Form

Department of the Treasury Internal Revenue Service

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 Internal Revenue Code (except private foundations)

29493061014239

OMB No. 1545-0047

2017

▶ 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

A	For the 2017	alendar year, or tax year beginning $04/01/17$, and ending $03/31/1$				
В	Check if applicable	C Name of organization VETERANS OF FOREIGN WARS DEPT OF	P	D Employer Identification number		
	Address change	1000 VFW POST				
	Name change	Doing business as Number and street (or P O box if mail is not delivered to street address)	44-0 Telephon	534680		
	Initial return	1002 E 24 HIGHWAY	Room/suite E	reteption	e number	
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code				
	terminated	INDEPENDENCE MO 64050	 G	Gross rec	eipts\$ 397,092	
	Amended return	F Name and address of principal officer				
	Application pending	FRANK LOOKER	H(a) Is this a group	return for s	subordinates? Yes No	
		nates inclu	ided? Yes No			
		INDEPENDENCE MO 64050	If "No," atta	ach a list ((see instructions)	
1	Tax-exempt status	501(c)(3) X 501(c) (19) ◀(insert no) 4947(a)(1) or 527	1			
J	Website ▶ 1	N/A	H(c) Group exempti	on numbe	1504	
к	Form of organization	X Corporation Trust Association Other ▶ L Ye	ear of formation		M State of legal domicile	
EF	?artl∌ S	ummary	. 1			
	1 Briefly d	escribe the organization's mission or most significant activities				
Ð	VETI	ERANS ORGANIZATION, PATRIOTIC; ASSIST VETERANS				
32			ļ			
ř.						
Activities & Governance	2 Check th	is box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of	f its net assets			
Ó	3 Number	of voting members of the governing body (Part VI, line 1a)		3	0	
S	4 Number	of independent voting members of the governing body (Part VI, line 1b)	ļ	4	0	
į	5 Total nu	mber of individuals employed in calendar year 2017 (Part V, line 2a)	ı	5	0	
Ę	6 Total nu	nber of volunteers (estimate if necessary)		6	0	
⋖		related business revenue from Part VIII, column (C), line 12		7a	21,739	
		lated business taxable income from Form 990-T, line 34		7b	-8,042	
APR Revenue and	D Net dine	RECEIVED	Prior Year	1 / D	Curient Year	
ď.	8 Contribu	tions and grants (Part VIII, line 1h)		676	5,795	
eg Dige	9 Program	in the second of			0	
C ē	10 Investme	service revenue (Part VIII, line 2g) Intincome (Part VIII, column (A), lines 3, 4, and 7d)		161	5	
ರಸ್ಥ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55.	700	89,070	
4	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII) column (A)? line-12),		537	94,870	
SCANNEL		nd similar amounts paid (Part IX, column (A), lines 1–3)		625	3,549	
₩	1	paid to or for members (Part IX, column (A), line 4)		150	<u> </u>	
Z .		other compensation, employee benefits (Part IX, column (A), lines 5–10)	296	52,959		
Ses.		onal fundraising fees (Part IX, column (A), line 11e)		290	<u> </u>	
6		_ -				
M. W.		draising expenses (Part IX, column (D), line 25) ► 0 penses (Part IX, column (A), lines 11a–11d, 11f–24e)		739	67,821	
	ı			810	124,329	
	1	enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12		273	-29,459	
	3 Revenue		Beginning of Current		End of Year	
Assets or Balances	20 Total ass	ets (Part X, line 16)	244,		204,475	
Ass	21 Total liab	ilities (Part X, line 26)		441	318	
E.Set	=1	ts or fund balances Subtract line 21 from line 20	233,		204,157	
P	Great	gnature Block				
		perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of m	knowle	dge and helief it is	
		implete Declaration of preparer (other than officer) is based on all information of which preparer has a			ago ana bonor, n io	
_		1) Frank brooks		12	-13-19	
Sig	ın P	Date				
He	· 1 .	FRANK LOOKER COMMAN	DER			
110		ype or print name and title		!		
		e preparer's name Preparer's signature	Date	Check	I PTIN	
Paid	.	E COLVIN JEANNIE COLVINSIMMIE COW	m 02/12/19		□"	
	narer	TRANSITE COLUTIVI CDA DC	 	EIN D	43-1150539	
	Only	419 S LIBERTY ST.	Firm's	LINF	-10 1100009	
	·	INDEPENDENCE NO 64050	54.00	,	816-254-7706	
Mar	the IRS discus	s this return with the preparer shown above? (see instructions)	Phone	110	X Yes No	
		ection Act Notice, see the separate instructions.	<u></u>	1	Form 990 (2017)	
DAA		onon not trouve, see the separate instructions.		1	roin 330 (2017)	

