Department of the Treasury

DLN: 93493319021628 OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

Interna	ıl Reve	enue Service	F Information about	. FOITH 990 and its instructions is at ww	** INS 90V/I	01111990		Inspection
A F	or th	e 2017 c		ning 07-01-2017 , and ending 06-3	80-2018			
		applicable	C Name of organization VETERANS OF FOREIGN WARS OF TH	IE US		D Employ	er identif	ication number
		change nange				59-109	7344	
_	itial re		Doing business as 4127 ARRANT-SMITH					
		rn/terminated d return	Number and street (or P O box if ma	ıl ıs not delivered to street address) Room/s	uite	E Telephoi	ne number	
		ion pending	601 NE 2ND ROAD			(305) 2	45-4535	
			City or town, state or province, count HOMESTEAD, FL 33030	ry, and ZIP or foreign postal code				
			·		T	G Gross re	· · · · · · · · · · · · · · · · · · ·	00,714
			F Name and address of principal DENIS NERNEY	officer		this a group re	turn for	□ _{Yes} ☑ _{No}
			601 NE 2ND ROAD HOMESTEAD, FL 33030		Н(b) Ar	bordinates? e all subordina	tes	Yes No
I Ta	x-exe	mpt status	☐ 501(c)(3) ☑ 501(c)(19) ◄	(insert no) 4947(a)(1) or 527		:luded? "No," attach a	list (see	
J W	ebsi	te:▶ N/A		(insert iio)	1	oup exemption	•	•
		·			1		T	
K For	n of o	organization	Corporation Trust Assoc	lation ☐ Other ►	L Year of fo	ormation 1978	M State	of legal domicile FL
Pa	rt I	Sumi	mary					
		Briefly des	cribe the organization's mission or					
ce		SUPPORT I	FOR VETERANS OF FOREIGN WARS	5				
ian E								
ven			□ <i>c</i> u		5	F0/ 5 1		
Ĝ				continued its operations or disposed of its body (Part VI, line 1a)			assets 3	9
>5	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	9
<u>I</u>	5	Total num	nber of individuals employed in cal	endar year 2017 (Part V, line 2a) .			5	0
Activities & Governance	6	Total num	nber of volunteers (estimate if nece			6		
ĕ	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income from	Form 990-T, line 34			7b	
ènu		Cambulant	one and superty (Doub VIII June 1h)			Prior Year	700	Current Year
	1		ions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)			307,	788 845	4,350 295,584
Ravenue	1	_	nt income (Part VIII, column (A), l			307,	19	30
α	1		enue (Part VIII, column (A), lines	•			600	750
	12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		317,	252	300,714
	13	Grants an	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)				0
	14	Benefits p	oald to or for members (Part IX, co	lumn (A), line 4)				0
8	1	· ·		nefits (Part IX, column (A), lines 5–10)				0
G	1		· · · · ·	nn (A), line 11e)				0
Expenses	1		aising expenses (Part IX, column (D), lir	· -		202	77.4	210.615
_	1		penses (Part IX, column (A), lines 1 enses Add lines 13–17 (must equa		292, 292,		319,615 319,615	
	1		less expenses Subtract line 18 fro			478	-18,901	
<u>გ</u> ა					Beginn	ing of Current \		End of Year
Net Assets or Fund Balances	_							
Ass 1 Ba	1		ets (Part X, line 16)			269,		254,885
Z Z	1		s or fund balances Subtract line 2			195,	145	200,641 54,244
Pa		_	ature Block	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, , ,	- 13	31,211
Unde	r pen	alties of pe	erjury, I declare that I have examı	ned this return, including accompanying				
any k			r, it is true, correct, and complete	Declaration of preparer (other than off	icer) is base	a on all inform	ation of v	wnich preparer has
		 				2010 11 14		
Sign	1	Signatu	ure of officer			2018-11-14 Date		
Here		DENIS	NERNEY QUARTERMASTER					
			r print name and title					
			rint/Type preparer's name AMES R PIERCE JR CPA		Date 2018-11-14		PTIN P0018424	
Paid		L.				self-employed		-
Pre	-	eı -	rm's name ► LOPEZ LEVI & ASSOCIA rm's address ► 44 NE 16TH ST	TES PA CPAS	-	Firm's EIN ► 46 Phone no (305)		
Use	· Or	ııy	HOMESTEAD, FL 33030	4511		(505)	0171	
May t	he II	RS discuss	this return with the preparer show					res □ No
			duction Act Notice, see the sepa		Cat No	11282Y		Form 990 (2017)

