(Rev January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public

Δ		2010 ca	lendar year, or tax year beginning	7/1/2019	and e	nding	6/3/	0/2020	· · · · · · · · · · · · · · · · · · ·
^ B		applicable			, and e	anding	D Employer		n number
			22.002.000	oreign Wars Meuse 573		-	D Employer	- Identification	
Ш.	Address	cnange	Doing business as Number and street (or PO box if mail is no	delivered to etreet address)	Room/suite		EE 022227	ì	
П	Name ch	ange	'	delivered to street address)	Koom/suite		55-0232273 E Telephone		· · · · · · · · · · · · · · · · · · ·
三			430 West Pike Street	- State	7ID and a		E leiephone	Humber	
Ш	Initial retu	TLU	City or town	State	ZIP code		(304)622-35	591	
	Final return	/terminated	Clarksburg		26301				·
$\overline{}$			Foreign country name Foreign	province/state/county	Foreign postal	code		C	AEA EE7
\square	Amended	return				T	G Gross rece	ipis a	454,557
	Application	on pending	F Name and address of principal officer		_	H(a) is t	his a group return f	or subordinates?	Yes X No
			Steven Whiteside 430 West Pike Str	eet, Clarksburg, WV 26	301 (H(b) Are	e all subordinate	s included?	Yes No
$\overline{}$	T					1 ` `	'No," attach a lis		tions)
		npt status		(insert no) 4947(a)(1	or527	- "	,	. (000000	,
J	Website	: > ww	w vfw org		1	H(c) Gr	oup exemption r	umber 🕨	
ĸ	Form of	organization	X Corporation Trust Associ	ation Other ▶	L Yea	ar of forma	ation 1941	M State o	f legal domicile WV
	art I		mmary						- ,,,,
				most significant activitie	A A A A A A A A A A A A A A A A A A A	et disch	lod and noo	du war vat	orono
Φ	1	briefly d	escribe the organization's mission or	most significant activitie	s .A551	St uisau	led and nee	uy wai vell	erans
2									
Ë									
Š	2	Check th	his box 🕨 🔛 if the organization dis	continued its operations	or disposed	of more	e than 25% o	of its net as	ssets
ŏ	3	Number	of voting members of the governing	body (Part VI, line 1a) .				3	4
න්	4	Number	of independent voting members of the	e governing body (Part	VI, line 1b)			4	4
ě	5		mber of individuals employed in calei					5	11
Activities & Governance	6		mber of volunteers (estimate if neces					6	-
ij	7a		related business revenue from Part V		E!VED			7a	, ,
_	b		elated business taxable income from			_		7b	
		Neturne	siated business taxable income from			6	Prior Year	70	Current Year
		Contribi	strong and grants (Bort VIII June 1h)	MON 1	l 8 2020	ÿ		225	
Revenue	8		utions and grants (Part VIII, line 1h)	[4] "°''	t 0 5050			,325	12,784
en G	9	Program	service revenue (Part VIII, line 2g)	309	,509	262,386			
چ	10	Investm	ent income (Part VIII, column (A), line	es 3, 4, and 7d)OGD	EN. UT				
•	11		venue (Part VIII, column (A), lines 5,		•	⊨		,814	123,485
	12	Total rev	enue—add lines 8 through 11 (must equ	ne 12) .		427	,648	398,655	
	13	Grants a	and similar amounts paid (Part IX, col	umn (A), lines 1–3)			137	,127	110,504
	14	Benefits	paid to or for members (Part IX, colu	mn (A), line 4)					
Ś	15	Salaries,	other compensation, employee benefits	(Part IX, column (A), lines	s 5–10)		79	,195	65,370
Se	16a	Professi	onal fundraising fees (Part IX, column	n (A), line 11e)	•				· · · · · · · · · · · · · · · · · · ·
Expenses	Ь		ndraising expenses (Part IX, column (一种人们的
Щ	17		openses (Part IX, column (A), lines 11				212	100	225,415
	18		penses Add lines 13–17 (must equal		25)	-		422	401,289
	19	•	e less expenses Subtract line 18 from			<u> </u>		-774	-2,634
- s		revenue	e leas expenses educate interior non	1711110 12		Beginn	ing of Current		End of Year
Net Assets or Fund Balances	20	Total acc	sets (Part X, line 16)					,633	785,041
Ass.	21		oilities (Part X, line 26)	•				· · · · · · · · · · · · · · · · · · ·	
	21			· from line 20		<u> </u>		,365	36,407
			ets or fund balances Subtract line 21	nom line 20		<u>l</u>	/51	,268	748,634
	irt II		nature Block					·	
	•		y, I declare that I have examined this return, incli-				•		
and	Deller, it is	s true, corre	ct, and complete Declaration of preparer (other	inan onicer) is based on all inic	irriation of which	i preparei	r nas any knowle	age	•
Sig	ın		Hell Hacel		<u> </u>				
He	-	[Signature of officer	0 1			Date		
			Donno F. Hergenreth	a Quarter	naster				
			Type or print name and title						
		Print	/Type preparer's name	Preparer's signature		Date	e	. W.	PTIN
Pa	id		k Kigor	MMAAA	,	,,		neck X if	1
Pre	eparer	. <u>Iviar</u>	k Kiger	Mun	<u> </u>	<u> 11/</u>	/7/2020 se	lf-employed	P00072496
			's name ► R Mark Kiger CPA				Firm's EIN		
			's address ► P O Box 876, Bridgeport,	WV 26330	- 		Phone no	(304)641-5	5921
Ma	v the IR		s this return with the preparer shown		3)				X Yes No
	,		a management and property ofform	, , , , , , , , , , , , , , , , , ,	-, •				

