals. See Part IV, line 22			,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,218.	10,218.	**************************************	
4 5	Benefits paid to or for members Compensation of current officers, directors, 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 8	Other salaries and wages				
9 10	Other employee benefits				
11 a b	Fees for services (non-employees): Management				
c d	Accounting	1,200.	**************************************	1,200.	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		, , , , , , , , , , , , , , , , , , , ,		
12 13	Advertising and promotion				
14 15 16	Information technology	6,257.	6,257.		
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest	10,820.		10,820.	
21 22 23	Payments to affiliates	2,563.		2,563.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,000		2,000.	
a b	supplies Bank charges	2,564. 374.		2,564. 374.	
c d	Misc Dues/Fees	2,472. 1,279.		2,472. 1,279.	
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	17,623. 55,370.	16,475.	17,623. 38,895.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	22,0.30		12,000	

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 79,596. 1 91,184. 2 256,513. 257,041. 2 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 Assets 7 8 8 9 Prepaid expenses and deferred charges . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 61,897. 10b 61,897. 10c 58,731. 3,166. **b** Less: accumulated depreciation 11 11 12 Investments-other securities. See Part IV, line 11 . . . 12 13 13 Investments—program-related. See Part IV, line 11... 14 14 15 15 398,006. 16 406,956. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 10,298. 8,950. 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . 8,950. 26 10,298 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕱 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 389,056. 396,658. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 396,658. 33 389,056. 34 398,006. 406,956.

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
`1	Total revenue (must equal Part VIII, column (A), line 12)	6	2,9	72.
2	Total expenses (must equal Part IX, column (A), line 25)	5	5,3	70.
3	Revenue less expenses. Subtract line 2 from line 1		7,6	02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	38	9,0	56.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities	_		
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)	-		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	39	6,6	58.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	
			Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other	, , , 3	* %	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	* '#	, :	- ;
	Schedule O.			
2a		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	7 1	730	
	reviewed on a separate basis, consolidated basis, or both:	1. ' : '	٠	100
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	4		.:
	separate basis, consolidated basis, or both:	* .	-	7
	Separate basis Consolidated basis Both consolidated and separate basis			님
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?		-	
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c	> #(` \	Oto KO
	Schedule O.	**	' ·	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1 62		
Jd	the Single Audit Act and OMB Circular A-133?	3a	j	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		100		

Form **990** (2017)

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 74-1021455 Waco VFW Post 2148

Par		vised Funds or Other Similar Funds or	r Accounts.
	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		
			· · · · · U Yes U No
Par		"*************************************	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	=	
	Preservation of land for public use (e.g., recrea		rtified historic structure
	Protection of natural habitat	☐ Preservation of a ce	rilled historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	old a gualified conservation contribution in t	he form of a conservation
2	easement on the last day of the tax year.	eld a qualified conservation contribution in t	Held at the End of the Tax Year
_	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements	te	2b
C	Number of conservation easements on a certified		20
d	Number of conservation easements included in		
u	historic structure listed in the National Register .	(b) doquired arter 1720/00, and not on a	2d
3	Number of conservation easements modified, tran	sferred released extinguished or terminate	
•	tax year ▶	guarra, er arrina	or and organization daring and
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		on, handling of
	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing conse	rvation easements during the year
	>	<i>3. 3</i> , <i>3</i>	3 ,
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing conse	ervation easements during the year
	▶ \$.
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		al statements that describes the
	organization's accounting for conservation easem	and the second s	
Part	Organizations Maintaining Collection	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
	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		
_			
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila public service, provide the following amounts relat		ion, or research in furtherance of
	(i) Povonuo included on Form 000 Port VIII has 4	ting to these items.	~ •
	(i) Revenue included on Form 990, Part VIII, line 1		> 3
2	(ii) Assets included in Form 990, Part X		
2	following amounts required to be reported under S		
_			
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		•
U	ACCOUNTINGUED IN THE CONTRACT AND A		F D

