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	158	991	D-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2017

Open to Public Inspection

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

~		nue Service	► Go to www.irs.gov/For	····	ons and the la	test informati	on. VO			
_			ar year, or tax year beginning	1 July	, 2017,	and ending	30) June	, 20	18
) B	Check if a	pplicable	C Name of organization				D Emplo	yer ide	ntification numb	per
- ⊑	Address	change	Berryman-Doran-Bainbridge VFW po	ost 5300				36	-2094847	
く닏	Name cha	-	Number and street (or P.O. box, if mail is no	ot delivered to street ad	dress)	Room/suite	E Telept	one nu	mber	
' ド	i		PO Box 154					815	i-591 <i>-</i> 3711	
 -	Amended	m/terminated	City or town, state or province, country, and	d ZIP or foreign postal o	ode	1 (1	F Grou			
片		n pending	Hanover (L. 61041				Num	ber 🕨	•	
, G		ting Method	✓ Cash	clfy) >		Н	Check >	/ / if	the organization	n is no
71	Website	a: >							ch Schedule B	
3,	Tax-exer	npt status (che	eck only one) - 501(c)(3) 501(c)	(19) ◀ (insert no.)	4947(a)(1) or				-EZ, or 990-PF	
n —		organization		Association	Other		·			
			7b to line 9 to determine gross receipts			nore, or if total	assets			
			w) are \$500,000 or more, file Form 990 i		•	•		* •		
	Part I	Revenu	e, Expenses, and Changes in	Net Assets or F	und Balanc	es (see the	instruc	tions	for Part I)	
			the organization used Schedule							[2]
-	1 1		ons, gifts, grants, and similar amou				· · · ·	11	• • • •	. 🗸
	2		ervice revenue including governme				⊦	2		11,092
	3		nip dues and assessments	in rees and contra			}			0
	4	Investment	•				}	3 4		342
	5a		ount from sale of assets other than	inventore			· · · - -	-15,G		113
	1			•			O _. ;			
	b		or other basis and sales expenses			5-\		. E		
	C		ss) from sale of assets other than in nd fundraising events	iventory (Subtract	iine 50 trom ii	ne 5a)	• • •	5c		
	6	-	<u> </u>	dula O 16 augusta				- 35		
q	a	\$15,000)	come from gaming (attach Sche	oule G ii greatei	, ,			1 A		
Ē				· · · · · · ·	· 6a		0	7.6		
Revenue	b	Gross inco	ome from fundraising events (not in raising events reported on line 1)	cluding \$	11,092 of	contribution	S į	,		
α	:	sum of suc	chigross income and contributions	allach Scheoule G			ā	7		
	1 .	Sum or suc	AUG 09 2018 1121		· · 6b		3,558	点等 -		
	6	Less: direc	ct expenses from garning and fundr	aising events .	<u>[6c</u>]		1,648	344		
	d		e or (loss)-from gaming and landr	aising events (add	lines 6a and	6b and sub	tract	34 S		
	_	line 6c) .	LOODINIT				· · L	6d		1,910
	7a		s of inventory, less returns and allo	wances			57,856			
	b		•				20,377	1.		
	C		fit or (loss) from sales of inventory (S		•		$\cdot \cdot \downarrow$	7c		37,479
	8						L	8		0
	9	otal reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c	and 8	<u> </u>		. 🕨	9		50,936
	10		d similar amounts paid (list in Sched				<u>_</u>	10		0
	11		ald to or for members					11		0
9	12	Salaries, of	ther compensation, and employee	benefits			· · L	12		15,319
Č	13	Profession	al fees and other payments to inde	pendent contracto	rs		$\cdot \cdot $	13		200
Expenses	. 14	Occupancy	y, rent, utilities, and maintenance				· · [14		4,797
ш	1 .5	Printing, pu	ublications, postage, and shipping				[15		19
	16	Other expe	enses (describe in Schedule O) .				[16		20,002
	17	Total expe	enses. Add lines 10 through 16 .	<u> </u>	<u></u>		. ▶ 「	17		40,337
ş	18	Excess or ((deficit) for the year (Subtract line 1)	7 from line 9) .				18		10,599
S	19	Net assets	or fund balances at beginning of	year (from line 27	, column (A))	(must agree	with	7		
&		end-of-yea	r figure reported on prior year's ret	um)				19		67,647
Net Assets	20	Other chan	nges in net assets or fund balances	(explain in Schedu	le O)		[20		0
_	121	Net assets	or fund balances at end of year. Co	ombine lines 18 thi	ough 20 .		. ▶ 「	21		78,246
Fo	r Paperv	work Reducti	ion Act Notice, see the separate instr	ructions.		No. 10642l			Form 990-E2	

