** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A F</u>	or th	a 2019 calendar year, or tax year beginning SEP 1, 2019 and	enaing A	<u>UG 31, 2020</u>					
B c	Check if pplicab	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang	e Doing business as		43-17589	98				
	Initial return		Room/suite	E Telephone numbe					
	□Final □return	406 WEST 34TH STREET		(816)756					
	termir ated			G Gross receipts \$ 13,306,575.					
	Amen return	RANSAS CITY, MO 04111		H(a) Is this a group re					
	Application	F Name and address of principal officer: ΛΕΥΙΝ ΟΟΝΕΒ		for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.VFW.ORG/FOUNDATION		H(c) Group exemption	·				
		forganization: X Corporation Trust Association Other	L Year	of formation: 1996 N	M State of legal domicile: MO				
Pa	art I	Summary							
Φ	1	Briefly describe the organization's mission or most significant activities: PROV							
Activities & Governance		FAMILIES STRUGGLING WITH FINANCIAL DIFFIC							
ř	2	Check this box if the organization discontinued its operations or dispos	sed of more	1	_				
ŏ	3			3	7				
ص ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4				
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0				
ĭ₹	6	Total number of volunteers (estimate if necessary)			100				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.				
	_	6	-	Prior Year	Current Year				
ne	8	Contributions and grants (Part VIII, line 1h)		4,063,971.	9,231,376.				
en.	9	Program service revenue (Part VIII, line 2g)		400 911	726 502				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		400,811.	736,593.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,464,782.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,627,243.	9,967,969. 2,936,737.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,930,737.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		743,527.	829,282.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	025,202.				
Expenses	Ioa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 426,80	 15	<u> </u>	0.				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		566,552.	416,822.				
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,937,322.	4,182,841.				
	19	Revenue less expenses. Subtract line 18 from line 12		-472,540.	5,785,128.				
S	13	Tieveriue less experises. Subtract line 10 from line 12		ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	50	10,425,048.	16,881,793.				
Asse	21	Total liabilities (Part X, line 26)		588,302.	443,230.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		9,836,746.	16,438,563.				
Pa	art II	Signature Block							
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,				
		La		12/23/	/2020				
Sign	n	Signature of officer		Date					
Her		▶ DEBRA ANDERSON, SECRETARY/TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	I	ROBERT H. FRANK ROBERT H. FRANK		2/15/20 self-employ					
Prep	arer	Firm's name ▶ PRAGER METIS CPAS, LLC		Firm's EIN ▶	06-1667465				
Use	Only	Firm's address ► 1360 BEVERLY ROAD, SUITE 300							
		MCLEAN, VA 22101		Phone no. (7	03) 821-0702				
Мау	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Page 2

. u.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	ASSIST VETERANS AND MILITARY PERSONNEL AND THEIR FAMILIES; DIRECT	
	PUBLIC ATTENTION TO THE NEEDS OF VETERANS, ACTIVE AND RESERVE MILITARY	
	PERSONNEL; PROMOTE AND ASSIST IN FUNDING PROGRAMS SPONSORED BY THE	
	VFW, ITS AFFILIATES AND OTHER NON-PROFIT GROUPS; AND PROMOTE PROGRAMS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? $oxed{Yes}$	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? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 2,675,808. including grants of \$ 2,536,737.) (Revenue \$)
	VETERANS SERVICE ACTIVITIES - THE MISSION IS TO SECURE, MANAGE AND	
	DISTRIBUTE RESOURCES TO SUPPORT VETERANS, ACTIVE-DUTY PERSONNEL, THE	
	NATIONAL GUARD AND RESERVE, THEIR FAMILIES AND COMMUNITIES. THE VFW	
	FOUNDATION, IN SUPPORT OF THIS MISSION, ASSISTED OVER 450 MILITARY FAMILIES IN NEED OF FINANCIAL ASSISTANCE WITH DISBURSEMENTS OF \$524,898	
	THROUGH THE UN-MET NEEDS PROGRAM TO HELP FAMILIES EXPERIENCING	<u> </u>
	FINANCIAL HARDSHIPS WITH MORTGAGE, CAR LOANS, UTILITIES AND OTHER	
	PAYMENTS. THE VFW FOUNDATION PROVIDED GRANTS OF \$341,839 THAT WERE	
	USED FOR "WELCOME HOME" AND OTHER RECOGNITION EVENTS FOR MILITARY	
	MEMBERS AND THEIR FAMILIES AND OTHER PROGRAMS TO ASSIST VETERANS. THE	
	VFW FOUNDATION EXPENDED \$1,260,000 TO PROVIDE SCHOLARSHIPS FOR THE	
	VFW'S HELP-A-HERO SCHOLARSHIP PROGRAM. THIS PROGRAM PROVIDES UP TO	
4b	(Code:) (Expenses \$ 532,062. including grants of \$ 400,000.) (Revenue \$)
	COMMUNITY SERVICE & PUBLIC AWARENESS - THE MISSION SUPPORTS PROGRAMS	
	THAT FOSTER PATRIOTISM, CITIZENSHIP EDUCATION AND VOLUNTEERISM,	
	COMMUNITY IMPROVEMENT AND YOUTH DEVELOPMENT PROGRAMS. THE VFW	
	FOUNDATION MADE GRANTS OF \$400,000 TO ASSIST VFW POSTS AND AUXILIARIES WITH OUTREACH PROJECTS IN THEIR RESPECTIVE COMMUNITIES.	
	WITH OUTREACH PROJECTS IN THEIR RESPECTIVE COMMONITIES.	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
4	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,207,870.	
4e	Total program service expenses ► 3, 207, 870.	

