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Type or print name and title Preparer's signature GLENDA BRIDGES Preparer Firm's name PROFIT SOLUTIONS INC Use Only Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Type or print name and preparer (other than officer) is preparer has any knowledge 1	f	Under				amined this return	, including accompanying	schedules and s	tatements, and to the	e best of my l	knowledge and belief.	ıt ıs		
Sign Here Sign Signature of officer Date	C	true, c	orrect, a	and complete Declar	aration of prepare	er (other than offic	er) is pased on all informa	tion of which pre	parer has any knowle	edge				
Sign Signature of officer Date Here LEROY HUMPHREY, COMMANDER MARCUS S. FISHER Commander Type or print name and title Preparer's signature Date Check if PTIN GLENDA BRIDGES GLENDA BRIDGES D8-13-2019 self-employed P00138306 Preparer Firm's name PROFIT SOLUTIONS INC Firm's EIN Use Only Firm's address 1039 E LEE AVE Phone no Sapulpa OK 74066 918-224-4878 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No	2			* EEDOV		, N	1/12						11	7/2020
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Preparer Use Only Firm's name ► PROFIT SOLUTIONS INC Firm's EIN ► Use Only Firm's address ► 1039 E LEE AVE Phone no Sapulpa OK 74066 918-224-4878 May the IRS discuss this return with the preparer shown above? (see instructions)	3	Paid		1		1	•	s	08-13	3-2019	1 -	_		00138306
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	990 (2018) VETERANS OF FOREIGN WARS 1320	73-6137780	Page 2
Par	Statement of Program Service Accomplishments	-	
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
١	Briefly describe the organization's mission		
	PROVIDE SERVICES TO VETERANS OF FOREIGN WARS		
2	Did the organization undertake any complered program participat during the year which were not listed as the		
Ľ	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ vos	₩.
	If "Yes," describe these new services on Schedule O	, les	E INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	hers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$4,159 including grants of \$) (Revenue	\$)
	VETERANS ASSISTANCE		
		 	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			·-·
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,159		
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Form 990 (2018) VETERANS OF FOREIGN WARS 1320

73-6137780

Form 990 (2018) VETERANS OF FOREIGN WARS 1320

Partiv Checklist of Required Schedules

		- 1	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)			
_	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,	_		v
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
•	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ļ	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.3		v
e	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	- ' ''		- 1
-	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
þ	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			ļ
45	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	'		١
46	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	40		_U
17	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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-''	-	X
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		47	
-	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		X
b		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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			.,
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			.,
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
d	to defease any tax-exempt bonds?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	i		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			11
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
- 4	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,			v
25-	or IV, and Part V, line 1	34	 	X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	-	 ^-
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		+-
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 		
٠.	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	<u> </u>	<u> </u>	+
•	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Par		.		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	$\overline{}$		
ь			}	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]		.
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
FEA		Forn	n 990	(2018)

Form 990 (2018) VETERANS OF FOREIGN WARS 1320 73-6137780 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes 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 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b 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 X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O Χ 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, secunities account, or other financial account)? 4a Ь 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). Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	DD		_X_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
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?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-1-	$\neg \dashv$	
•	required to file Form 8282?	7c	.	
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	*1	
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?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_	-	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
	Section 501(c)(7) organizations. Enter	- 30	\vdash	
10				. 1
a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			i l
40	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	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 ,
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1 1
	the organization is licensed to issue qualified health plans			}
С	Enter the amount of reserves on hand		ļ'	اليا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		1
	excess parachute payment(s) dunng the year	15	ļ	X
	If "Yes," see instructions and file Form 4720, Schedule N	<u> </u>		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X
	If "Yes," complete Form 4720, Schedule O	<u></u>	<u> </u>	
EEA		Form	ı 990 ((2018)

Form 990 (2018) VETERANS OF FOREIGN WARS 1320 73-6137780 Page 6 PartiVII 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 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 Enter the number of voting members included in line 1a, above, who are independent ь 10 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Χ 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х Did the organization have a written whistleblower policy? 13 Χ 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 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

State the name, address, and telephone number of the person who possesses the organization's books and records