310.808

Total program service expenses

	_				
Part IV		Chaaklist	~f	Doguiros	l Schedules
		CHECKIISE	UI	Reduired	i ochedules

			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)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
3	candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۲		
•	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		X
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 donor-restricted endowments	۲		
	or in 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
L	Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	Х	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	<u>-</u>		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
I	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? If "Yes," complete			
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b		14a		X
IJ	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		V
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		\neg	
	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?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
D 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
• •	domestic government on Part IX, column (A), line 1? <u>If "Yes," complete Schedule I, Parts I and II</u> .	21	х	

Part	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		х
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 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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	- 1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
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%	İ		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			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			
	If"Yes," complete Schedule L, Part IV.	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	ľ		
	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]	.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\longrightarrow	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	-
Par			r	
	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 . 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	× 990 (2042
		rorm	JJU (∠∪19)

Pari	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		-						
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 11		↓						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>					
	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	<u> </u>	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	3b	<u> </u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		ĺ						
	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 ▶			ĺ					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		ļ	×					
5a									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	 					
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	ļ	X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١							
	gifts were not tax deductible?	6b	ļ	 					
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	\vdash	├					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\vdash	 					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_							
_	required to file Form 8282?	7c	\vdash	 					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
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? If the organization received a contribution of qualified intellectual property did the organization file Form 9900 as required?	7f	\vdash	├					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		├					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n	├──	 					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		×					
•	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	l-°	\vdash	^					
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х					
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	x					
10	Section 501(c)(7) organizations. Enter	90	\vdash	┝					
	Initiation fees and capital contributions included on Part VIII, line 12								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter								
'' a	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources			l					
D	against amounts due or received from them)	,							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b								
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		:						
	the organization is licensed to issue qualified health plans		ľ l						
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\Box	X					
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
10		15		х					
	excess parachute payment(s) during the year	15	$\vdash \vdash \vdash$	⊢					
	If "Yes," see instructions and file Form 4720, Schedule N								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	\longmapsto	Х					
	If "Yes," complete Form 4720, Schedule O	1 1	i l	1					

