Return of Organization Exempt From Income Tax

419-625-5000

X Yes No

Form 990 (2017)

Phone no

191 E MARKET

SANDUSKY, OH

May the IRS discuss this return with the preparer shown above? (see instructions)

ST

44870

Use Only

Firm's address

4d Other program services (Describe in Schedule O)										
	(Expenses_\$	including grants of \$) (Revenue \$)						
4e	Total program service expenses ▶	453,774								
				000						

Form 990 (2017) VETERANS OF FOREIGN WARS POST 2743 34-4382759

CDGIPAGE 3

Part IV 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_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ļ
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		├
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		. .	
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
_	complete Schedule D, Part III	8		<u> </u>
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	9		x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	-	ļ	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	İ		Ì
а	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1.15		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI and XII	12a		X
ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1.0	1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	_ v	
	If "Yes," complete Schedule G, Part III	19	X	

Part IV Checklist of Required Schedules (continued)

			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			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		x
	employees? If "Yes," complete Schedule J	25		
24a	·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	Schedule L, Part IV	28b		х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
20		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
	Part I	31		<u>├</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	_		_v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		<u> </u>
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		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	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	X	L

Form 990 (2017) VETERANS OF FOREIGN WARS POST 2743 Page 5 34-4382759 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 5 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 5 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 12 Statements, filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X 4a account)? b If "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 54 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 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 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7<u>g</u> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 13b the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

Did the organization receive any payments for indoor tanning services during the tax year?

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

14a

14b

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7								
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7								
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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?			7a	X						
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	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he followi	ng							
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	evenue	Code)							
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>					
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?										
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?	12b							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1							
	describe in Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
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			15a	Х						
þ	Other officers or key employees of the organization			15b	X						
	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		<u> </u>					
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							
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
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 X 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	st pol	cy, 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 record	ds 🕨									
	RIAN ALGER 140 MILAN AVENUE	_	_			~~=					
NO	ORWALK OH 4485	7	4	<u> 19-66</u>	<u>8 - 9</u>	<u> 297</u>					

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Page	

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

Check if Schedule O contains a response or note to any line in this Part VII

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

(A) Name and Title	(B) Average hours per week (list any	bo: off	x, unle icer ai	Pos check ess pe	rson	than or s both r/truste	an e)	(D) Reportable compensation from the	(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	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) TERRY TRUMPOWER											
	0.00							·			
TRUSTEE	0.00	X						0	0		
(2) ROBERT WOLCOTT											
	0.00										
TRUSTEE	0.00	x						0	0		
(3) ANTHONY CESA											
	0.00										
TRUSTEE	0.00	X						0	0		
(4) BRIAN ALGER											
	30.00										
QUARTERMASTER	0.00			Х				33,050	0	(
(5) GARY FELTER											
	0.00										
JR VICE COMMANDER	0.00			X				0	0		
(6) HOWARD SMITH		T									
	0.00										
COMMANDER	0.00			Х				0	0		
(7) ORVILLE PLATTE	TR.										
	0.00										
SR VICE COMMANDER	0.00			X				0	0	(
(8)											
(9)											
10)									:		
11)							+				

Pa	rt VII Section A. Officers (A) Name and title	(B) (C) Average Position hours per (do not check more than one week box, unless person is both ai (list any officer and a director/trustee						one i an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F Estim amou oth ompen from	ated nt of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and re organiz	lated	
	7													
											-			
								, ,						
c	Sub-total Total from continuation shee	ets to Part VII, S	Secti	on A	\	1	<u></u>	>	33,050 33,050					
2 	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov		\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	dule	J for	suci	h ina	lividu	ıal			[3	Yes	No X
4 5	For any individual listed on line organization and related organization and related organizational Did any person listed on line 1	iizations greater	than	\$15	0,00	10? I	f "Ye	s," c	complete Schedule J for suc	ch		4		х
Secti	for services rendered to the or ion B. Independent Contracto	ganization? If "Y										5		X
1	Complete this table for your five compensation from the organic	ve highest compo zation Report co							lar year ending with or with	in the organization's tax ye	ear			
	Name and	(A) business address							Descript	(B) lion of services		Cc	(C) empensa	tion
									~			-		
										 				