Form 990 (2019) VETERANS OF Part IV Checklist of Required Schedules

	•		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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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,			
	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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 Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	The state of the s	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Pa	Trict IV Checklist of Required Schedules (continued)		Vac	N _a
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	Х	
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		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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		X
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 990-EZ? 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,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	l		3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ .
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		 ^
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- V
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
2E -	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	Х	
27	If "Yes," complete Schedule R, Part V, line 2	30	25	\vdash
37		37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		1
30	Notes All Forms 000 files are very fined to complete Calcabilla O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Chack if Schoolule O contains a recognized or note to any line in this Bort V			X
	Check if Scriedule O contains a response of note to any line in this Part V		Yes	ı
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (1b)			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		

(gambling) winnings to prize winners?

Form 990 (2019) VETERANS OF FOREIGN WARS FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the catendar year anding with or within the year covered by this return 1		o de la continued			Yes	No
their for the calendary year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements			103	140
b If all least one is reported on line 24, did the organization file all required federal employment tax returns? Note: If the sum of lines it and 24 sig register than 25, you may be required to e-, fel; (see instructions) 30 ID the organization have unrelated business gross income of \$1,000 or more during the year? 31 If the commendation have unrelated business gross income of \$1,000 or more during the year? 32 At any time during the calendar year, did the organization have an interest in, or a significance or other authority over, a manarial account in a foreign country business and the properties account, or other financial accountry? 32 At any time during the calendar period of the properties account, or other financial accountry? 33 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 34 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 35 Was the organization that was or is a party to a prohibited tax shelter transaction? 36 Do bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 36 Do be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 36 Do be the organization shall be a contribution or the same than the contributions or grits were not tax deductibles a charitable contributions? 37 Organizations that may receive deductible? 38 Did the organization notify the donor of the value of the goods or services provided? 39 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 39 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the foreign tax of the payor and the pa			2a 0			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _exis_ (see instructions) a	b			2b		
3a X X b if "Yes," inclinate the number of Forms 88-1 x X b if "Yes," inclinate that received a properties of the organization have unrelated business gross income of \$1,000 or more during the year? 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 is cuch as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. See the instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross nacigist that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross nacigists that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b W "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a gayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c If Yes, "Indicate the number of Forms 8222 filed during the year 5c Did the organization receive and contribution of qualified intellectual property, did the organization file a Form 1086-27. 8 phonoring organization makes any taxability, to pay premiums on a personal benefit contract? 7c X 7d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-77. 8 Sponsoring organization makes any taxability, to pay premiums on a personal benefit contract? 9 phonoring organization makes any taxability, to pay the during the year? 9 phonoring organization received a c						
b If Yes, *Inset It fleed a Form 990T for this year? Pr No* for line 3b, provide an explanation on Schedule O 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 accountry? 4a	За			За		Х
4a A any time during the calendary 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, a centrelise account, or other financial accounts? b if "Yes", either the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5a Was the organization network organization that it was or is a party to a prohibited tax shefter transaction? 5b C 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 deductibles or a charatable contributions? 6b C 7b Organizations that may receive deductible contributions under section 170(c). all bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charatable contributions? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8220 filed during the year 1 If Yes, indicate the number of Forms 8220 filed during the year 2 Did the organization received a contribution of qualified intellectual property, did the organization file and the property of the organization file forms 8200 filed the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? 7 If If the organization received a contribution of qualified intellectual property, did the organization file and property in the organization file forms 8200 filed to the organization filed forms 1200 filed the organization filed forms 1200						
the fire the name of the foreign country Such as a bank account, securities account, or other financial account ? b If "Yes," enter the name of the foreign country Such as a bank account, or other financial accounts ? b If "Yes," enter the name of the foreign country Such as a bank account, or other financial accounts ? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," is line 5a or 5b, did the organization file Form 8886-17? 6c Does the organization that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization start many receive deductible contributions under section 170(c). 6d If "Yes," did the organization receive a payment in excess of \$75 made parity as a contribution of organization received another than the one of the value of the goods or services provided? 7 Did the organization received achieving the donor of the value of the goods or services provided? 7 Did the organization received accordibution of curry to receive the provided to the payor? 6 If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required? 7 If If the organization received a contribution of qualified intellectual property, did the organization file form 8399 as required? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Section 501(c)(12) qualified organization in contribution is clark						
b If 'Yes,' retire the name of the foreign country. ► See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (*FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line Saor 5b, did the organization file Form 8886-7? 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 X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization state may receive deductible contributions under section 170(c). b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year 2 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 3 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 4 Sponsoring organization make a distribution sunder section 4968? a Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund the organization file a Form 1098-C? 5 Sponsoring organization make a distribution to a donor, donor advised fund the organization file a Form 1098-C? 5 Sponsoring organiz				4a		Х
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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? 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 X If "Yes," complete Form 4720, Schedule O.	_					
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? 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 X If "Yes," complete Form 4720, Schedule O.	а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 X 16 "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 X 17 If "Yes," complete Form 4720, Schedule O.		Note: See the instructions for additional information the organization must report on Schedule O.				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? 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 X If "Yes," complete Form 4720, Schedule O.	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
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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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b			14b		
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? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.			000	/00 : ·