Part VI

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

Sect	ion 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 <u>4</u>	1.								
	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 on Schedule O			*	٠ +						
b	Enter the number of voting members included on line 1a, above, who are independent	1b			. "						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with									
	any other officer, director, trustee, or key employee? .	•	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under	the direct									
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson? .	_3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х						
6	Did the organization have members or stockholders?		6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint									
	one or more members of the governing body?		7a	l	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i									
	stockholders, or persons other than the governing body?		7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durina	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	Х							
9											
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х						
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.)							
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
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 g		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		_X_						
14	Did the organization have a written document retention and destruction policy?.		14		_X_						
15	Did the process for determining compensation of the following persons include a review and appro-		1	1	- 1						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?									
а	The organization's CEO, Executive Director, or top management official		15a	Х							
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 1		. 1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement									
	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				- 1						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	juard									
	the organization's exempt status with respect to such arrangements?		16b								
	ion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed										
18											
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply										
		plain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	ісу,								
	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 b		•								
	Donna Hergenrether 430 West Pike Street, Clarksburg, WV 26301	(304)622-3591									
	430 VVESI MIKE STIEET, CIBIKSDUID, VVV 2030 I										

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	n both st Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Donna Hergenrether	30 00			\ \	}					
Commander	40.00		\vdash	Х	<u> </u>		Н		· 	
(2) Fred Richards	40 00			v						
Quartermaster (3) John Aloi	10.00		_	X			_			
(3) John Aloi Vice Commander	10 00			X						
(4) William Clark	10.00			^	<u> </u>		┝	 -		
Vice Commander	10 00			х		ĺ	ĺ	,		
(5) Michael Elliot	10 00		 	_			Н			
Adjutant				х						
(6)		-								
(7)										
(8)										
(9)										
(10)									_	
(11)										
(12)										
(13)										
(14)									_	·

	•												
_	veterans of Foreign Wars Meu Tot VII Section A. Officers, Directors, True		nlove	200	anı	ı Hi	ahes	t C	ompensated Fr		55-0232 (continu		8
Pa	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	C) Position (do not check more and a director/trus) (do not check more and a director/trus) (do not check more than box, unless person is bottofficer and a director/trus) (do not check more than employee (do not check more than box, unless person is bottofficer employee (do not check more than box, unless person is bottofficer employee (do not check more than box, unless person is bottofficer (do not check more than box, unless person is bottofficer (do not check more than bottofficer) (do not check more and a director/trus)			e than o	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reports compens from rel organiza (W-2/1099	able sation ated itions	(F) Estimated amount of other compensation from the organization and related organization		
(15)				e			ated						
(16)					-	<u> </u>							
(17)													_
(18)													
(19)													
(20)													
(21)													
(22)								ļ					
(23)													
(24)													
(25)													
1b c d	Subtotal Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						*					
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a	bov	e) v	vho	recei	ved	more than \$100	,000 of			
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-		ee,	or h	ighes	st co	ompensated		J.	Yes No.	
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual		-						•	ר		4 X	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yes									ridual .		5 X	
Sect	ion B. Independent Contractors												_
1	Complete this table for your five highest compecompensation from the organization. Report co											ıx year	
	(A) Name and business addi	ress				••			(B) Description of sen	/ices	Co	(C) empensation	

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
	compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	(A) Name and business address	(B) Description of services	(C) Compensation
_	Tatal number of independent contractors (including but not limited to those	listed shave) who recoved	
	Total number of independent contractors (including but not limited to those more than \$100,000 of compensation from the organization ►	listed above) who received	