Form	990 (2017)					Page 2				
Par	t IIII Statement	of Program Service	e Accomplish	ments		_				
	Check if Sche	dule O contains a respoi	nse or note to an	y line in this Part III		🗹				
1		rganization's mission								
SUPP	ORT FOR VETERANS O	F FOREIGN WARS								
2	Did the organization	undertake any significar	nt program servi	ces during the year w	hich were not listed on					
	the prior Form 990 or	r 990-EZ?				🗌 Yes 🗹 No				
		se new services on Sch								
3	Did the organization									
	services?	🗌 Yes 🗹 No								
	If "Yes," describe the									
4										
4a	(Code) (Expenses \$	318,105	ıncludıng grants of \$) (Revenue \$	290,758)				
	See Additional Data									
						_				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
	(Code) (Expenses \$		including grants of \$) (Revenue \$	4,826)				
	SPECIAL EVENTS TO REG	COGNIZE VETERAN ACTIVIT	TIES AND HISTORIC	CAL EVENTS						
4d	Other program service	ces (Describe in Schedul	le O)							
	(Expenses \$,	ıdıng grants of \$) (Revenue \$	4,826)				
4e	Total program serv	/ice expenses ►	319,615	5						
			•			Form 990 (2017)				

Page 3

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Form **990** (2017)

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or X as applicable

Part IV	Checklist of Required Schedules										

- No organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Νo 1
 - 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .
 - Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 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? 5

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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35a

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Yes

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Page 4

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Part IV	Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a No

Fell	Checklist of Required Schedules (Continued)		
		Yes	No
20 0	1 H		

orm !	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		INO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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 (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	OC.		
·	If res, to fine 3a of 3b, did the organization file Form 6880-17	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during	711		
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13a		
_	The organization is necessary to issue qualified feeding plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO
	in res, has it med a rount 720 to report these payments of two, provide an explanation in Schedule O		orm 00	0 (2017)

orm	990 (2017)			Page 6
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to lı	nes ✓
Se	Check if Schedule O contains a response or note to any line in this Part VI			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	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 9			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	2.)	
	г		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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 filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
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		
Se	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 ▶DENIS NERNEY 601 NE 2ND ROAD HOMESTEAD, FL 33030 (305) 245-4535			

(A)

Name and Title

Part VII

(F)

Estimated

amount of other

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

• 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, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

(B)

Average

hours per

is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Highest compensat employee Individual trustee or director organizations MISC) MISC) related Institutional Trust⊬e below dotted organizations employee line) (1) JORGE E MARTINEZ Х 0 0 COMMANDER (2) DENIS NERNEY Х 0 QUARTERMASTE

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	(A) Name and Title	Average hours per week (list any hours	Average hours per than one box, unless person week (list any hours for related any hours described many hours are for related specified with the second many hours are for related or specified with the second many hours are for related or specified with the second many hours are for related or specified with the second many hours are for related or specified with the second many hours are for related or specified with the second many hours are for related or specified with the second many hours are for related to the second								w-) ated of other sation the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-1413-0)	2/1099-MISC		organizat relat organiza	ed
												<u> </u>		
												+		
												$\frac{1}{2}$		
												+		
c ·	Sub-Total	art VII, Sectio		· · ·	• •	•	>					\pm		
2	Total number of individuals (including of reportable compensation from the		to thos	e list	ed a	bove	e) who	rec	eived mo	ore than \$1	00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e •	mple	oyee,	or hı	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of reposes greater than s	ortable \$150,00	comp 0? <i>If</i> •	ensa "Yes	ation s," c	and o	other te So	compen chedule J	sation from for such	n the	4		No
5	Did any person listed on line 1a receiver services rendered to the organization											5		No
	ection B. Independent Contract													
L	Complete this table for your five high from the organization Report compe											npens	sation	
	Name	(A) and business addre	ess							Desc	(B) ription of services	\Box	(C Comper	
												\Rightarrow		
												\dashv		
												-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization >

Part	VII											
		Check if Schedul	e O contains a	a respo	onse or note to an		this Part VII (A) revenue	Rel	(B) ated or cempt	(C) Unrelated business	(D) Rever	nue
								fu	nction venue	revenue	tax under	sections
s s	1 a	a Federated campaig	ns	1a								
ant		b Membership dues		1 b	2,710							
بة يا ق	•	c Fundraising events		1c								
iffs ar /	١	d Related organizatio		1 d								
S, G	ľ	e Government grants (co		1e								
tion r Si	1	f All other contributions, and similar amounts no above	ot included	1 f	1,640							
ibut Othe	١,	g Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$										
ರ ಕ	֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	Total. Add lines 1a-1	.f	• •	· · ▶	- 1	4,350			1		
RI e	3-	DDOCDAM CEDVICES			Busines	s Code		290,758	290,	758		
45	١.	PROGRAM SERVICES SPECIAL EVENTS					-	3,676		676		
Ce F		FACILITIY RENTALS						1,150	1,	150		
ž Ž	d			_								
an S	e	· 		_								
Program Service Revenue	f	All other program se	rvice revenue			295,584					I	
<u> </u>		Total.Add lines 2a-2f			<u> </u>	_						
		Investment income (ii similar amounts) .			nterest, and other	•	3	0	30			
		Income from investme	ent of tax-exe	mpt bo	ond proceeds	•						
	5	Royalties	(ı) Real		(II) Personal	<u>▶ </u>						
	6a	Gross rents	(I) Real		(II) Personal	\dashv						
	١.	Less rental expenses		750		4						
	6	Less Tental expenses										
	c	Rental income or (loss)		750								
	d	Net rental income o	r (loss)	•		┪	75	0	750			
			(ı) Securit	ies	(II) Other							
	7a	Gross amount from sales of assets other										
		than inventory										
	ь	Less cost or other basis and				1						
	_ ا	sales expenses				_						
	l	Gain or (loss) Net gain or (loss)			•	-						
		Gross income from f	undraising eve	ents		1						
ıμe		(not including \$ contributions reporte	ed on line 1c)	of								
₹		See Part IV, line 18				_						
ă	l	Less direct expense: Net income or (loss)		b una evi	ents .							
Other Revenue		Gross income from g	amıng actıvıtı		ents •							
0		See Part IV, line 19		a l								
	ь	Less direct expense	s	ь		+						
	c	: Net income or (loss)	from gaming	activiti	ies >							
	10a	Gross sales of invent returns and allowand	ory, less									
				a								
		Less cost of goods s		ь								
	_ c	Net income or (loss) Miscellaneous		invent	Business Code							
	11					1						
	ь	,										
	c	= = = = = = = = = = = = = = = = = = = =										
		A A II										
		All other revenue . Total. Add lines 11a		.		_						
		Total revenue. See										
		. J.L. TOYETIMET JEE		• •	• • • •		300,71	4	296,364		Form 99	0 (2017)