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Form	aan	(2018)	

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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position **(A)** (B) (D) (F) (F) (do not check more than one Name and Title Average Reportable Estimated Reportable box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) week (list anv related other from hours for the organizations compensation Highest compensatemployee related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related organizations line) (1) Dwayne Doremus 25.00 COMMANDER 0 0 (4) (11) (12) (13) (14)_

Hart.	VIII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Com	ıpen	sated Employee	s (continued)	
	(A) Name and title	(B) (C) Position (do not check more than box, unless person is bo				(D) Reportable	(E) Reportable	(F) Estimated			
		hours per week (list any hours for related organizations below dotted line)		r and	a dire		trustee)	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
<u>(15)</u>											
<u>(16)</u>											
<u>(17)</u>											
(18)											
(19)											
(20)											
<u>(21)</u>											
(22)										-	
(23)				•••••							
(24)		1									
(25)						• ••					
1b c d	Sub-total	on A.						>		0 0	
2	Total (add lines 1b and 1c)	d to those lis								-	
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," complete Schedule For any individual listed on line 1a, is the sum of rep	J for such ir	ndıvidu	al							Yes N 3 >
	organization and related organizations greater tha										4
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,	•		-			_			<u></u>	5
Secti 1	on B. Independent Contractors Complete this table for your five highest compensate compensation from the organization. Report compenses.										
	(A) Name and business address								Description o	1	(C) Compensation
							_				
2	Total number of independent contractors (including received more than \$100,000 of compensation from			nose ▶	liste	d a	bove)	who			

Part \	/III	Statement of Revenue					
		Check if Schedule O contains a response or ne	ote to any line in thi	s Part VIII	· · · · · · · ·	<u> </u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, G Am	С	Fundraising events 1c	26,142				
ia ii	d	Related organizations 1d					
Sim Sim	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,	1				
턀호		and similar amounts not included above 1f	L	!			
a Co	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		26,142			
9	2-		Business Code				
Program Service Revenue	2a		<u> </u>				
S.	b						
Š	d			 	-		
S E	e		ļ				
ogra	-	All other program service revenue					
Ę	1	Total. Add lines 2a-2f					
		Investment income (including dividends, interest,					
		and other similar amounts)		69	69		
	4	Income from investment of tax-exempt bond processing					
	5	Royalties					
	Ì	(ı) Real	(ii') Personal		1	······································	
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	. ▶				
	7a	Gross amount from sales of assets other than inventory	(II) Other				Contract of
	b	Less. cost or other basis and sales expenses					,
	C	Gain or (loss)] ' :			
		Net gain or (loss)					
ž	8a	Gross income from fundraising			1 11	1	, ,
Other Revenue		events (not including \$ 26,142				11.18.1	7 T " " " " " " " " " " " " " " " " " "
8	1	of contributions reported on line 1c)	1			, ,	- 1990
흄		See Part IV, line 18 a	ļ	1			3.
6		Less. direct expenses b					
		Net income or (loss) from fundraising events .	· · · · · · · · · · · · · · · · · · ·	 			
	9a	Gross income from gaming activities.	1	}			
	١.	See Part IV, line 19		-			
	1	Less direct expenses		<u> </u>			<u> </u>
	i	• • • •					
	10a	Gross sales of inventory, less returns and allowances		1			
	h	Less cost of goods sold b		1			
	1	Net income or (loss) from sales of inventory					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	micolianicas (tovoliae	1	 			
	Ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u>	26,211	69	<u> </u>	<u>d</u>

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 (A) Total expenses Do not include amounts reported on lines 6b, 7b, (B) (C) (D) Program service Management and Fundraising 8b, 9b, and 10h of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 4,159 4,159 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 11 Fees for services (non-employees): Legal....... d Professional fundraising services. See Part IV, line 17. f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 12 843 843 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 249 249 19 20 21 22 Depreciation, depletion, and amortization 7,937 7,937 23 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) 7,315 7,315 REPAIRS INTERNET 41 41 NSF CHECKS 592 592 C d All other expenses Total functional expenses. Add lines 1 through 24e 21,136 4,159 16,977 0 25 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)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Gash - non-interest-bearing 1 16,621 38,654 2 60,208 2 70,208 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 6 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) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 286,566 173,646 112,920 173,646 10c Investments - publicly traded secunties 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) __....... 16 250,475 16 282,508 17 17 2,499 18 18 19 19 20 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, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 25 289 0 26 2,788 Organizations that follow SFAS 117 (ASC 958), check here