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this 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
· · · ·	1a	Federated campaigns			1a					
ant Interes	b	Membership dues			1b					
တ် ၌	С	Fundraising events			1c					
ž, ž	d	Related organizations			1d	12,784				
<u>a</u>	е									
Si Si	f	f All other contributions, gifts, grants, and similar amounts not included above								
er S									•	
를 함	g									
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g	\$				
O #	h	Total. Add lines 1a-1f				>	12,784			<u> </u>
		·				Business Code				
<u>ic</u>	2a	Raffle Income				900099	133,355	133,355		
e ⊈	b	Post Income				900099	117,474	117,474		
S I	С	Bingo Income				900099	11,557	11,557		
Program Service Revenue	d									,
g R	е									
P.	f	All other program service re	evenu	е						
	g	Total. Add lines 2a-2f		· · · · · ·		•	262,386			
	3	Investment income (includii	ng div	ridends, in	teres	t, and				
	_	other similar amounts)				▶				-
	4	Income from investment of	tax-e	xempt bor	id pro	ceeds				
	5	Royalties			<u> </u>	(v) Pomonel				
	C-	Canan santa		(ı) Rea		(II) Personal				
	6a	Gross rents	6a 6b	20	0,830					
	b	Less rental expenses	_	20	0,830					
	ر 1	Rental income or (loss) Net rental income or (loss)	6c		J,03U	<u> </u>	20.820	20.820		
	d 7a	Gross amount from		(ı) Securi	ities	(II) Other	20,830	20,830		-
	/ a	sales of assets		(1) 0000		(1) (1)				
		other than inventory	7a							
ē	b	Less cost or other basis								
her Revenue	_	and sales expenses	7b			'				
ě	С	Gain or (loss)	7c							
٦ ٦	d	Net gain or (loss)		1		—		·		
	8a	Gross income from fundrais	sing						· ·	
δ		events (not including \$	Ŭ							
		of contributions reported on	line	1c).						
		See Part IV line 18			8a	13,203				
	b	Less direct expenses .			8b					
	С	Net income or (loss) from fu	undra	sing even	ts		13,203			
	9a	Gross income from gaming	activ	ties						
		See Part IV, line 19 .			9a					
		Less. direct expenses			9b		·			
	C	Net income or (loss) from g	amıng	g activities		>				
	10a	Gross sales of inventory, le	SS							
		returns and allowances			10a	145,354				
	b	Less cost of goods sold			10b	55,902				
	С	Net income or (loss) from s	ales c	of inventor	У	•	89,452			
sn						Business Code				
e e	11a									
cellaneo Revenue	b		- 			 				· · ·
Se Ce	C	All other revenue				}				
Miscellaneous Revenue	a	All other revenue Total. Add lines 11a–11d				▶				1
	<u>е</u> 12	Total revenue. See instruct	ione				398.655	283.216		

55-0232273

Canada and Francis
_	Statement of Functional Expenses	and was a All address on										
Secti	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 Pa	rt IX									
	not include amounts reported on lines 6b, 7b, 9b, 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											
	domestic governments See Part IV, line 21	110,504	110,504									
2	Grants and other assistance to domestic		ľ									
	ındıvıduals See Part IV, line 22 .											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
_	individuals See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees											
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
7	persons described in section 4958(c)(3)(B) Other salaries and wages	59,799	59,799									
8	Pension plan accruals and contributions (include	55,735	39,799									
o	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes .	5,571	5,571		 -							
11	Fees for services (nonemployees)		3,37 1									
··a	Management .	500		500								
b	Legal											
c	Accounting .	5,400		5,400								
d	Lobbying	0,100		0,.00	*							
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)											
12	Advertising and promotion [1,261	1,261									
13	Office expenses	45,829	20,350	25,479								
14	Information technology	1,947	1,298	649								
15	Royalties											
16	Occupancy	46,801		46,801								
17	Travel .											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	1,531	1,531									
20	Interest ,											
21	Payments to affiliates	0.404										
22 23	Depreciation, depletion, and amortization Insurance	8,464 17,026	13,838	2 400								
23 24	Other expenses Itemize expenses not covered	17,020	13,030	3,188								
24	above (List miscellaneous expenses on line 24e If		ļ									
	line 24e amount exceeds 10% of line 25, column				1							
	(A) amount, list line 24e expenses on Schedule O)											
а	Drizon	7,399	7,399	•								
b	Program Expenses	8,579	8,579									
c	Supplies	80,678	80,678									
d		55,5.5	25,5,0	- 								
e	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	401,289	310,808	82,017								
26	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	organization reported in column (B) joint costs											
	from a combined educational campaign and			1								
	fundraising solicitation Check here		ļ									
	following SOP 98-2 (ASC 958-720)											