									······					
2	Total number of independent of received more than \$100,000								se listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue (A) Unrelated Total revenue excluded from tax exempt business function under sections revenue 512-514 revenue Gifts, Grants lar Amounts 1a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d 1e Contributions, and Other Sim e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 12,551 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 12,551 Program Service Revenue Busn Code 216,121 722513 216,121 2a RESTAURANT & BAR 2,353 2,353 b LIFE MEMBER REBATES 205 205 DUES 55 55 DUES - ASSOCIATES f All other program service revenue 218,734 Total. Add lines 2a-2f Investment income (including dividends, interest, 18,668 18,668 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 5,080 6a Gross rents b Less rental exps 5,080 c Rental inc or (loss) 5,080 5,080 d Net rental income or (loss) 7a Gross amount from (II) Other (i) Securities sales of assets 873,535 2,058 other than inventory **b** Less cost or other 825,400 basis & sales exos 2,058 48,135 c Gain or (loss) 50,193 50,193 d Net gain or (loss) \blacktriangleright 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 c Net income or (loss) from fundraising events 9a Gross income from gaming activities 1,268,451 See Part IV, line 19 1,030,508 b Less direct expenses b 237,943 237,943 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Busn Code** 3,386 3,386 11a ATM REBATES 3,059 3,059 b JUKEBOX, POOL CLAW MACHINE 1,302 1,302 MISCELLANEOUS d All other revenue 7,747 Total. Add lines 11a-11d \triangleright 550,916 84,301 454,064 Total revenue. See instructions

Form 990 (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) (A) (C) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 15,393 15,393 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 4 Benefits paid to or for members Compensation of current officers, directors. 33,050 33,050 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 133,900 92,050 41,850 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 7,227 16,099 8,872 10 Payroll taxes Fees for services (non-employees) Management b Legal 5,500 5,500 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 9,475 9,475 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 232 232 Advertising and promotion 7,965 7,965 13 Office expenses Information technology Royalties 15 40,802 40,802 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 21,498 21,498 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 26,113 26,113 22 Depreciation, depletion, and amortization 13,714 13,714 23 Insurance 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) 119,832 119,832 COGS 64,628 64,628 CONTRIBUTIONS b 25,230 25,230 REPAIRS & MAINTENANCE BUI c TAXES - OTHER 17,204 14,848 2,356 ч 39,375 32,060 7,315 All other expenses е 590,010 453,774 136,236 ٠0 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2017) VETERANS OF FOREIGN WARS POST 2743 34-4382759 Part X **Balance Sheet**

Part				
	, Check if Schedule O contains a response or note to any line in this Part X		г—	
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	41,918	1	24,909
2		20,460		66,380
3	- · · ·	20,400	-	00,380
4	Pledges and grants receivable, net Accounts receivable, net		3	
5	Loans and other receivables from current and former officers, directors,		4	
"	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		_	
6	Loans and other receivables from other disqualified persons (as defined under section		5	
"	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		ا ۽ ا	
Sasses 7	Notes and loans receivable, net		<u>6</u> 7	
š '8	Inventories for sale or use	6,778	8	7,967
9	Prepaid expenses and deferred charges	0,110	9	1,301
1 -	a Land, buildings, and equipment cost or		9	
1 .0.	other basis Complete Part VI of Schedule D 10a 1,251,917			
١,	Less accumulated depreciation 10b 950,177	323,383	400	301,740
11	Investments—publicly traded securities	748,390	11	700,819
12	Investments—other securities See Part IV, line 11	740,330	12	700,019
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	1,410	15	1,410
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,142,339	16	1,103,225
17	Accounts payable and accrued expenses	3,805	17	3,785
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
5	disqualified persons Complete Part II of Schedule L		22	
ة ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
1	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	3,805	26	3,785
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
3	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,098,534	27	1,059,440
28	Temporarily restricted net assets		28	<u></u>
27 28 29	Permanently restricted net assets	40,000	29	40,000
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	······································		
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,138,534	33	1,099,440
34	Total liabilities and net assets/fund balances	1,142,339	34	1,103,225