Page	. 2

Part	Organizations Maintaining								
	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, checl	k any of th	e follow	ing that are a s	ignificant	use of its
а	☐ Public exhibition		d [Loan	or exchang	e progra	ams		
b	☐ Scholarly research] Other					
С	☐ Preservation for future generations	S							
4	Provide a description of the organiza XIII.	tion's collections a	ind expla	ın how th	ney further	the orga	anization's exen	npt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part					_ _				
	Complete if the organization	answered "Yes'	' on Fori	n 990, F	Part IV, line	e 9, or r	eported an am	nount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee							ot	
	included on Form 990, Part X?							☐ Ye	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		Ι Δ	mount	
	Dueiname la stema					4 -		Hount	
C	Beginning balance					1c	 		
đ	Additions during the year					1d	 		
e	Distributions during the year					1e			
f	Ending balance			04 (1f		0 D V-	
2a	Did the organization include an amou								
Par	If "Yes," explain the arrangement in P Endowment Funds.	art Alli. Check here	e ii the ex	pianation	1 rias been	provide	o on Part Alli .		
Fai	Complete if the organization	anewored "Vee"	on For	~ 000 E	Oort IV/ June	. 10			
	Complete it the organization	(a) Current year	(b) Pric		(c) Two year		(d) Three years back	(e) Four	years back
10	Paginning of year halance	(a) carron your	(0) 1 110	,, you	(0) 1110 year	O DOOR	(a) Third your back	(0) 1 00.	
1a	Beginning of year balance								
b	Net investment earnings, gains, and					+			
	losses					1			
d	Grants or scholarships							+	
e	Other expenditures for facilities and				<u></u>	-		-	
_	programs								
f	Administrative expenses		-			<u> </u>		 	
g	End of year balance								
2	Provide the estimated percentage of	the current vear en	d balanc	e (line 1a	. column (a	i)) held a	S		
а	Board designated or quasi-endowme			. 3	,	,,			
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and adr	ninistered for th	ie _	
	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	•	•					3b	
4	Describe in Part XIII the intended use		n's endo	wment fu	unds.				
Pari									
	Complete if the organization			m 990, F	Part IV, line	e 11a. S	<u>See Form 990,</u>	Part X, I	ne 10.
	Description of property	(a) Cost or ot (investm			or other basis ther)	de	accumulated preciation	(d) Book	value
1a	Land				6,500.		57 *17* 2822		6,500.
ь	Buildings				55,397.		3,166.	5	2,231.
С	Leasehold improvements								
d	Equipment								
e	Other	·							
Total.	Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part)	(, column	n (B), line 10	Oc)	▶	5	8,731.

Part VII	Investments — Other Securities Complete if the organization are		m 990. Part IV. li	ne 11b. See Form	990. Part X. line 12.
•	(a) Description of security or categ (including name of security)		(b) Book value	(c) Meti	nod of valuation -of-year market value
(1) Financial	l derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)			-		
(C)					
(D)				-	
(E) (F)					•
(G)					
(H)				+	
	b) must equal Form 990, Part X, col. (B) line 12.) I			0 × 1 1 2	
Part VIII	Investments—Program Relat			, , ,	'
	Complete if the organization ar		m 990. Part IV. lii	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	1	hod of valuation
				Cost or end-	of-year market value
(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					
					
(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13.)			, , , , , , , , , , , , , , , , , , , ,	
Part IX	Other Assets.				
	Complete if the organization ar	nswered "Yes" on For	m 990. Part IV lii	ne 11d. See Form	990 Part X line 15
		(a) Description			(b) Book value
(1)					
(2)					· ···
(3)					
(4)					
(5)					7.0
(6)		7777			
<u>(7)</u>			-	· · · · · · · · · · · · · · · · · · ·	
(8)					
(9)	mn (b) must equal Form 990, Part X,	col (R) line 15)			-1-2-
Part X	Other Liabilities.	COI. (B) line 13.)			
T GIV X	Complete if the organization ar	nswered "Yes" on For	m 990 Part IV li	ne 11e or 11f Sec	Form 990 Part Y
	line 25.		000, 1 dit 14, iii	10 110 01 111.000	7 TOTTI 550, 1 art X,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	h) must equal Form 000 Post V 1 /01 to - 05 h				
2 Liability for	b) must equal Form 990, Part X, col. (B) line 25)	ovida ába ápad séáls s é	-4-4		
E. LIADINITY 10	r uncertain tax positions. In Part XIII, pro	ovide the text of the footh	ole to the organization	on's financial stateme	nts 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