Part IX	Statement of	Functional	Expenses
---------	--------------	-------------------	----------

orr	m 990 (2017)				Page 10
	Irt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
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 $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ä	a Management				
ı	o Legal				
•	C Accounting				
•	il Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	GOTHER (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
	Royalties				
	Occupancy	10,336	10,336		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	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)				
	a FOOD & BEVERAGE COSTS	144,407	144,407		
	b OTHER PROGRAM EXPENSES	111,884	111,884		
	c UTILITIES	20,469	20,469		
	d BANK & CREDIT CARD CHARG	10,040	10,040		
	e All other expenses	22,479	22,479		
25	Total functional expenses. Add lines 1 through 24e	319,615	319,615	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

21

Liabilities 22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

(B)

Page **11**

7,398 7.487

240.000

254.885

200.641

200,641

240.000

54,244

254.885

Form **990** (2017)

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

	Beginning of year		End of year
Cash-non-interest-bearing	16,373	1	
Savings and temporary cash investments	12,644	2	
-		3	

240.000

269.017

195.872

195.872

-166.855

240.000

73,145

269.017

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

29

30

31

32

33

34

2 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . 8 9 Prepaid expenses and deferred charges

10a 240,000 basis Complete Part VI of Schedule D 10b

b Less accumulated depreciation Investments—publicly traded securities .

10a Land, buildings, and equipment cost or other

Investments—other securities See Part IV, line 11 .

11 12 13 Investments—program-related See Part IV, line 11 14

Intangible assets Other assets See Part IV, line 11 .

15 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17

Accounts payable and accrued expenses Grants payable . . .

18 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . .

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties

23 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 25

and other liabilities not included on lines 17-24)

Complete Part X of Schedule D 26

Total liabilities. Add lines 17 through 25 .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets

27 -185,756 28

☐ Both consolidated and separate basis

2c

3a

3b

Form 990 (2017)

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

Consolidated 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software Version:

EIN: 59-1097344

Software ID:

Name: VETERANS OF FOREIGN WARS OF THE US

Form 990 (2017)

Form 990, Part III, Line 4a: VARIOUS ACTIVITIES SUPPORTING VETERANS OF FOREIGN WARS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

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

DLN: 93493319021628 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** VETERANS OF FOREIGN WARS OF THE US 59-1097344 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) Aggregate value of grants from (during year) 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? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	11111	Organizations Maintaining Col	lections of Art,	Histor	ical T	reası	ures, or	Other	Similar As	ssets ((continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other record	s, check	any of	the fo	ollowing t	hat are a	significant i	use of it	s collection	
а		Public exhibition		d		Loan	or excha	ange prog	grams			
b		Scholarly research		е		Othe	er					
c		Preservation for future generations										
4	Provi Part :	de a description of the organization's col XIII	llections and explain	n how th	ey furt	her the	e organız	ation's e	xempt purpo	se in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							nılar	□ Y ₆	es 🗌 No	
Pa	rt IV	Escrow and Custodial Arrange) Da	- T\	0				5 000 Doub	
		Complete if the organization answ X, line 21.	vered "Yes" on Fo	orm 990), Part	: IV, II	ine 9, or	reporte	ed an amou	int on	Form 990, Part	
1a		, e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	ediary for	contr	ibution	ns or othe	er assets	not	□ Y	es 🗌 No	
Ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	table		[A	mount		
С	Begir	nning balance	·	_				1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year					[1e				
f	Endır	ng balance						1f				
2 a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, lin	e 21, for	escrov	v or cu	ıstodıal a	ccount li	ability?	□ Y ₆	es 🗆 No	
b	ĭf "Ve	es," explain the arrangement in Part XIII	Check here if the	evnlanat	uon ha	c haan	provided	d in Part	VIII			
_	rt V	Endowment Funds. Complete if		•							—	
			(a)Current year		Prior yea				(d)Three year		(e)Four years bac	
1a	Beginn	ning of year balance										_
b	Contrib	outions										_
c	Net inv	vestment earnings, gains, and losses										_
d	Grants	or scholarships										_
e		expenditures for facilities ograms										_
f	Admını	ıstratıve expenses										
g	End of	year balance										
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end baland	ce (line 1	g, colu	ımn (a)) held a	s				
Ь	Perm	anent endowment ▶										
С	Temp	porarily restricted endowment >										
_	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%									
3a	orgar	here endowment funds not in the posses	ssion of the organiz	ation tha	it are h	neld an	nd admini	stered fo	r the	_	Yes No	_
	. ,	nrelated organizations									a(i) a(ii)	_
b	. ,	elated organizations es" on 3a(ii), are the related organization		 Lon Sche	 edule F	27					3b	_
4		ribe in Part XIII the intended uses of the	·			•	• •				<u> </u>	_
	rt VI	Land, Buildings, and Equipme										
		Complete if the organization answ		orm 990), Part	: IV, lı	ıne 11a.	See Fo	rm 990, Pa	rt X, lı	ne 10.	
	Descri	iption of property (a) Cost or other (investment)	her basis (b) Co	st or other					depreciation		(d) Book value	
1a	Land				2	40,000					240,	000
		ngs	<u> </u>									
		nold improvements										
		nent										
	Other		-							-		
		lines 1a through 1e (Column (d) must e	gual Form 990, Par	t X, colu	mn (B,), line .	10(c)).		>		240,	000