55-0232273

Balance Sheet

		Check if Schedule O contains a response of	r note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			72,173	1	77,916
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		. Г		3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	or former o	officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqualif	ied persor	ns (as defined			
		under section 4958(f)(1)), and persons describe	•	-		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or		ı		-	
		other basis Complete Part VI of Schedule D	10a	955,611			
	Ь	Less accumulated depreciation	10b	248,615	715,460	10c	706,996
	11	Investments—publicly traded securities				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	129
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		787,633	16	785,041
	17	Accounts payable and accrued expenses			36,365	17	36,407
	18	Grants payable				18	
	19	Deferred revenue				19	····
	20	Tax-exempt bond liabilities .				20	
	21	Escrow or custodial account liability Complete	Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or forr					
Liabilities		trustee, key employee, creator or founder, subs		· ·			ì
ğ		controlled entity or family member of any of the			•	22	
Ë	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		· —		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line	-				
		Part X of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	36,365	26	36,407
s		Organizations that follow FASB ASC 958, che	ack hara	► X			1
Se		and complete lines 27, 28, 32, and 33.	cck nere				ł
<u>a</u>	27	Net assets without donor restrictions		<u> </u>	751,268	27	748,634
Ba	28	Net assets with donor restrictions		<u> </u>	731,200	28	740,034
P	20	Organizations that do not follow FASB ASC	958 chac	k hara		-20	1
교		and complete lines 29 through 33.	oo, chec	Kilere P 🗌			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		-	-	29	
şţ	30	Paid-in or capital surplus, or land, building, or e	aunment	fund		30	
SS	31	Retained earnings, endowment, accumulated in		—		31	
ţ	32	Total net assets or fund balances .	100111 0 , 01	oulei iuilus	751,268	32	748,634
Š	33	Total liabilities and net assets/fund balances		<u> </u>	787,633	33	785,041
	UU	rotal liabilities and het assets/fully balafices			<u> </u>		7 00,04 1

Form 9	990 (2019) Veterans of Foreign Wars Meuse 573	55-C	232273	Pag	ge 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		398	3,655
2	Total expenses (must equal Part IX, column (A), line 25) .	2		401	1,289
3	Revenue less expenses Subtract line 2 from line 1	3			2,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		75′	1,268
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 on 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		748	3 <u>,634</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	<u> </u>	}]		` .
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				-
	reviewed on a separate basis, consolidated basis, or both		` *		
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-	,	1
	separate basis, consolidated basis, or both		,	•	
	Separate basis Consolidated basis Both consolidated and separate basis				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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		1	1	
	Schedule O			•	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

I

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

	of the organization			Employer identification number
	ans of Foreign Wars Meuse 573			55-0232273
Par	Organizations Maintaining Donor			ds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Par	t 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 (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 dor	or advisors in writing that the a	ssets held in	donor advised
	funds are the organization's property, subject	to the organization's exclusive I	legal control?	Yes I
6	Did the organization inform all grantees, dono	rs, and donor advisors in writing	g that grant fu	unds can be used
	only for charitable purposes and not for the be	nefit of the donor or donor adv	isor, or for an	y other purpose
	conferring impermissible private benefit?			Yes I
ar'	Conservation Easements.			
	Complete if the organization answer	ed "Yes" on Form 990. Parl	t IV. line 7.	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (for exam			of a historically important land area
	Protection of natural habitat			
			Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conservation	n contribution	in the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easer			2b
С	Number of conservation easements on a certification			2c
ď	Number of conservation easements included i		d not on a	
	historic structure listed in the National Registe			2d
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or termi	nated by the organization during
	the tax year			
	Number of states where property subject to co			
5	Does the organization have a written policy re-		, inspection, h	nandling of
	violations, and enforcement of the conservation		•	Yes !
3	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, ar	nd enforcing co	onservation easements during the year
				