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

- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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 98-197 if "Yes," complete Schedule C, Part III
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 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
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- 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)
- 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
- 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

	Yes	No
1		X
2		_X_
3		х
4		
5		х
6		х
7		х
		
8		х
9		х
10		X
11a	х	
11b		х
11c		Х
11d 11e		X
116		71
11f		Х
12a		х
12b		х
13		Х
14a		Х
14b		х
15		х
16		х
17		х
18		X
19	X	1
Fo	m 99(J (2017)

Partily Checklist of Required Schedules (continued	PartIV	Checklist of Rec	uired Schedules	(continued)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		-	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>X</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 25e	24a		X
b	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	<u> </u>		
	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	i		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	!		
	disqualified persons? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ì		
	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	34.85°	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		2	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		369-11	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	900		х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
29 30	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30_		
31	Part	31		х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ļ		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38_		<u> </u>
		T-	99C	1 (2047)

	990 (2017) VETERANS OF FOREIGN WARS DEPT OF 44-05340	580	<u> </u>	F	Page
Pe	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				\Box
	Check is Schedule O contains a response of flote to any line in this Fait V		1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		103	100.7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		1	Sasi
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			A Section	
Ū	reportable gaming (gambling) winnings to prize winners?		1c		X
2a		1		1807-07	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	 -	2b	200 00000000	1 22.00
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			2	160
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
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	X	\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	tv		 	
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ļ	ĺ	
	account)?	•	4a		X
b	If "Yes," enter the name of the foreign country		The state of the s	1600	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ints			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	Azmous	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	 	$\frac{1}{x}$
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	t —	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			 	
Ou.	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Julia		 "
b	gifts were not tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).			3-40.00	800
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
a	and services provided to the payor?		7a	المكتم عندا	2 22345
h	· · · · · · · · · · · · · · · · · · ·		7 <u>a</u>	 	+
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70	 	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		70		1
	required to file Form 8282?	7d	7c	74.9	1726
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e	5.52	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.	ır	76	-	+
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 889	OO as required	, —	 	+-
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	•	· ·	 	
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		1	Description of the last of the	100 A
8		uie	8		3344
	sponsoring organization have excess business holdings at any time during the year?		* * * * * * * * * * * * * * * * * * *	(Alle	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a	1	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		+-
b 10			7.5.2.4.	14 Sept. 13	74.60
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
b 11	Section 501(c)(12) organizations. Enter	100	3.4		
11	, .,	11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources	114			
b	·	11b			
40-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a	1220	PS. Zin
12a		12b	- 32-27	Sec.	-
b 42		140			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	\gr_2,	1
а	Is the organization licensed to issue qualified health plans in more than one state?		13 a	\$ \$ C	* 4200
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	13Ь		1	150
_	the organization is licensed to issue qualified health plans	13c		1	
C 440	Enter the amount of reserves on hand Did the expensation receive any payments for indeed tanning services during the tay year?	190_1	14a	Mark Section 1	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?		144	 	+

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

14b

Form	1 990 (2017) VETERANS OF FOREIGN WARS DEPT OF 44-0534680	Page 6
Pa	irt.VIII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See instructions
	Check if Schedule O contains a response or note to any line in this Part VI	
Sec	tion A. Governing Body and Management	
		Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year	
	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	
þ	Enter the number of voting members included in line 1a, above, who are independent	
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 X
3	Did the organization delegate control over management duties customarily performed by or under the direct	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 X
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 X
6	Did the organization have members or stockholders?	6 X
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 X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	
_	stockholders, or persons other than the governing body?	7b X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	
a	The governing body?	8a X
b	Each committee with authority to act on behalf of the governing body?	8b X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	
		Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	· · ·
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a X
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990	
b	l de la companya de	12a X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120
С	describe in Schedule O how this was done	12c
42		13 X
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14 X
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?	
a	The organization's CEO, Executive Director, or top management official	15a X 15b X
b	Other officers or key employees of the organization	100 7
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
	with a taxable entity during the year?	16a X
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	401
_	organization's exempt status with respect to such arrangements?	16b
Sec	tion C. Disclosure	<u>. </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	
	available for public inspection. Indicate how you made these available. Check all that apply	
	Own website Another's website Upon request Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	
	financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	RANK LOOKER 1002 E 24 HIGHWAY	
	NDEPENDENCE MO 64050	