Part			Return.
	Complete if the organization answered "Yes" on Form 990, F		
`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	_
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
b	· ·	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	Reconciliation of Expenses per Audited Financial Statem		er Return.
	Complete if the organization answered "Yes" on Form 990, I		
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:	ا مما	1
a	Donated services and use of facilities	2a	4 + 01
b	Prior year adjustments	2b	<u> </u>
0	Other losses	2c	- 1 R 1 m
d	Other (Describe in Part XIII.)		1 20
е 3	Subtract line 2e from line 1		2e 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		*****
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			
Provic	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2l	b, Part V, line 4; Part X, line
?; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.
		·	
		•••••	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name of	the organization					Employer identific	cation number
	VFW Post 2148	·				74-1021455	
Part	Fundraising Activities. Form 990-EZ filers are r	•	•		vered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds	through any	of the folk	owing activities. Ch	eck all that apply.	
а			е [ion of non-governn	_	
b	Internet and email solicitatio	ns	f [on of government	grants	
C	☐ Phone solicitations		g 🗆] Special	fundraising events		
d	In-person solicitations						
	Did the organization have a writ						
	or key employees listed in Form		-				
	If "Yes," list the 10 highest paid			draisers) pi	ursuant to agreeme	ents under which th	e fundraiser is to be
	compensated at least \$5,000 by	the organization	OFT.				
			1		T		T
((i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
		<u> </u>		<u> </u>			
8							
9							
10							
Total	· · · · <u>·</u> · · · · · · · · ·			>			
3	List all states in which the organistration or licensing.	ınızation ıs regi:	stered or lic	ensed to s	solicit contributions	or has been notifi	ed it is exempt from
				•••••			
		•					·
			·	•••••			
	••••••		·				
							

Part'll Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or report than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List ever gross receipts greater than \$5,000.								
		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	(event type)	(event type)	(total number)			
Œ	2 3	Less: Contributions . Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses .						
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)				
Pa	irt III	Gaming. Complete if the than \$15,000 on Form 9	_	ed "Yes" on Form 99	0, Part IV, line 19, or r	eported more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
- Re	1	Gross revenue	465,974.	604,326.		1,070,300.		
ses	2	Cash prizes	421,311.	431,438.		852,749.		
Expen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs	34,488.	34,488.		68,976.		
	5	Other direct expenses .	10,174.	124,392.		134,566.		
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes%	☐ Yes %☐ No	* *		
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		1,056,291.		
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9	9 Enter the state(s) in which the organization conducts gaming activities: TX a Is the organization licensed to conduct gaming activities in each of these states?							
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes b If "Yes," explain:								

11 12	Does 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 ▶
	Address ▶
15a b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
	Name ▶
	Address►
16	Gaming manager information.
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	□ 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.

REV 11/13/17 PRO

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Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017

BAA

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.

90-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2017
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-E2.

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

Open to Public Inspection
Employer identification number

Waco VFW Post 2148	74-1021455							
Pt VI, Line 2: two boad members are brothers and one is their cou	ısin.							
Pt VI, Line 6: Only combat veterans are allowed as members								
Pt VI, Line 7a: Members elect half of the governing body, the oth	Pt VI, Line 7a: Members elect half of the governing body, the other half are							
appointed								
Pt VI, Line 11b: Commander reviews the 990 prior to filing.								
·								