,	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and er	nforcing conser	vation easements during the year
	▶ \$			
}	Does each conservation easement reported or	n line 2(d) above satisfy the red	quirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)? .			Yes 1
)	In Part XIII, describe how the organization rep			
	balance sheet, and include, if applicable, the to		ızatıon's finan	cial statements that describes the
	organization's accounting for conservation eas			
an	Organizations Maintaining Collect			Other Similar Assets.
	Complete if the organization answer			
a	If the organization elected, as permitted under			
	works of art, historical treasures, or other simil	ar assets held for public exhibit	tion, educatioi	n, or research in furtherance of
	public service, provide in Part XIII the text of the	ie footnote to its financial stater	ments that de	scribes these items
b	If the organization elected, as permitted under	FASB ASC 958, to report in its	revenue state	ement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibit	tion, educatioi	n, or research in furtherance of
	public service, provide the following amounts r			
	(i) Revenue included on Form 990, Part VIII, II	_		▶ \$
	(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of ar	t, historical treasures, or other	sımılar assets	for financial gain, provide the
	following amounts required to be reported und			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Revenue included on Form 990, Part VIII, line	•		▶ \$
	Assets included in Form 990, Part X .			• •

Sched	lule D (Form 990) 2019 Veterans of Foreign Wa	ırs Meuse 573	·				55-023	2273		Page 2
Par	Organizations Maintaining Coll	ections of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	s (cont	inued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and othe	r records,	check any	of the follow	ing tha	t make significant	use of	its	
а	Public exhibition		d [☐ Loan or	exchange p	rogram				
b	Scholarly research		e –	Other		-				
_	=		e _	1 Other						
С	Preservation for future generations									
4	Provide a description of the organization's XIII	collections and	d explain i	how they fo	urther the org	janızatı	on's exempt purp	ose in P	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintair						Y	es 🗌	No
Pan	Complete if the organization answ 990, Part X, line 21.		on Form	990, Part	t IV, line 9, d	or repo	orted an amount	on Fo	rm	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X? .			•		ther as	sets not	Y	es [] No
b	If "Yes," explain the arrangement in Part XI	il and complet	e the follo	wing table	•	_				
								Amount		
C	Beginning balance		•			10			_	
d	Additions during the year					10				
е	Distributions during the year	•			•	10				
f	Ending balance .	•				1	f			
2a	Did the organization include an amount on	Form 990, Par	t X, line 2	1, for escr	ow or custod	ial acco	ount liability?	Y	es 🛚 X	No
b	If "Yes," explain the arrangement in Part XI	I Check here	ıf the exp	lanation ha	as been prov	ided on	Part XIII			
Part	V Endowment Funds.									
	Complete if the organization answ	ered "Yes" c	n Form	990, Part	IV, line 10					
	(a) Current year	(b) Pr	nor year	(c) Two years	back	(d) Three years back	(e) F	our years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,					ĺ				
	and losses				L					
d	Grants or scholarships			-		1				
е	Other expenditures for facilities					Î				
	and programs									
f	Administrative expenses									
g	End of year balance						<u> </u>			
2	Provide the estimated percentage of the cu	rrent year end	balance (line 1g, co	lumn (a)) hel	id as		1		
а	Board designated or quasi-endowment	•	%		(// -					
b	Permanent endowment	%								
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100	0%							
3a	Are there endowment funds not in the poss			on that are	held and adi	ministei	red for the			
	organization by		J						Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	zations listed a	s require	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of the									
Part						· · · · ·				
	Complete if the organization answ		n Form 9	990. Part	IV line 11a	See	Form 990 Part	X line	10	
	Description of property	(a) Cost or ot		1	or other basis		Accumulated		ook valu	
	- company	(investm			other)		lepreciation	(4) 6	JOK AGIRI	5
1a	Land .	 		† <u>·</u>	625,515				62	5,515
b	Buildings	_			330,096		248,615			1,481
c	Leasehold improvements	-			330,030		240,010			1,401
ď	Equipment .									-
e	Other			 						
	Add lines 1a through 1e (Column (d) must	equal Form 99	0, Part X.	column (E	3), line 10c)		. •	•	70	6,996