orn	1990 (2017) VETERANS OF FOREIGN WARS POST 2743 34-4382759			Page 12						
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI			$ \square$						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,916						
2	Total expenses (must equal Part IX, column (A), line 25)									
3	Revenue less expenses Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,13	8,534						
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	1,09	9,440						
Pa	rt XII Financial Statements and Reporting			_						
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes No						
1	Accounting method used to prepare the Form 990 X Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		eann) o	ատախատու						
	Schedule O									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or									
	reviewed on a separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
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									
	Schedule O									
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in									
	the Single Audit Act and OMB Circular A-133?		3a							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the									
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							
			Form	990 (2017)						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

c) and section 527 **2017**

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name	e of organization				Employer ident	ification number			
	VETERANS OF FOREIGN				34-43827				
Pa	t I-A Complete if the organization is exem	pt unde	er section 501(c	or is a sectio	n 527 organizatio	on.			
1	Provide a description of the organization's direct and indire	ct politica	l campaign activities	in Part IV (see ins	tructions for				
	definition of "political campaign activities")								
2	Political campaign activity expenditures (see instructions)				▶ \$				
3	Volunteer hours for political campaign activities (see instru				<u> </u>				
Par	t I-B Complete if the organization is exem)(3)					
1	Enter the amount of any excise tax incurred by the organization	ation unde	er section 4955		▶ \$				
2	Enter the amount of any excise tax incurred by organization	n manage	rs under section 495	5	▶ \$				
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 f	or this year?			Yes No			
	Was a correction made?					Yes No			
	If "Yes," describe in Part IV								
Pai	t I-C Complete if the organization is exem				on 501(c)(3).	·			
1	Enter the amount directly expended by the filing organization	on for sec	tion 527 exempt fund	tion					
	activities				▶ \$				
2	Enter the amount of the filing organization's funds contribut	ed to other	er organizations for s	ection					
	527 exempt function activities ▶ \$								
3	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,								
_	line 17b	_			▶ \$				
4	Did the filing organization file Form 1120-POL for this year					Yes No			
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing									
	organization made payments For each organization listed,		·	• •					
	the amount of political contributions received that were pro-		-		-				
	as a separate segregated fund or a political action committee	ee (PAC)							
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
					funds If none, enter -0-	promptly and directly			
					·	delivered to a separate			
						political organization If none, enter -0-			
(1)									
. • 7									
(2)									
_,									
(3)									
ν,									
(4)		<u> </u>							
7									
(5)									
			ı						
(6)									
					İ				

Sch	nedule C (Fo	orm 990 or 990-EZ) 2017 VET	ERANS OF FO	REIGN WARS	POST 274	3 34-438275	9 Page 2
	art II-A	Complete if the orga					
	Ob I	section 501(h)).	the state of the s	1 1 1 2 2 11	D D /	-1 (C) -1 -1	1.1
4	Check		tion belongs to an affi ises, and share of ex			ch affiliated group mem	iber's name,
В	Check		ation checked box		•	ns apply	
_	- Cricon		obbying Expendi		Tarer provision	(a) Filing	(b) Affiliated
		(The term "expenditure			ļ	organization's totals	group totals
1	a Total lol	bbying expenditures to influence					
	b Total lol	bbying expenditures to influenc	e a legislative body (dire	ect lobbying)			
	c Total lol	bbying expenditures (add lines	1a and 1b)				
	d Other ex	xempt purpose expenditures			<u> </u>		
		empt purpose expenditures (ad	•		-		
	=	g nontaxable amount. Enter the	amount from the follow	ving table in both			
	columns		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
		sount on line 1e, column (a) or (b \$500,000	20% of the amour	ntaxable amount is:			
		00,000 but not over \$1,000,000		% of the excess over \$5	00,000		
		000,000 but not over \$1,500,000		% of the excess over \$1			
		500,000 but not over \$17,000,000		of the excess over \$1,5			
	Over \$17	7,000,000	\$1,000,000				
,	g Grassro	ots nontaxable amount (enter 2	25% of line 1f)				
-	h Subtrac	t line 1g from line 1a. If zero or	less, enter -0-				
		t line 1f from line 1c If zero or I	•		L		
	-	is an amount other than zero or		, did the organization	file Form 4720		п., п.,
	reporting	g section 4911 tax for this year					Yes No
				ing Period Under			
	(S	some organizations that m					mns below.
			See the separate i	nstructions for lin	es za through	21.)	
			Lobbying Expendit	ures During 4-Yea	r Averaging Pe	eriod	
	Caler	ndar year (or fiscal year		:	İ		
		beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
			 				