Investments—Other Securities. Complete if the or See Form 990, Part X, line 12.	ganızat	ion answe	red les ontoins.	750, raic IV, line IID.
(a) Description of security or category (including name of security)		(b) Book value		hod of valuation of-year market value
1) Financial derivatives 2) Closely-held equity interests 3)Other				
s)	_			
)				
)				
)				
5)				
1)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Investments—Program Related. Complete if the organization answered 'Yes' on Form				
(a) Description of investment	(b) Bo	ok value		hod of valuation of-year market value
)				
)				
)				
)				
)				
)				
)				
)				
)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>			
Part IX Other Assets. Complete if the organization answered 'Yes	on Forr	n 990, Part	IV, line 11d See Forn	
(a) Description				(b) Book value
)				
)				
)				
)				
)				
)				
Part X Other Liabilities. Complete if the organization answer	ered 'Ye	s' on For	n 990, Part IV, line	. ▶ 11e or 11f.
See Form 990, Part X, line 25. (a) Description of liability		(b) Boo	ok value	
) Federal income taxes				
AN PAYABLE - SBA			200,641	
)				
1				
)	_			
))				
))))				
))				

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

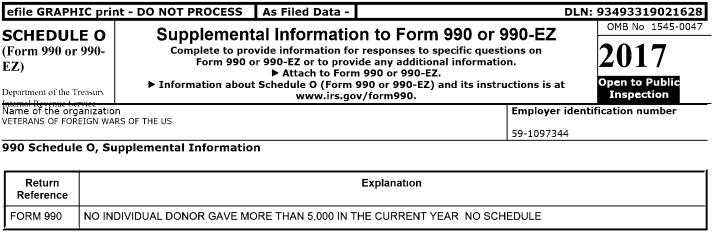
1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
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)	5	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
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		
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 IX, line 25, but not on line 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		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2017	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2017



990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. VOLUNTEERS PROVIDE CLEANING AND BARTENDING SERVICES PAGE 1.

PART I. LINE

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 4D

FORM 990, SPECIAL EVENTS TO RECOGNIZE VETERAN ACTIVITIES AND HISTORICAL EVENTS
PAGE 2,
PART III.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. **BOARD REVIEWS 990 BEFORE FILING** PAGE 6, PART VI.

LINE 11B

Return Explanation

Reference

FORM 990 BOARD ANNIJALLY REVIEWS POLICIES AND PROCEDURES FOR ANY CONFLICTS OF INTEREST

FORM 990, BOARD ANNUALLY REVIEWS POLICIES AND PROCEDURES FOR ANY CONFLICTS OF INTEREST
PAGE 6,
PART VI.

990 Schedule O, Supplemental Information

LINE 12C

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. **UPON REQUEST** PAGE 6, PART VI. LINE 19