Form	990-EZ (2017)			· · · · · · · · · · · · · · · · · · ·		Page
Pa	Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to al	ny question in this	(A) Beginning of year	: :	(B) End of year
22	Cash, savings, and investments			57,647	22	
23	Land and buildings			6,000		67,909 6,000
24	Other assets (describe in Schedule O)			4,000		4,34
25	Total assets		[67,647	25	78,24
26	Total liabilities (describe in Schedule O)		1		26	
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom			67,647 Part III)	27	78,240
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	_	Expenses
Wha	t is the organization's primary exempt purpose?				, ,	uired for section c)(3) and 501(c)(4)
as n	oribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orga othe	nizations, optional for
-0						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	
29						
30	(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🛄	29a	
			ints, check here .		30a	
31	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV)
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·	y question in this	Part IV		<u> L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	0	Estimated amount of ther compensation
Kimb	all Willis					
		0				
John	Crawford	_		İ		
	Dishara and	00		<u> </u>		
Dave	Richmond	o				
Dave	Fulton					
Earl (Guenzler	0			+	
	Guerrales	o				
					_	·
			<u> </u>	 		
					+-	
				1		

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•		F

	Alata the Cabadula A and naveral handit contract statement requirements	in th		
Part	 Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this 			П
	Instructions for Face 4.7 Orlock if the organization book being date of the response to any queens in the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33	ļ	_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
30	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	100	74 .	J. 1. 15
b	Did the organization file Form 1120-POL for this year?	37b		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-	0-187	
	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	-30	₹
39	Section 501(c)(7) organizations. Enter:	1337 33.4		
о э a	Initiation fees and capital contributions included on line 9	6.5		
b	Gross receipts, included on line 9, for public use of club facilities	120 E. S.	1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	- X	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(*) (**)
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	300	14:15	33. X
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		مني شطه	Prof.
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700	13-11-0	300
Ū	on organization managers or disqualified persons during the year under sections 4912,	J. 197	1	
	4955, and 4958	10 m		7 (5 mg) 2 - 3 (5)
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	14.5	G	1314
_	40c reimbursed by the organization	الم المراقبة ا		45
е	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ NA		1	
42a	The organization's books are in care of ▶ John Crawford Telephone no. ▶	B15-59	1-358	2
	Located at ► 10886 S Crazy Hollow, Hanover, Illinois ZIP + 4 ►	61	D41	,
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country:	42b	<u>.</u>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	File	2 6-01	2 4 .
	Financial Accounts (FBAR).	132-1	150	5,5
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. !	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	140
	completed Instead of Form 990-EZ	44a	1	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	✓
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1	,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	 	1
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100	-	
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			,
	Form 990-EZ (see instructions)	45b	<u> </u>	1