2	a Lobbyin	g nontaxable amount					
- 1	-	g ceiling amount					
	(150% c	of line 2a, column (e))					
	c Total lot	obying expenditures					
_ •	d Grassro	ots nontaxable amount					
(ots ceiling amount					
	(150% o	of line 2d, column (e))			-		
	f Grassro	ots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 VETERANS OF	FOREIGN WARS POST 2743	34-438	275	9		Page
Part II-B Complete if the organization is expected (election under section 501(h)).	xempt under section 501(c)(3) and has N	NOT filed	Forr	n 5768		
	Det Mandada	(;	a)		(b)	
For each "Yes," response on lines 1a through 1i below description of the lobbying activity	, provide in Part IV a detailed	Yes	No	Ar	nount	
1 During the year, did the filing organization attempt to inf	-					
legislation, including any attempt to influence public opi	nion on a legislative matter or					
referendum, through the use of						
a Volunteers?	and the second s	-				
b Paid staff or management (include compensation in exp	enses reported on lines 1c through 11)?	 				
c Media advertisements?		-				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 				· · · ·	_	
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government of	officials or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speech	•	-				
i Other activities?	ics, locators, or any similar means					
j Total Add lines 1c through 1						
2a Did the activities in line 1 cause the organization to be n	not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under sec						
c If "Yes," enter the amount of any tax incurred by organiz						
d If the filing organization incurred a section 4912 tax, did	-					
	cempt under section 501(c)(4), section 5	01(c)(5),	or se	ction		
501(c)(6).				_		_,
				_	Ye	_
1 Were substantially all (90% or more) dues received non				1		
2 Did the organization make only in-house lobbying exper				2		
3 Did the organization agree to carry over lobbying and po				3		X
	kempt under section 501(c)(4), section 5				- 2 :	_
answered "Yes."	art III-A, lines 1 and 2, are answered "No)," UK (b	Par	t III-A, IIn	e 3, 1	5
			1			
Dues, assessments and similar amounts from membersSection 162(e) nondeductible lobbying and political experience						
2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax w	· · · · · · · · · · · · · · · · · · ·					
a Current year	as paid.		2a			
b Carryover from last year			2b			
c Total			2c			
3 Aggregate amount reported in section 6033(e)(1)(A) not	ices of nondeductible section 162(e) dues	Ì	3			
4 If notices were sent and the amount on line 2c exceeds						

Part IV Supplemental Information

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information (continued)

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.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

v	ETERANS OF FOREIGN WARS POST 2743		34-4382759
_	art I Organizations Maintaining Donor Advised		
	Complete if the organization answered "Yes" of		Accounts.
_		(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 advisors in writing	that the assets held in donor advised	<u> </u>
	funds are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisor		
	only for charitable purposes and not for the benefit of the donor or		
	conferring impermissible private benefit?	action control of the control perspect	Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (ch	heck all that apply)	
	Preservation of land for public use (e.g., recreation or education		portant land area
	Protection of natural habitat	Preservation of a certified histo	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a cons	servation
	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
С	Number of conservation easements on a certified historic structure	e included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7	7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the organiz	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easemen	nt is located ▶	
5	Does the organization have a written policy regarding the periodic r	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handli	ing of violations, and enforcing conservation	easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservation ease	ements during the year
		-6.4b	//3
8	Does each conservation easement reported on line 2(d) above sati	isty the requirements of section 170(h)(4)(B)	Yes No
٥	and section 170(h)(4)(B)(ii)?	coments in its revenue and evaces stateme	<u> </u>
9	In Part XIII, describe how the organization reports conservation easibalance sheet, and include, if applicable, the text of the footnote to	•	
	organization's accounting for conservation easements	the organization's infancial statements that	describes the
P	art III Organizations Maintaining Collections of A	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	8), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for pu	• •	
	public service, provide, in Part XIII, the text of the footnote to its final		
b	If the organization elected, as permitted under SFAS 116 (ASC 958	8), to report in its revenue statement and bal	lance sheet
	works of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items	s	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures	s, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 9	958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X	_	> \$