Form 990 (2017) VETERANS											Page 7
		Dire	cto	rs,	Tru	ste	es,	Key Employees, Hig	hest Compens	ated E	Employees, and
Independent Co											
								o any line in this Part \			
								Compensated Employees			
1a Complete this table for all persons organization's tax year	•		·		•				1		
 List all of the organization's cur compensation Enter -0- in columns (egardless of amount	of	
List all of the organization's cur							-		ee"		
 List the organization's five curre who received reportable compensation organization and any related organization 	ent highest comp n (Box 5 of Form	ensa	ated	empl	oyee	s (ot	her t	han an officer, director, trus	tee, or key employee)	
List all of the organization's form \$100,000 of reportable compensation	mer officers, key								received more than		•
 List all of the organization's for organization, more than \$10,000 of re List persons in the following order inc 	mer directors or portable compen	trus sation	stee: n fro	s tha	t rece e org	eived janiza	I, in tation	the capacity as a former dire and any related organizatio	ns	!	
compensated employees, and former	•										
Check this box if neither the organ		eiate T	d org			com	pen		1		
(A) Name and Title	(B) Average hours per week	bo	x, uni	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from	(E) Reportable compensation fro related	n	(F) Estimated amount of other
	(list any hours for		т			r/truste		the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		l	organization and related
	below dotted line)	한다	E E	ļ	ploye	8 8	ļ				organizations
	,	i i	uste		ື) Xensa			'	ĺ	
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DAA	<u> </u>	<u> </u>	l	<u></u>	L	L	<u> </u>	<u> </u>	<u> </u>	<u>i</u>	Form 990 (2017)
											· · · · · · · · · · · · · · · · · · ·

Pa	rt VII Section A. Officers	, Directors, Trus	tees	s, Ke	y En	nplo	yees	, an	d Highest Compensated I	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**2 1033 **********************************	organization and related organizations
										,	
						1				1	
	····										
		:		_		_					
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, Se	ectio	n A				> > >			
2	Total number of individuals (increportable compensation from t			to the	ose I	sted	abo	ve) w	who received more than \$100	0,000 of	
3	Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	le J f	or su	ıch ıı	ndivi	dual			1	Yes No
4 5	For any individual listed on line organization and related organiz individual Did any person listed on line 1a	zations greater th	an \$1	150,0	000?	If "Y	'es,"	com	plete Schedule J for such		4 X
Secti	for services rendered to the org on B. Independent Contractor		s," co	mple	ete S	chec	dule .	l for	such person		5 X
1	Complete this table for your five compensation from the organization	highest compen	sate	d ind	epen n for	dent	cont	tracti	ors that received more than	\$100,000 of e organization's tax year	
		(A) business address	.,						Descrip	(B) tition of services	(C) Compensation
							_				
2	Total number of independent or received more than \$100,000 or	ontractors (includ	ing b	out no	ot lim	ited	to the	ose I	isted above) who	0	
DAA		·									Form 990 (2017)

Pärt VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax exempt business function under sections Federated campaigns 5,795 1b b Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn Code f All other program service revenue q Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6a Gross rents **b** Less rental exps Rental inc or (bss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses \triangleright c Net income or (loss) from fundraising events 9a Gross income from gaming activities 200,059 See Part IV, line 19 193,171 b Less direct expenses 6,888 5,166 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 191,220 returns and allowances 109,051 b Less cost of goods sold 62,152 82,169 20,017 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Busn Code** Distance of the 13 13 11a DISCOUNTS EARNED b c All other revenue 类 Total. Add lines 11a-11d 21,739 5,166 94,870 62,170 Total revenue. See instructions

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must complete column (A)

Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		_		
	and domestic governments. See Part IV, line 21	3,549			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			Commence of the Commence of th	26.50.00
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			in the second second	
	individuals See Part IV, lines 15 and 16			Ones State of the	A CARLO LA COMPANSA LA CAR
4	Benefits paid to or for members			3 .34 3 5 7 17 2	Etitle 1 2 Flore Bless
5	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)	45.045			,
7	Other salaries and wages	47,915			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,044		1	
10	Payroll taxes	3,044		1	
11	Fees for services (non-employees)	1			
a	Management			'	
b	Legal	2,351			
C	Accounting	2,331		1	
d	Lobbying Professional fundamental See Bort IV, Inc. 17	<u> </u>	Cany a Classica	E. M. H. Charles Source	<u> </u>
•	Professional fundraising services See Part IV, line 17 Investment management fees		A - Manufaction - 18 - 17 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	\$5. 5854.1255.42.42.987 % 52543F.	*
'	Other (If fine 11g emount exceeds 10% of fine 25, column				
g	(A) amount, ist ine 11g expenses on Schedule O)	2,979			
12	Advertising and promotion	241		!	
13	Office expenses	9,409		<u> </u>	
14	Information technology	<u> </u>			
15	Royalties				
16	Occupancy	21,488		İ	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			i i	
19	Conferences, conventions, and meetings				
20	Interest			1	
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization	1,028			
23	Insurance	South South and South	Advanced to the control of the contr	COMPANY CONTRACTOR	CONTRACTOR AND
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)	10 604	Market A. Mar	77 73 53 53 53 53 53 53 53 53 53 53 53 53 53	
a	REPAIRS & MAINTENANCE	12,624 4,208			
b	REPAIRS AND MAINTENANCE	3,733			
C	LAUNDRY & UNIFORMS TAXES - OTHER	2,125		' '	
d		7,635		<u> </u>	
e 25	All other expenses	124,329		1 (0
25 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	124,323			
20	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)				
$\overline{}$		***		•	Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 74.848 35,697 1 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Assets 7 Notes and loans receivable, net Inventories for sale or use 3,205 3,205 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 274,081 other basis Complete Part VI of Schedule D 10a 108,508 166,004 165,573 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 Investments---program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 204,475 244,057 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 10,441 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 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 of Schedule D 10,441 26 318 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 233,616 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 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 Retained earnings, endowment, accumulated income, or other funds 32 204,157 233,616 33 33 Total net assets or fund balances 204,475 244,057 34 Total liabilities and net assets/fund balances

Page 11

orm	990 (2017) VETERANS OF FOREIGN WARS DEPT OF 44-0534680		Page 12
	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,870
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,329
3	Revenue less expenses Subtract line 2 from line 1	3	-29,459
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233,616
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	204,157
På	int XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	1	
			Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ı	
	Schedule O	İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	†	2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1	
	reviewed on a separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	1	2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1	
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	:	2c
	If the organization changed either its oversight process or selection process during the tax year, explain in	ł	Sir Period Ser
	Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	Ì	3a
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	i	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	i	3b

Form **990** (2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.lrs.gov/Form990 for instructions and the latest information

2017
Open to Public Inspection

Name of the organization Employer identification number VETERANS OF FOREIGN WARS DEPT OF 1000 VFW POST 44-0534680 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 'Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2017

⊮Raπ:VII	Complete if the organization answered "Yes" of	on Form 990. Part IV. li	ne 11b. See Form 99	90. Part X. line 12.
•	(a) Description of security or category	(b) Book value	(c) N	Method of valuation
(4) [(including name of security)		Cost or e	nd-of-year market value
(1) Financial c			<u> </u>	
(3) Other	eld equity interests			
(A)				
(B)				
(C)			 	
(D)				
(E)				
(F)			i	
(G)			i	
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12)▶		M ATH M	n ar i ga si.
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	1 '1	fethod of valuation nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			1	
<u>(6)</u> <u>(7)</u>		- 	 	
(8)		-		··
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.		Participation of the Control of the	The Property of the State of th
te de la constitución de la cons	Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11d. See Form 99	90, Part X, line 15.
	(a) Description		1	(b) Book value
(1)				
(2)				
(3)		<u>. </u>		
(4)				
(5)				
(6)				
(7)				
(8)				
Total (Calumn	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			•
EL GILLY	Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV, li	ne 11e or 11f. See F	orm 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25) ▶		NATURE OF ALL PROPERTY OF A STREET	
	uncertain tax positions. In Part XIII, provide the text of the foot			
organization's I	lability for uncertain tax positions under FIN 48 (ASC 740) CI	heck here if the text of the for	otnote has been provided in	i Part XIII