year? If "Yes," complete Schedule C, Part II	9b and 52, and constion in this Part VI election in effect complete Schedule End organization? election in effect complete Schedule End organization? election in effect contribution table (d) Healt contribution benefit plans	during the ta	tables for	Yes Yes es, and one."	No V V i key
to candidates for public office? If "Yes," complete Schedule C, Part I art VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–4 50 and 51. Check if the organization used Schedule O to respond to any questions? If "Yes," complete Schedule C, Part II	9b and 52, and constion in this Part VI election in effect complete Schedule End organization? election in effect complete Schedule End organization? election in effect contribution table (d) Healt contribution benefit plans	during the ta	tables for	Yes Yes es, and one."	No V V I key
All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–4 50 and 51. Check if the organization used Schedule O to respond to any questions? If "Yes," complete Schedule C, Part II	gb and 52, and constion in this Part VI g) election in effect complete Schedule End organization? gees (other than office the organization. If the organization is the organization in this Part VI The organization is the organization in effect in the organization is the organization in the organization is the organization in the organization in the organization is the organization in the organization in the organization is the organization in the organization in the organization is the organization in the organization in the organization is the organization in the org	during the ta	tables for	Yes Yes es, and one."	No V V I key
All section 501(c)(3) organizations must answer questions 47–4 50 and 51. Check if the organization used Schedule O to respond to any questions? If "Yes," complete Schedule C, Part II	election in effect omplete Schedule Ed organization? election in effect omplete Schedule Ed organization? dees (other than offithe organization. If the organization is the organization	during the ta	47 48 49a 49b s, trustee enter "N	Yes Yes es, and one."	No V V I key
50 and 51. Check if the organization used Schedule O to respond to any question. Did the organization engage in lobbying activities or have a section 501(in year? If "Yes," complete Schedule C, Part II	election in effect omplete Schedule Ed organization? election in effect omplete Schedule Ed organization? dees (other than offithe organization. If the organization is the organization	during the ta	47 48 49a 49b s, trustee enter "N	Yes Yes es, and one."	No V V I key
Did the organization engage in lobbying activities or have a section 501(I year? If "Yes," complete Schedule C, Part II	omplete Schedule Ed organization? vees (other than offithe organization. If the organization of the organ	during the ta	47 48 49a 49b s, trustee enter "N	es, and one."	√ √ √ i key
year? If "Yes," complete Schedule C, Part II	omplete Schedule Ed organization? vees (other than offithe organization. If the dation (d) Health contributions benefit plans benefit plans	cers, director there is none, h benefits, s to employee , and deferred	47 48 49a 49b s, trustee enter "N	es, and one."	√ √ √ i key
year? If "Yes," complete Schedule C, Part II	omplete Schedule Ed organization? vees (other than offithe organization. If the dation (d) Health contributions benefit plans benefit plans	cers, director there is none, h benefits, s to employee , and deferred	47 48 49a 49b s, trustee enter "N	one."	√ √ √ i key
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," or Did the organization make any transfers to an exempt non-charitable relate by the image of the organization a section 527 organization?	d organization? vees (other than offithe organization. If the distance of	cers, director there is none, in benefits, s to employee , and deferred	48 49a 49b s, trustee enter "N	one."	√ √ √ i key
Did the organization make any transfers to an exempt non-charitable relate by If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employements who each received more than \$100,000 of compensation from (b) Average hours per week devoted to position (c) Repois Compension (Forms W-2/1) (d) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated inde \$100,000 of compensation from the organization. If there is none, enter "Nexas and the properties of the organization of the properties of the organization. If there is none, enter "Nexas and the properties of the organization of the organization. If there is none, enter "Nexas and the properties of the organization of the properties of the organization. If there is none, enter "Nexas and the properties of the organization of the organization. If there is none, enter "Nexas and the properties of the organization of the organization. If there is none, enter "Nexas and the properties of the organization of the organization. If there is none, enter "Nexas and the properties of the organization of the organization. If there is none, enter "Nexas and the properties of the organization of the organization."	d organization? vees (other than offithe organization. If the distance of	cers, director there is none, in benefits, s to employee , and deferred	49a 49b s, trustee enter "N e) Estimate	one."	√ √ d key
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ employees) who each received more than \$100,000 of compensation from (a) Name and title of each employee (b) Average hours per week devoted to position (c) Repoil compension (d) Average hours per week devoted to position (d) Repoil compension (e) Repoil compension (f) Total number of other employees paid over \$100,000	rees (other than offi the organization. If the table (d) Health contributions benefit plans	cers, director there is none, h benefits, s to employee , and deferred	s, trustee enter "N e) Estimate	one."	nt of
employees) who each received more than \$100,000 of compensation from (b) Average hours per week devoted to position f Total number of other employees paid over \$100,000	table (d) Healt contribution benefit plans	there is none, h benefits, s to employee , and deferred	enter "N	one."	nt of
(c) Report Compete (a) Name and title of each employee (c) Report Compete (c) Report Comp	table (d) Health contributions (d) Health contributions (d) Health	h benefits, s to employee , and deferred	e) Estimate	d amou	
f Total number of other employees paid over \$100,000	ation contribution	s to employee (, and deferred			
f Total number of other employees paid over \$100,000	Denetit plans		other com	pensati	on
Complete this table for the organization's five highest compensated inde \$100,000 of compensation from the organization. If there is none, enter "N					
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Complete this table for the organization's five highest compensated inde \$100,000 of compensation from the organization. If there is none, enter "N	}	1			
\$100,000 of compensation from the organization. If there is none, enter "N					
		s who each i	received	more	than
(a) Name and business address of each independent contractor (b) 1	one."				
	ype of service	(c) C	ompensatio	วท	
		 			
	·				
		<u> </u>			
d Total number of other independent contractors each receiving over \$100,00					
Did the organization complete Schedule A? Note: All section 501(c)	•				_
completed Schedule A			► ✓ Yes		
ide, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	IN DUBLETIMENTS, AND TO TH	e desi di my khol edge.	wieage and	Deliet, I	1 (18
La Care Le	preparer has any knowl	aur 5	2018		
ign Signature of officer	preparer has any knowl	to ///			
ere John D. Crawforf Quartwemaster	preparer has any knowledge				
Type or print name and title Print/Type preparer's name Preparer's signature	preparer has any knowl		~		
aid Print/Type preparer's name Preparer's signature	preparer has any knowl	Check 1	TPTIN		

May the IRS discuss this return with the preparer shown above? See instructions

Flrm's EIN ▶

Phone no.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

Open to Public Inspection

Berryman-Doran-Bambridge VFW PostS300 \$2094447 Line 24- Inventory Line 16-Taves- Lozense- Dues- Donations	Name of the organization	Employer identification number
Line 16-Taxes- Locense- Dues- Donations	Rerr yman-Doran-Rainhridne VFW Post5300	362094847
Line 16-Taxes- Locense- Dues- Donations	Con Trian Deletinings of the Control	
Line 16-Taxes- Locense- Dues- Donations		
	Line 24- Inventory	
	Line 16-Taxes- Locense- Dues- Donations	
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Cat. No. 51056K

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

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