Sche	edule D (Form 990) 2017 VETERAN:	S OF FOREIG	N WARS PO	OST 2743	34-4 <u>382759</u>	Page 2
Pa	art III Organizations Maintaini	ing Collections o	f Art, Historic	al Treasures,	or Other Similar Ass	
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other record	ds, check any of t	he following that ai	e a significant use of its	
а	Public exhibition	d 🗌	Loan or exchang	e programs		
b	Scholarly research	e 🗍	Other			
С	Preservation for future generations	_				
4	Provide a description of the organization's	collections and explai	n how they furthe	r the organization's	s exempt purpose in Part	
	XIII					
5	During the year, did the organization solic	it or receive donations	of art, historical tr	easures, or other	sımılar	
	assets to be sold to raise funds rather tha	n to be maintained as	part of the organiz	zation's collection?		Yes No
Pa	art IV Escrow and Custodial A	rrangements.				
	Complete if the organizati	on answered "Yes	s" on Form 990), Part IV, line 9), or reported an amo	unt on Form
	990, Part X, line 21					<u>_</u>
1a	Is the organization an agent, trustee, custo	odian or other intermed	diary for contributi	ons or other asset	s not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part X	(III and complete the fo	ollowing table			
					ļ	Amount
С	Beginning balance				<u>1c</u>	
d	Additions during the year				<u>1d</u>	
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount or		•		•	∐ Yes ∐ No
	If "Yes," explain the arrangement in Part X	III Check here if the e	explanation has be	en provided on Pa	nt XIII	
Pŧ	ert V Endowment Funds.		" F 000	. D4 07 1 4	0	
	Complete if the organizati					
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three years b	ack (e) Four years back
	Beginning of year balance	<u></u>				
	Contributions	ļ	-			
С	Net investment earnings, gains, and					
	losses					
	Grants or scholarships	<u> </u>	 		+	
е	Other expenditures for facilities and					
	programs	<u></u>				
	Administrative expenses					
g	End of year balance		- () 4	- (-)\ hold	_ <u></u>	
2	Provide the estimated percentage of the c	•	ce (line 1g, columi	i (a)) neid as		
a	Board designated or quasi-endowment	%				
D	Permanent endowment ▶ %					
С	Temporarily restricted endowment ▶	%				
2.	The percentages on lines 2a, 2b, and 2c s	•	ation that are held	l and administered	fortho	
зa	Are there endowment funds not in the pos	session of the organiza	ation that are neit	and administered	ior the	Yes No
	organization by (i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" on line 3a(ii), are the related organ	vizations listed as requi	rod on Schedule	D2		3b
4	Describe in Part XIII the intended uses of	•		K'		30
— *	art VI Land, Buildings, and Eq		owinent lands			
ı, ¢	Complete if the organizati		" on Form 990	Part IV line 1	1a See Form 990 P	Part X line 10
	Description of property	(a) Cost or other		ost or other basis	(c) Accumulated	(d) Book value
	bescription of property	(investment)		(other)	depreciation	(5) 250 12.05
1-	Land		·	86,000		86,000
	Buildings			394,124	323,317	70,807
	Leasehold improvements			368,821	230,288	
	Equipment			402,972	396,572	6,400
	Other				330,312	
	1. Add lines 1a through 1e (Column (d) mus	st equal Form 990 Per	t X column (B) li	ne 10c)	•	301,740
· ota		oquai i Oilli 330, rai	. A, COIGITIT (D), II	100/		

Page 3 Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (b) Book value (c) Method of valuation (a) Description of security or category (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) \blacktriangleright Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2017 VETERANS OF FOREIGN WARS I	OOGT 2743 34_	4382759	Page 4
	art XI Reconciliation of Revenue per Audited Financial Sta			- rage
	Complete if the organization answered "Yes" on Form 9		ao por recumin	
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		2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 99	90 Part IV line 12a	•	
1		50,1,41110,4110	1	
1 2	Total expenses and losses per audited financial statements	50,101017,1110	1	
1 2 a		2a	1	
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	1	
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a	1	
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	2a 2b	1	
a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	2e	
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	2a 2b 2c		
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d	2a 2b 2c	2e	
a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c	2e	
a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1	2a 2b 2c 2d	2e	
a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e	

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

Supplemental Information.