I and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 250,475 279,720 33 33 279,720 250,475 34 250,475 34 282,508

		3-6137780)	Pa	ge 12
P a	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u>.</u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,1	36
3	Revenue Jess expenses Subtract line 2 from line 1	3		5,0	75
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	50,4	75
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		24,1	70
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	79,7	20
(Pa	rtXIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other		احق		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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		1		
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	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	Χ	

3b

Form 990 (2018)

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O

EEA

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	of the organization	Employer identification number
	TERANS OF FOREIGN WARS 1320	73-6137780
Pai		ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year) .	
3	Aggregate value of grants from (dunng 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	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	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?	
Pai	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		important land area
	Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Protection of natural habitat Preservation of a certified his	
	Preservation of open space	sione structure
2	···	
_	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation the last day of the tay year.	
_	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	2a
p	Total acreage restricted by conservation easements	
С.	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during the
	tax year •	
4	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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	3)(1)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	nent, 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	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	s
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance 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	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	·
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	
		· · · · · · · · · · · · · · · · · · ·

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings	254,300		87,320	166,980
C	Leasehold improvements				
d	Equipment	32,266		25,600	6,666
е_	Other				
Tota	I. Add lines 1a through 1e (Column (d) must equal Fo	rm 990, Part X, column	(B), line 10c)		173,646

PartiVIII	Investments - Other Securities.	rod "Vos" on Form 000 I	Part IV line 11h See Form 000 D	art V. lina 12
	Complete if the organization answe	led tes on Form 990, i	Part IV, line 11b. See Form 990, P	aπ λ, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	е
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
_(A)			<u> </u>	
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)			 	
(G)			 	
(H)				
PartivIII	must equal Form 990, Pert X, col (B) line 12) ► Investments - Program Related.		_ 	
Hzartiva III	Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	Je
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)			<u> </u>	
	must equal Form 990, Part X, col. (B) line 13.)			<u></u>
Part XI	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11d. See Form 990, F	Part X, line 15.
		a) Description		(b) Book value
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
(8)				
	nn (b) must equal Form 990, Part X, col. (B) lin	e 15)		
PartiXI	Other Liabilities. Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) PAYRO	OLL TAX		289	
(3)				
_(4)				
(5)				
(6)				
		_		
(8)				
(9)				
	o) must equal Form 990, Part X, col (B) line 25)		289	
•	r uncertain tax positions. In Part XIII, provide th			r-
organization's	s liability for uncertain tax positions under FIN 4	8 (ASC 740) Check here if the	text of the footnote has been provided in Pa	art XIIL L

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
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			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1	
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a	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			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rt XIII Supplemental Information.	- 4b d 0b - D 4 \ / b-	and Dead V Ivan	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines		ie 4, Part A, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
—				
				
			_	
			<u> </u>	
_				
_				
_				
				

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.

► Attach to Form 990 or Form 990-EZ.

Employer Identification number

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

ETERANS OF FOREIGN WARS 13					73-61	
Part I Fundraising Activities				swered "Yes" on I	Form 990, Part IV,	line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rai	sed funds through					
a 🔲 Mail solicitations				of non-government gra	ants	
b Internet and email solicitations		f 🗌	Solicitation of	of government grants		
c Phone solicitations		g 🗌	Special fund	draising events		
d In-person solicitations		-		_		
2a Did the organization have a written of	or oral agreement	with any indiv	ndual (includ	ına officers, directors,	trustees.	
or key employees listed in Form 990				-	_	es 🗍 No
b If "Yes," list the 10 highest paid indiv				_		_
compensated at least \$5,000 by the		idildiaiseis) p	Juisuani to a	greeniens under wind	on the fullulaiser is to b	C
compensated at least \$5,000 by the	organization					
	т	<u> </u>	- -	_	(a) Amount and to	T
(i) Name and address of individual		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
or entity (fundraiser)	(ii) Activity					
	 				col (i)	
1		Yes	No			
•						
2						
3						
4						
			<u> </u>			
5						
6	+					
						<u> </u>
7				,		
8			-			
9						
10	-					
	<u></u>					
Total				L	<u></u>	<u></u>
3 List all states in which the organization	on is registered or	licensed to s	olicit contribu	utions or has been not	ified it is exempt from	
registration or licensing						
			_ _			
						<u> </u>
			_		<u> </u>	

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		than \$15,000 of fundraising gross receipts greater than				
		· ·	(a) Event #1 POOL LEAGUE	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	(event type)	(event type)	(total number)	
8	2	Less: Contributions				
	-	line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	· 			
Dire	8	Entertainment	<u> </u>			
	9	Other direct expenses				
Pa	10 11 art I	Direct expense summary Add lines Net income summary Subtract line Gaming. Complete if the complete if the complete if the complete in the co	10 from line 3, column (d) organization answered	<u> </u>	<u> </u>	more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
<u>-</u>				Singerprogressive sings		col (a) through col (c))
_	1	Gross revenue		Singuipogressive sings		coi (a) inrough coi (e))
	2	Gross revenue		Singuipogressive sings		coi (a) tirough coi (c))
Expenses				sings/progressive sings		coi (a) tirough coi (c))
	2	Cash prizes		sings/progressive sings		coi (a) urrough coi (c))
ect Expenses	2	Cash prizes				coi (a) tirough coi (c))
ect Expenses	3	Cash prizes	☐ Yes%		☐ Yes%	coi (a) urrough coi (c))
ect Expenses	3 4 5	Cash prizes	No	☐ Yes%	☐ No	coi (a) urrough coi (c))
ect Expenses	2 3 4 5	Cash prizes	No S 2 through 5 in column (d)	☐ Yes%	□ No	coi (a) urrough coi (c))
Direct Expenses	2 3 4 5 6 7 8 E a ls	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Sub nter the state(s) in which the organization licensed to conduct	No s 2 through 5 in column (d) stract line 7 from line 1, column	Yes % No Imn (d)	□ No	
Direct Expenses	2 3 4 5 6 7 8 Ea Iss b If	Cash prizes	No s 2 through 5 in column (d) stract line 7 from line 1, colution conducts gaming activities in each of	Yes % No Jimn (d) Atties of these states?	□ No	Yes 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.

2018

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service

Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

VETERANS OF FOREIGN WARS 1320 73-6137780 01. Members or stockholder classes and rights (Part VI, line 6) ALL MEMBERS HAVINGTHE SAME VOTING RIGHTS 02. Member election for additional members (Part VI, line 7a) ALL MEMBERS MAY VOTE ON THE ELECTION OF ALL OFFICERS 03. Governing body decisions (Part VI, line 7b) ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO REVIEW BY ALL MEMBERS 04. Governing body meeting documentation (Part VI, line 8a) GOVERNING BODY REVIEW OF 990. THE 990 IS MADE AVAILABLE TO ALL MEMBERS BEFORE THE RETURN IS FILED. 05. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED 06. Conflict of interest policy compliance (Part VI, line 12c) ALL MEMBERS ARE INFORMED ON THE CONFLICT OF INTEREST POLICY AND REQUIRED TO MAKE THE GOVERNING BODY AWARE OF ANY POSSIBLE CONFLICTS. 07. Governing documents, etc, available to public (Part VI, line 19) ALL RECORDS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AT ALL TIMES 08. Explanation of other changes in net assets or fund balances (Part XI, line 9)

chedule O (Form 990 or 990-EZ) (2018)	
Name of the organization	Employer identification number
VETERANS OF FOREIGN WARS 1320	73-6137780
990T UNRELATED BUSINESS LOSS	
JANUA ONRELIATED BOSINESS LOSS	
09. General explanation attachment	
LOSS REPORTED ON 990T	
7	
	
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