Part VII Investments—Other Securities. Complete if the organization answered	1 "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, 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 value
(1) Financial derivatives		Oost of cha-on-year market value
(2) Closely held equity interests		· · · · · · · · · · · · · · · · · · ·
3) Other		
(A)	-	
(B)	-	
(C)		
(D)		
(E)		
(F)		
(G)	-	
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. Complete if the organization answered	i "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets.		<u> </u>
	l "Yes" on Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Desi		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)	 	
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15)	•
Part X Other Liabilities.	mie ioj	
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
line 25 1. (a) Descri	ption of liability	(h) Parkinghia
(1) Federal income taxes	paon or nability	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	t 05 \	
Total. (Column (b) must equal Form 990, Part X, col (B)		<u> </u>
 Liability for uncertain tax positions. In Part XIII, provide the torganization's liability for uncertain tax positions under FASB A 		

	Oncombata if the announceding agreement invasit an Farma OO		
	Complete if the organization answered "Yes" on Form 99		
1	Total revenue, gains, and other support per audited financial statements	5 .	T .
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 . 1	
a	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	
e	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	
b	Other (Describe in Part XIII) Add lines 4a and 4b	40	4c
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, III	10.12)	5
5 Por	XII Reconciliation of Expenses per Audited Financial Sta		
Far	Complete if the organization answered "Yes" on Form 99		ses per Return.
1	Total expenses and losses per audited financial statements .	o, r artiv, inte 12a	11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments .	. 2b	
C	Other losses	2c	· [
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1 .		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b	<u> </u>	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5
Part	XIII Supplemental Information.		
	ac the descriptions required for traitin, intesto, o, and o, traitin, intestra	and 4 Part IV lines 1h ar	nd 2h Part V line 4 Part X line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa		nd 2b, Part V, line 4, Part X, line al information
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa		
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa		
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa		
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa		
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	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa		

SCHEDULE I (Form 990)

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

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OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information. eterans of Foreign Wars Meuse 573 Department of the Treasury Internal Revenue Service Name of the organization

55-0232273

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

% X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

	990, Part IV, line 21, for any recipient that received	tor any recipi		more man \$5,000. P	שת וו can be dupilc	more than \$5,000. Part II can be duplicated if additional space is needed	ce is needed	
1 (a) N	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VFW 406 Wes	(1) VFW National 406 West 34th Street Kansas City, MC			110,504				Armed Forces Veteran Assistance
(2)								
6								
4								
(9)								
(9)								
6								
(8)								
(6)								
(10)								
(11)								
(12)								
3 E	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and g ganizations liste	overnment organiza ed in the line 1 table	tions listed in the line	1 table		▲ ▲	1

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

Schedule I (Form 990) (2019)

55-023

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV 2 က 4 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer Identification number

Open to Public Inspection

Veterans of Foreign Wars Meuse 573 55-0232273 Form 990, Part VI, Section A, Line 6 The organizations members consist of veterans who served for the country overseas Form 990, Part VI, Section A, Line 7A On an annual basis the members are given the opportunity to elect the board Form 990, Part VI, Section A, Line 7B All decisions and actions of the board are subject to ratifications of the members Form 990, Part VI, Section B, Line 11B. The organization receives the 990 prior to filing and must authorize the filing Form 990, Part VI, Section B, Line 15 The Quartermaster determines hourly rates and salaries based upon employee preformance Form 990, Part VI, Section C, Line 19 The governing documents, conflict of interest policy and financial statements are available upon request