Schedule D (Form 990) 2017 VETERANS OF FOREIGN WARS POST 2743 34-4382759

Part XIII Supplemental Information (continued)

Page 5

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

2017

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ
Go to www irs gov/Form990 for the latest instructions

Open to Public inspection...

Name of the organization VETERANS OF FOREIG	N WARS PO	ST	27	43	Employer identific 34 - 4382	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization	n an	swe			
1 Indicate whether the organization raised funds through				Check all that apply	·	
a Mail solicitations	e Solicitation	of nor	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernn	nent grants		
c Phone solicitations	g Special fun	ndraisir	ıg ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity					s,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization	undraisers) pursua	nt to a	gree	ments under which the t	undraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did raiser custod contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in co! (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2		+ +				
3						
4						
5						
•						
6						
7						-
8						
9						
10						
Total	1				·····	
List all states in which the organization is registered or I registration or licensing	icensed to solicit c	ontribu	itions	or has been notified it	is exempt from	

Schedule G (Form 990 or 990-EZ) 2017 VETERANS OF FOREIGN WARS POST 2743 34-4382759 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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) (event type) (total number) 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 bingo/progressive bingo col (a) through col (c)) 1,019,235 249,216 1,268,451 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 167,068 1,030,508 863,440 5 Other direct expenses Yes Yes Yes X No X No 6 Volunteer labor No 1,030,508 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) 237,943 OII 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

SCHEDULEI

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

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

Open to Public 201

OMB No 1545-0047

▶ Attach to Form 990.

Inspection

Employer identification number

ŝ (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance X Yes 34-4382759 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table VETERANS OF FOREIGN WARS POST 2743 (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Part Part $\widehat{\Xi}$ € 6 3 3 9 9 3 8

Schedule I (Form 990) (2017)

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

Enter total number of other organizations listed in the line 1 table

Department of the Treasury Internal Revenue Service

Schedule I (F	Schedule I (Form 990) (2017) VETERANS OF FOREIGN WARS		POST 2743 3	34-4382759		Page 2
Part III	Grants and Other Assistance to Domestic Individu	Domestic Individua	ils. Complete if the o	ırganızatıon answere	ials. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
1 CASH	1 CASH PAYMENTS		15,393			
2						
က						
4						
S.						
ဖ						
7						
Part IV	Supplemental Information. Provide the information		quired in Part I, line	2, Part III, column (b)	required in Part I, line 2, Part III, column (b), and any other additional information	nformation

PAYMENTS ARE MADE DIRECTLY TO THE VENDORS IN THE MAJORITY OF CASES SO THAT MEMBERS PETITION THE QUARTERMASTER FOR ASSISTANCE IN PAYING EXPENSES. THE THE ORGANIZATION IS ABLE TO DETERMINE THE USE OF THE FUNDS.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE O. (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Inspection Employer identification number

Name of the organization

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

VETERANS OF FOREIGN WARS POST 2743

34-4382759

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION. MEMBERS MUST BE VETERANS TO FULLY PARTICIPATE IN THE VOTING PROCESS. SOCIAL MEMBERSHIPS ARE AVAILABLE BUT ARE NOT PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE GOVERNING BODY ARE ELECTED BY ALL MEMBERS OF THE ORGANIZATION PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ALL DECISIONS ARE SUBJECT TO FINAL APPROVAL FROM THE VOTING MEMBERSHIP.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A REVIEW HAS BEEN DONE WITH THE QUARTERMASTER OF QUESTIONS, AMOUNTS, ETC. ON THE FORM 990 PRIOR TO FILING. THIS RETURN WILL BE DISCUSSED AND REVIEWED AT A FUTURE TRUSTEE MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS NECESSARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS NECESSARY.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

VETERANS OF FOREIGN WARS POST 2743

34-4382759

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.