-				
Sche	edule D (Form 990) 2017 VETERANS OF FOREIGN WARS D	EPT OF 44	-0534680	Page 4
-	Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
l-Ziit-alita	Complete if the organization answered "Yes" on Form 9		•	
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			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1/4 281	
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u> </u> 5		
۰P٤	IT XII Reconciliation of Expenses per Audited Financial St	•	nses per Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c 2d		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	, , , , , , , , , , , , , , , , , , ,	4b		
c	Add lines 4a and 4b		4c	<u> </u>
b	Total eypenses Add lines 3 and Ac. (This must equal Form 990, Part I line 18.)	. 5		

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

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

Schedule D (Form 990) 2017 VETERANS OF FOREIGN WARS DEPT OF 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
Go to www irs gov

Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for the latest instructions

Open to Public

Name	of the organization VETERANS OF FOREIGN 1000 VFW POST	WARS DE	PT	OF		Employer identifica	
Pa	Fundraising Activities. Complete if t Form 990-EZ filers are not required to				ed "Yes" on Form 99		
1	Indicate whether the organization raised funds through any				eck all that apply	<u>-i</u>	
а		\Box			ernment grants	ŧ	
b		f Solicitation		_	•	i	
c		g Decial fu				\$ 1	
d	☐ In-person solicitations		i i di di cii	.g • · · ·	,,,,,	; }	
2a	Did the organization have a written or oral agreement with a or key employees listed in Form 990, Part VII) or entity in c	any individual (inc	luding o	officer	rs, directors, trustees, ndraising services?	!	Yes No
b	If "Yes," list the 10 highest paid individuals or entities (fund compensated at least \$5,000 by the organization	-			•	ser is to be	
	(I) Name and address of individual or entity (fundraiser)	(ii) Activity	custo cont	d fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vi) Amount paid to (or retained by) organization
			Yes	No		1	
1							
2			 -				
-						; }	
						<u> </u>	
3						1	
						1	
4			 		-	-	
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9						ŀ	
10			+-				
U						i	
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Γota				>			<u> </u>
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing							
						-	
						;	
						1	
						1	
						ı	

44-0534680 Schedule G (Form 990 or 990-EZ) 2017 VETERANS OF FOREIGN WARS DEPT OF Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 200,059 200,059 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 193,171 193,171 5 Other direct expenses % Yes Yes Yes X X No 6 Volunteer labor No 193,171 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 6,888 MO Enter the state(s) in which the organization conducts gaming activities X Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes X No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain

Schedu	ule G (Form 990 or 990-EZ) 2017 VETERANS OF FOREIGN WARS DEPT OF	44-053468	0 <u>F</u>	age 3
11 [Does the organization conduct gaming activities with nonmembers?		Yes	X No
12 l:	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	i i		_
f	ormèd to administer charitable gaming?) (Yes	X No
	ndicate the percentage of gaming activity conducted in		I	
	The organization's facility	13a		%_
	An outside facility	13b	<u> </u>	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and ecords			
١	Name FRANK LOOKER	ļ		
	1002 E 24 HIGHWAY	1		•
F	Address INDEPENDENCE	MO 64050		
15a [Does the organization have a contract with a third party from whom the organization receives gaming	i I		(F.F.)
	evenue?		Yes	X No
		nd the		
	amount of gaming revenue retained by the third party \$	į		
C I	f "Yes," enter name and address of the third party	1		
1	Name ▶	i		
		!		
F	Address >	•		
16 (Gaming manager information	į		
١	Name ▶	1		
(Garning manager compensation ▶ \$			
	Description of services provided ▶			
_				
L	Director/officer Employee Independent contractor	ļ		
17 N	Mandatory distributions	ĺ		
a l	s the organization required under state law to make charitable distributions from the gaming proceeds to	ŀ		_
	etain the state gaming license?		Yes	X No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	1		
Part	spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, colu	mus (iii) and (v):	and	
r aiti	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addit		ariu	
	See instructions			
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		Schedule G (Form 99	0 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.

2017

OMB No 1545-0047

Open to Public

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

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

Name of the organization

VETERANS OF FOREIGN WARS DEPT OF 1000 VFW POST

Employer identification number 44-0534680

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT SUPPORT OF VETERANS PROGRAMS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC