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BWF 990

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Form 990 ~

(Rev January 2020)

### Return of Organization Exempt From Income Tax's

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

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

OMB No 1545-0047

2019

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														ان 1	Pi	rior Year		Curr	rent Year
a	8	Co	ntributio	tributions and grants (Part VIII, line 1h)  gram service revenue (Part VIII, line 2g)  stment income (Part VIII, column (A) lines 3, 4, and 7d)											,454		1,283		
Revenue	9	Pre	ogram s	ervic	e rev	enue (	Part VII	l, line 2g	) .	9	M/	4Y 1 1.	ZUZU	13		14	,701		12,376
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	12	2 To	tal rever	nue -	ad	d lines	8 throu	igh 11 (r	nust equ	ual Par	t VIII, col	umn (A), l	ine 12)				,749		37,229
	13	Gr Gr	ants and	d sım	nılar a	mount	s paid (	Part IX,	column	(A), line	es 1-3)		• • • •	- 1		1	,840		3,571
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es	15							-				(A), lines	5-10)						
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Form	990 (2019) VETERANS OF FOREIGN WARS P 35-0367672	Page 2
Par		
•	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	SERVICE TO MILITARY VETERANS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$3,571 including grants of \$) (Revenue \$	)
	SEE ATTACHMENT #1	<del></del> ·
	·	
	(Code) (Expenses \$including grants of \$) (Revenue \$	١
7.0	(Code / (Expenses 5 microung grants or 5 / (revenue 5	′
		<del>-</del> .
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
		-
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	· · · · · ·
4e	Total program service expenses ▶ 3,571	

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BWF 990

35-d367672 Form 990 (2019) VETERANS OF FOREIGN WARS P Page 3 **Checklist of Required Schedules** Part IV 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 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Χ 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 Χ 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 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . Χ 6 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Χ . .. .. . 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 Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted 10 endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V Χ 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . Χ 11a b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . Χ 11b c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . . . X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .... 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ If "Yes," complete Schedule G, Part III .. . . . . . 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ 20a N/A b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Χ

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

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Pall ,	t 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		162	NO
	Part IX, column (A), line 2? If 'Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	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? $N/A$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? $\dots \dots \dots$	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $N/A$	24d		<u></u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del>  ^</del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) 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,	<del>-</del>		1
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			-~
	complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200	<del>                                     </del>	_^
·	"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	25	-	$\vdash $
50	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,"	<del>  •</del>		
-	complete Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del></del>		<del>- ^ `</del>
-	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,			1
-	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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	]		_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	X

Form 990 (2019) VETERANS OF FOREIGN WARS P 35-0367672

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ť		r, 43
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		** **	3. 1 5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $N/A$	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O $N/A$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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)		<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T? $N/A$	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		,,
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c L		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ '		H
а	and services provided to the payor?	7a	للاقتحابيس	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $N/A$	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
·	required to file Form 8282?	7c		Х
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			13
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	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	١.	, '	
11	Section 501(c)(12) organizations. Enter		•	
а	Gross income from members or shareholders · · · · · 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	٠.		
	against amounts due or received from them ) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .  If "Yes" enter the amount of tax-exempt interest received or accrued during the year	12a		X
b	Tes, effect the amount of tax exempt morest received of accorded damig the year	}	,	7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		<u>,</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
<b>.</b>	Note: See the instructions for 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	ļ . •		. ,
b	the organization is licensed to issue qualified health plans	-		Ι,
_	Enter the amount of reserves on hand	i	٤	, ,
с 14а	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 $N/A$	14b	-	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· • •	-	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		-43	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O		P	6
		Гани	000	2046

Form 9	90 (2019) VETERANS OF FOREIGN WARS P 35-0367672		Р	age 6
Part		and for	_	
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			
	Check if Schedule O contains a response or note to any line in this Part VI			П
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .   1a   10	0	1.00	4 ."
	If there are material differences in voting rights among members of the governing body, or	-	.	<u> </u>
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O		1	. ,
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	ol		2, 5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-	-3	3, 7
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u>-</u>	+	
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	1	X
6	Did the organization have members or stockholders?	6	X	1 **
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		1	†
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	T	<u> </u>	1
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	1	1
•	the year by the following			, '
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	<u> </u>	1	-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
ь	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? N/A	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		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			2 '
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		
а	The organization's CEO, Executive Director, or top management official .	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1 7
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1:	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	<u> </u>	.  <u></u>	
	organization's exempt status with respect to such arrangements? N/A	16b		ļ
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	01(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 police	y, 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			

Form 990 (2019)

## 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. See instructions for the order in which to list the persons above

(A) Name and title	( <b>B</b> ) Average hours per week	officer and a director/trustee)						(D) Reportable compensation from	( <b>E</b> ) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MICHAEL G. FOSTER	10.00			x				0	0	(
COMMANDER					<u> </u>					
LARRY W. SARAFIN SR. VICE COMMANDER	5.00			X				0	0	
RAYMOND DURAN JR. VICE COMMANDER	2.00			X				0	0	
GEORGE MOREHOUSE, QUARTERMASTER	10.00			х				0	0	
ANDREW L BUCKTA JUDGE ADVOCATE	1.00			X				0	0	
THOMAS R. BLACK CHAPLAIN	2.00			X				0	0	!
EDWEDGE WHIPPER FRUSTEE	1.00	X						0	0	
				·						
				-						<del></del>
·-··-										
<u> </u>										

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Part	(A) Name and title	(B) Average	s, irust	(do no	Posi t check tless po	tion more ti	han one both an /trustee)	nigno	(D)  Reportable	(E) Reportable	Est	(F) timated lount of	
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the anization related nization	n d
				ļ									
		ļ		_									
				-									
		-											
				-	-								
				1									
1b	Subtotal	<u> </u>		ļ		<u> </u>	<u> </u>	<b></b>			_		
c d	Total from continuation sh Total (add lines 1b and 1c)		rt VII, S	Section	n A	<u></u> .		. >					,
2	Total number of individuals ( reportable compensation fro				to tho:	se liste	ed above	) who	received more than	\$100,000 of		,	
3	Did the organization list any employee on line 1a? If "Yes		•	-		-	•	yee, o	r highest compensat	ed	3	Yes	No X
4	For any individual listed on li	ine 1a, is th	ne sum (	of repo	rtable	comp	ensation		•		4		<u> </u>
5	Did any person listed on line for services rendered to the	1a receive	or acc	rue co	mpens	ation	from any	unrel	ated organization or		5		X
Sectio	n B. Independent Contracto											<del>1</del>	
1	Complete this table for your		t compe	ensate	d inde	pende	nt contra	actors	that received more th	nan \$100,000 of			
	compensation from the orga	nization. R	eport co	mpen	sation	for the	e calenda	ar yeaı	r ending with or withi	n the organization's	tax year.		
	Name and	(A) d business	address	<u> </u>					(B)  Description of se	ervices	Compe	C) insation	1
_	<u> </u>												
2	Total number of independent			_				e liste	d above) who				1 .

Part VIII Statement of Revenue

•		Check if Schedule O coi	ntains a res	ponse or	note to any line in th	ns Part VIII		•	П
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
is ts	1a	Federated campaigns		1a					
E T	l	Membership dues .		1b	514	1			
عَق		Fundraising events		1c	· · · · · · · · · · · · · · · · · · ·	1			
ffs A	l	<u>-</u>	•	-		-			İ
<u> </u>	l	Related organizations		1d		· ' ' ',	·		
Si S	l	Government grants (contril	· ·	1e		<b>↓</b> .			
ië ra	f	All other contributions, gifts	· <del>-</del>	1	7.00	ł			
ള		similar amounts not include		1f	769	1			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	d in lines 1a-1	1 1g \$					
<u> </u>	h	Total. Add lines 1a-1f			· · · · · · · · · · · · · · · · · · ·	1,283			,
					Business Code				
φ	2a	AMUSEMENT			900099	5,515			
Program Service Revenue	b	USE OF FACILI	TIES		900099	6,861	6,861		
Sel	С								
Ke 3	d								
gg Be	e								
ğ	f	All other program service re	evenue	· · · ·					
	g	Total. Add lines 2a-2f			<b>•</b>	12,376			1
	3	Investment income (include	ına dıvıden	ds. intere	st. and				
	]	other similar amounts)	J						
	4	Income from investment of	f tax-exemo	t bond o	roceeds >		****		
	5	Royalties			. •				
		· ioyamoo	eal	(II) Personal					
	6a	Gross rents	6a	<u> </u>	(ii) i cisonai	-			,
	l .	Less rental expenses	6b						
	b	Rental income or (loss)	6c			-			
					<u>l.</u>	<del></del>		•	<u> </u>
	<b>"</b>	Net rental income or (loss)			<del>,                                  </del>				
	7a	Gross amount from sales	(ı) Sec	unties	(II) Other	+			
		of assets other than	_				1		
	١.	inventory	7a						
	D	Less cost or other basis							
		and sales expenses	7b						
	l	Gain or (loss) .	7c						
		Net gain or (loss)	• •		<u> </u>				
	8a	Gross income from fundrai	ising events						
ë		(not including \$							!
le l		of contributions reported o	n line 1c).						
æ		See Part IV, line 18		8a					
Other Revenue	l	Less direct expenses		Вь	<del></del>				
₽		Net income or (loss) from f	_	events .			<u> </u>		ļ. <u>.</u>
	9a	Gross income from gaming	g activities		26.600				
		•		—		1			
		Less direct expenses			1	I	. 16 063		<u> </u>
		Net income or (loss) from (		vities	<u> </u>	16,267	16,267		ļ. ——
	10a	Gross sales of inventory, le	ess	- 1		,			
		returns and allowances		10a		i			
	b	Less cost of goods sold		. 10b	79,734	i	7.000		
	С	Net income or (loss) from s	sales of inve	entory .	T	7,303	7,303		
<u>8</u>					Business Code				ļ
Miscellaneous Revenue	11a								
lan nue	b		<u> </u>						
cel	С								
Mis		All other revenue							
		Total. Add lines 11a-11d			<b>.</b>	2	05.51		
	12	Total revenue. See instruc	ctions · ·		•	37,229	35,946		

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations

3601	Charles Complete all Co			piete Column (A).	<del></del>
	Check if Schedule O contains a response or note to	<del></del>		· · ·	<u>;</u>
Do n 8b, 9	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,571	3,571		,
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				•
3	Grants and other assistance to foreign organizations,			-	- <u> </u>
•	foreign governments, and foreign individuals See Part IV,				r.
	lines 15 and 16 · · · · · ·				ļ
4	Benefits paid to or for members				,
5	Compensation of current officers, directors,				
,	trustees, and key employees				
6	Compensation not included above to disqualified				
0	·				
	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				
0	Payroll taxes .				
1	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting				<del></del>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion	,			
3	Office expenses				<u>.</u>
14	Information technology .				
15	Royalties	49,120		49,120	
6	Occupancy	49,120	·	49,120	
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				·
20	Interest	301	301		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,423	5,423		
23	Insurance				
24	Other expenses Itemize expenses not covered	* 1			
	above (List miscellaneous expenses on line 24e. If	ا ۱۹۹۹ <sup>و</sup> معادسا	% 3		
	line 24e amount exceeds 10% of line 25, column	-	, ,		•
	(A) amount, list line 24e expenses on Schedule O)	240	1	240	·
а	BANK FEES	240	·	240	
b					
٦ C					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	58,655	9,295	49,360	
:5 !6	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 ► I if following SOP 98-2 (ASC 958-720)				
	40 00040 PMF 000 Form Software Convert 1006 20				Form 990 (2010)

Part X Balance Sheet

	_	Check if Schedule O contains a response or note	o to any	, monthing all A	(A)		(B)
					Beginning of year		End of year
	1	Cash non-interest-bearing			84,303	1	43,321
	2	Savings and temporary cash investments			620	2	29,276
	3	Pledges and grants receivable, net				3	<del></del>
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo	rmer o	fficer, director,	`		
		trustee, key employee, creator or founder, substant	tial con	tributor, or 35%			
		controlled entity or family member of any of these p		· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualified		-			7 , 3 4
		under section 4958(f)(1)), and persons described ii	•	· ·		6	
	7	Notes and loans receivable, net		` ` ` .		7	
Ş	8	Inventories for sale or use	7,651	8	4,059		
Assets	9	Prepaid expenses and deferred charges				9	
Ř		Land, buildings, and equipment cost or	1	ı			
		other basis. Complete Part VI of Schedule D	10a	164,393			,
	۱.	Less accumulated depreciation	10b	76,223	93,678	10c	88,170
	11					11	
	12	Investments other securities. See Part IV, line 11			· -·	12	
	13	Investments program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	` ' ' ' ' ' '		15	<del> </del>	
	16	Total assets. Add lines 1 through 15 (must equal I	ine 33)		186,252	16	164,826
	17	Accounts payable and accrued expenses			,	17	,
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	·		20		
	21	Escrow or custodial account liability Complete Par	t IV of S	Schedule D · · · ·		21	
Ś	22	Loans and other payables to any current or former		-			
Liabilities		trustee, key employee, creator or founder, substant					
abil		controlled entity or family member of any of these p		l'	<del></del>	22	
=	23	Secured mortgages and notes payable to unrelated		<u>-</u>		23	
	24	Unsecured notes and loans payable to unrelated the		·		24	<del></del> -
	25	Other liabilities (including federal income tax, payal	•	<u> </u>			
	23	parties, and other liabilities not included on lines 17					
		of Schedule D	_ ,,. 、			25	
	26	Total liabilities. Add lines 17 through 25			0		0
	-	Organizations that follow FASB ASC 958, check	here	<b>▶</b> □	, ,		+ + 1
S		and complete lines 27, 28, 32, and 33.			, i		, ` <b>\</b>
ຊ	27	Net assets without donor restrictions · · · · ·				27	<u> </u>
ala	28	Net assets with donor restrictions · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		28	
В	20	Organizations that do not follow FASB ASC 958	chec	k here ▶ 🛛			
Ę		and complete lines 29 through 33.	, 01100	Killere P M			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds		-	74,835	29	68,004
ş	29	Paid-in or capital surplus, or land, building, or equ	nmant	fund	111,417	30	96,822
SSE	30		-	-	TTT, 31,	31	30,022
Ϋ́	31	Retained earnings, endowment, accumulated inco		F	186,252	32	164,826
ž	32		•		186,252		164,826
	33	Total liabilities and net assets/fund balances			100,434	JJ	107,020

Pac	ie '	12	
Pac	ıe i	1:	2

_			
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VETERANS OF FOREIGN WARS P 35-0367672

Par	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI	·			. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,	, 229
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,	, 655
3	Revenue less expenses. Subtract line 2 from line 1	3		-21,	, 426
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		186,	, 252
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		164,	,826
Par	t XII Financial Statements and Reporting			·	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other		61	2.4	* 3
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_   .*		D.
	Schedule O.			, t	+
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				7.
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			3.0	5 1 7
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		÷ ;* `	. ,, * 7	715
	separate basis, consolidated basis, or both		مد در	.7 (	S
	Separate basis Consolidated basis Both consolidated and separate basis			9. 1	1
С	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?	N,	/A 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		: '',	317	(7)
	Schedule O.		^ ^	4.	
За	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?		. За	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u> </u>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N,	/A   3b		
FDA	19 99012 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc		Form	<b>990</b> (	2019)

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

**Employer identification number** 

VETERANS OF FOREIGN WARS POST 88 35-0367672

Pa	Organizations Maintaining Donor		imilar Funds or Accounts.
	Complete if the organization answered "Yes"	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor davisor range	
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the o	rganization's exclusive legal control?	'
6	Did the organization inform all grantees, donors, and	donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the benefit of	the donor or donor advisor, or for a	ny other purpose
_	conferring impermissible private benefit?		Yes 🗌 No
<u>P</u> aı	t 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 org	ganization (check all that apply)	_
	Preservation of land for public use (for example, re	ecreation or education)	Preservation of a historically important land area
	Protection of natural habitat	L	Preservation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution	
	easement on the last day of the tax year		Held at the End of the Tax Year
<b>a</b>	Total number of conservation easements	••••	2a
b	Total acreage restricted by conservation easements		<del></del>
c	Number of conservation easements on a certified hist	• • •	. 2c
d	Number of conservation easements included in (c) ac		
_	historic structure listed in the National Register		<u></u>
3	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or termi	nated by the organization during the
4	Number of states where property subject to conservation	tion easement is located	
5	Does the organization have a written policy regarding	<del></del>	handling of
	violations, and enforcement of the conservation easer	· · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, insp		
-	<b>&gt;</b>		moroning contact and a calculation calculations and year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforci	ng conservation easements during the year
	<b>▶</b> \$		5 ,
8	Does each conservation easement reported on line 20	d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports cor	servation easements in its revenue a	and expense statement and
	balance sheet, and include, if applicable, the text of the	ne footnote to the organization's final	ncial statements that describes the
	organization's accounting for conservation easements		
Par	III Organizations Maintaining Collect	tions of Art, Historical Trea	sures, or Other Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB		
	of art, historical treasures, or other similar assets held service, provide in Part XIII the text of the footnote to		
h	If the organization elected, as permitted under FASB		
	art, historical treasures, or other similar assets held for	· · · · · · · · · · · · · · · · · · ·	
	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, histor		s for financial gain, provide the
	following amounts required to be reported under FAS	B ASC 958 relating to these items	
	_ · · · · · · · · · · · · · · · · ·	• • • •	\$
b	Assets included in Form 990, Part X		<b>▶ \$</b>

Par	Urganizations Ma	aintaining (	Jollec	tions of Art, I	Historica	ııreasur	res,	or Otner Similar	ASS	ets (	contin	ued)
3	Using the organization's acquis	ition, accessio	n, and c	other records, che	ck any of th	e following	that r	nake significant use o	fits			
	collection items (check all that a	apply)										
а	Public exhibition			d	I 📙 Loan o	r exchange	prog	ams				
b	Scholarly research			е	· U Other							
C	Preservation for future gene	rations						•				
4	Provide a description of the org	janization's co	llections	and explain how	they further	the organiz	zation	's exempt purpose in	Part			
	XIII.											
5	During the year, did the organiz								_	٦.	_	٦.
	assets to be sold to raise funds				the organiz	ation's colle	ction	? .	<u> </u>	Yes		No
Par	t IV Escrow and Cust		•									
_	Complete if the organiz							·	'art X,	line 2	<u>I.                                      </u>	
1a	Is the organization an agent, tru	ustee, custodia	in or oth	er intermediary to	or contribution	ons or other	asse	ts not	Г	٦.,	г	٦
	included on Form 990, Part X?					•			L	Yes	L	_ No
b	If "Yes," explain the arrangeme	nt in Part XIII a	and com	plete the following	g table			· · · · · ·				
							<u> </u>	<del></del>	nount			
C	Beginning balance .		•		• • • • • • • •		1c	<del></del>				
đ	Additions during the year		•				1d					
e	Distributions during the year					• • • • • •	1e					
f	Ending balance			B . W			1f	1		٦		٦
2a	Did the organization include an								L	Yes		No
b	If "Yes," explain the arrangeme		Check h	ere if the explanal	tion has bee	en provided	on P	art XIII	<u>···</u>	<u>_</u>	··- <u> </u>	
Pa	rt V Endowment Fund		J 107B	F 200 B	- N/ b 40							
	Complete if the organiz	(a) Current		,				(d) There were book	1,-11			
10	Bosinning of waar halance	(a) Current	year	(b) Prior year	(6) 1	wo years ba	ack .	(d) Three years back	(e)	Four ye	ars D	ack
1a	Beginning of year balance Contributions							<del></del>	<del> </del>			
b						-			<del> </del>			
С	Net investment earnings,											
-	gains, and losses	<del> </del>							$\vdash$			
d	Grants or scholarships .								+			
е	Other expenditures for											
	facilities and programs	-		<u> </u>					<del> </del>			
f	Administrative expenses  End of year balance				<del></del>				+			
g	,	oo of the our		and halansa (line	10 001	(a)\ bald a						
2	Provide the estimated percenta Board designated or quasi-end	=	ent year	end balance (line	ig, column	r (a)) nero as	5					
a	Permanent endowment	Jowineiii 🕨	%									
b	Term endowment	%	/0									
¢	The percentages on lines 2a, 2	<del></del>	ıld ogus	J 4009/								
20	Are there endowment funds no				hat ara hald	and admin	intoro	d for the				
3a		till the posses	551011 01	ine organization ti	nat are nero	and admin	istere	a lor me		Г	Yes	No
	organization by (i) Unrelated organizations									3a(ı)	163	140
	-				•							
_	(ii) Related organizations If "Yes" on line 3a(ii), are the re	lated areasize	tions list	ad as required on	 Sobodulo l		•		- 1	3a(ii) 3b	-+	
b						η, , ,		•	L	30	1	
4	Describe in Part XIII the intended art VI Land, Buildings				it iunus.							
Fe	Land, Buildings Complete if the organ		•		Part IV line :	112 See Fo	rm ac	In Part Y line 10				
	Description of property	auon answe		t or other basis	(b) Cost		$\overline{}$	c) Accumulated	/d\	Book	value	
	pescription of property			rvestment)	• •	or other)	1 '	depreciation	(4)	JOOK	+ aiue	
1a	Land		ζ"	27,251			+	-26.44.44.	-		27,	251
b	Buildings	• •		57,147			+	39,523			17,	
				37/14/			+	33,323				
c c	Leasehold improvements	•••		17,503	·		+	17,503		<del></del>		
d e	Other	• • •		62,492			+	19,197			43,	295
	Other	mn (d) must a	gual Ec		lume (B) lie	ne 10c )	<u>.</u> .	•			88,	
uold	i. Add illes la lillough le. (Colu	min (a) must e	quai Foi	in 330, Fait A, CO	1911 (D), III	100 J					~~,	_ , ,

	Complete if the organization answ	cied ies diritinisso, raitiv, line				
1 Total rev	venue, gains, and other support per		120.		1	
	s included on line 1 but not on Form		•			
	ealized gains (losses) on investments		2a			
	d services and use of facilities		2b		-	
	ries of prior year grants		2D 2C		-	
	Describe in Part XIII ) .		<del></del>		1	
•			_2d			
	es 2a through 2d		• • •	• • • • • • • • • • • • • • • • • • • •	2e	
		0.12 but not on line 1	ı i	• • •	3	
	s included on Form 990, Part VIII, lin ent expenses not included on Form!		4-			
	Describe in Part XIII).		4a	<del></del>	{ }	
	A		4b		4	
		et aqual Form 200. Part I had 12.)	• •	•	4c	
	venue. Add lines 3 and 4c. (This mu		otomo:	ata With Evnance		n Dotum
art XII		es per Audited Financial Stered "Yes" on Form 990, Part IV, line		nts with Expense	es pe	r Heturn.
Total ex	penses and losses per audited finan				1	
•	s included on line 1 but not on Form			•••		
	d services and use of facilities		2a			
	ar adjustments .		2b		1	
c Other lo	-		2C		1 1	
	Describe in Part XIII.)		2d		1	
•	es 2a through 2d		Zu			
	t line 2e from line 1			,	3	
Jubliaci		 	1 1		-	
I Amount	s included on Form 990 Part IX line		1 1			
	s included on Form 990, Part IX, line		12			
a Investme	ent expenses not included on Form		4a			
a Investme b Other (D	ent expenses not included on Form : Describe in Part XIII.)		4a 4b		46	
<ul><li>a Investme</li><li>b Other (D</li><li>c Add line</li></ul>	ent expenses not included on Form (Describe in Part XIII.)	990, Part VIII, line 7b	1 . 1		4c	
a Investme b Other (D c Add line Total exp art XIII vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
b Other (Do Add line Total export XIII	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b	4b		5	art X, line
o Other (Do Add line Total expert XIII)	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
b Other (Do Add line Total export XIII	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
b Other (Do Add line Total export XIII Vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
b Other (Do Add line Total export XIII Vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
b Other (Do Add line Total export XIII Vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
b Other (Do Add line Total export XIII	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
a Investme b Other (D c Add line Total exp art XIII vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
a Investme b Other (D c Add line Total exp art XIII vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
a Investme b Other (D c Add line Total exp art XIII vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
a Investme b Other (D c Add line Total exp art XIII vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
a Investme b Other (D c Add line Total exp art XIII vide the de	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line
b Other (Do Add line Total expant XIII)	ent expenses not included on Form to Describe in Part XIII.) es 4a and 4b penses Add lines 3 and 4c. (This managemental Information escriptions required for Part II, lines 3	990, Part VIII, line 7b  nust equal Form 990, Part I, line 18.)  1.  3, 5, and 9, Part III, lines 1a and 4, Pa	4b		5	art X, line

### **SCHEDULE G**

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2019

Department of the Treasury		Attach to	o Form 9	90 or Form 990-EZ.		Open to Public
nternal Revenue Service	▶ Go to ww	w.irs.gov/Form9	990 for in:	structions and the late	st information.	Inspection
Name of the organization					Employer ider	ntification number
VETERANS OF FO	REIGN WARS	POST 88			35-0	367672
Part I Fundraisir	g Activities. Com	plete if the organ	nization ar	nswered "Yes" on Form	990, Part IV, line 17	
Form 990-EZ	filers are not required	to complete this	part			
1 Indicate whether the o	rganization raised fur	nds through any	of the follo	owing activities Check a	II that apply	
a Mail solicitations		е	Solic	itation of non-governme	ent grants	
<b>b</b> Internet and email	solicitations	f	Solic	itation of government gr	ants	
c Phone solicitations		g	Spec	cial fundraising events		
d n-person solicitation	ons		_			
2a Did the organization h	ave a written or oral a	agreement with a	ny individ	ual (including officers, di	rectors, trustees,	
or key employees liste	d in Form 990, Part V	(II) or entity in coi	nnection v	vith professional fundrais	sing services?	∏ Yes 🏻 No
b If "Yes," list the 10 hig	hest paid individuals	or entities (fundra	aisers) pur	rsuant to agreements un	der which the fundraiser i	
compensated at least	\$5,000 by the organiz	zation				
/			fundraiser	<i>"</i> \ 0	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of it	l (ii) Act	71\/1 <b>T</b> \/	custody ntrol of	(iv) Gross receipts	(or retained by) fund-	(or retained by)
or entity (fundraise	rr)		butions?	from activity	raiser listed in col (i)	organization
		Yes	No			
1						
2						
3					·	
4						
5						
6						
7		"				
			1			
8				-		
9						
10						
			1			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		gross receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
æ	2	Less Contributions	<del></del>			
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
		Other direct expenses				
_	10	Direct expense summary Add lines 4 thro	ugh 9 ın column (d)			
Pa		Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 from	m line 3, column (d) on answered "Yes" on	Form 990, Part IV, line 19,	or reported more	
Pa	10 11	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organization	m line 3, column (d) on answered "Yes" on	Form 990, Part IV, line 19,  (b) Pull tabs/instant bingo/progressive bingo	or reported more  (c) Other gaming	(d) Total gaming (add col (a) through col. (c)
	10 11	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organization	m line 3, column (d) on answered "Yes" on a.	(b) Pull tabs/instant		col (a) through col. (c)
Revenue	10 11 17t	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6a	m line 3, column (d) on answered "Yes" on a.	(b) Pull tabs/instant bingo/progressive bingo		col (a) through col. (c)
xpenses Revenue	10 11 irt	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organizate than \$15,000 on Form 990-EZ, line 6a	m line 3, column (d) on answered "Yes" on a.	(b) Pull tabs/instant bingo/progressive bingo		col (a) through col. (c)
xpenses Revenue	10 11 rt I	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes	m line 3, column (d) on answered "Yes" on a.	(b) Pull tabs/instant bingo/progressive bingo		col (a) through col. (c)
Revenue	10 11 rt I	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organizate than \$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes	m line 3, column (d) on answered "Yes" on a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo 36,680	(c) Other gaming	36, 68
xpenses Revenue	10 11 rt   1 2 3	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organizate than \$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	m line 3, column (d) on answered "Yes" on a.	(b) Pull tabs/instant bingo/progressive bingo		36, 68
xpenses Revenue	10 11 11 1 2 3 4 5	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organization than \$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	m line 3, column (d) on answered "Yes" on a.  (a) Bingo  Yes % X No	(b) Pull tabs/instant bingo/progressive bingo  36, 680  20, 413	(c) Other gaming	(d) Total gaming (add col (a) through col. (c) 36, 68
xpenses Revenue	10 11 11 1 2 3 4 5	Direct expense summary Add lines 4 thro Net income summary. Subtract line 10 froi  Gaming. Complete if the organizate than \$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	m line 3, column (d) on answered "Yes" on a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  36,680  20,413  X Yes 100 % No	(c) Other gaming  Yes %  No	20,41

If "Yes," explain

ched	lule G (Form 990 or 990-EZ) 2019 VETERANS OF FOREIGN WARS P 35-0367672		Page 3
11		'es	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_
	formed to administer charitable gaming?	es	⊠ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's garning/special events books and records		
	Name >		
	Address >		
15a		ı	
		Yes	⊠ No
b	If "Yes," enter the amount of garning revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party  \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	⊠ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year >\$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	lines 9	·,

#### **SCHEDULE 0**

(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.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VETERANS OF FOREIGN WARS POST 88

Employer identification number

35-0367672

PART VI LINE 19 - ALL DOCUMENTS ARE AVAILABLE AT THE POST, 1519 W BRISTOL ST, ELKHART, IN DURING OPEN HOURS -