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			X			
Sec	tion 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						
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
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 person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
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		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	х				
b	Each committee with authority to act on behalf of the governing body?	8b	х				
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 on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
	(The social 2 logistic monator as as policie for logistic at a final monator accept		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
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	Х				
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?						
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).						
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		<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure			1.50			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, AZ, AR, CO, CT, FL, GA, IL, KS						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial				
	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						
	DEBRA ANDERSON - (816)756-3390						
	406 WEST 34TH STREET, KANSAS CITY, MO 64111		000	/oo : = :			

SEE SCHEDULE O FOR FULL LIST OF STATES
6

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

X

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	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week	—	Cer ai	lu a u	recic	Tritus	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, 1000 111100)		and related
	below	idual	tution	ъ	Key employee	est co	Je.			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) KEVIN C. JONES	5.00									
PRESIDENT	55.00	Х		Х		<u> </u>		0.	199,372.	67,601.
(2) DEBRA ANDERSON	5.00									
SECRETARY/TREASURER	55.00	Х		Х				0.	203,431.	45,808.
(3) HAROLD ROESCH	5.00	1								
CHAIRMAN - TERM STARTED 8/20	55.00	Х	_	X		┞		0.	160,219.	7,624.
(4) WILLIAM J. SCHMITZ	5.00	ļ		l					465 445	
FORMER CHAIRMAN - TERM ENDED 7/20	55.00	Х		X		_		0.	165,447.	9,167.
(5) ANN PANTELEAKOS	1.00	ļ								
BOARD MEMBER	1 00	Х				┝		0.	0.	0.
(6) ANTHONY PRINCIPI	1.00									
BOARD MEMBER	1 00	Х				-		0.	0.	0.
(7) GORDON B. LOGAN	1.00	٠,								_
BOARD MEMBER (8) MICHAEL F. DEROSA	1 00	Х				-		0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	_
(9) RICHARD POTTER	45.00	Λ				\vdash		· ·	0.	0.
DIRECTOR	43.00	-		Х				0.	122,667.	27,442.
DIRECTOR				^		┢		0.	122,007.	27,442.
		1								
		1								
						\vdash				
		1								
		1								
			L			L				

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Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	1					
	(A)	(B)	(C) Position					(D)	(E)			(F)		
	Name and title	Average		not c	heck	more	than		Reportable	Reportable			timate	
		hours per week					is botl or/trus		compensation	compensation			nount	ot
		(list any	ror						from the	from related organization			other pensa	tion
		hours for	direc				٥		organization	(W-2/1099-MI			om th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** = *** ****	/		anizat	
		organizations	trust	lal tru		oyee	om pe					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	Indi	lnst	Officer	Key	E High	Pu						
			-											
				<u> </u>			_							
			-											
							-							
			1											
							-							
			1											
			1											
			1											
1b	Subtotal								0.	851,1		15	7,6	
С	Total from continuation sheets to Part VI	I, Section A							0.	054.4	0.	4 =		0.
d	Total (add lines 1b and 1c)							<u> </u>	0.	851,1		15	7,6	42.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			^
	compensation from the organization												Yes	0 N o
_	D. I.										1		res	NO
3	Did the organization list any former officer,	•	-	•	•	•		•		•		_		Х
4	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a											4		
J	rendered to the organization? If "Yes," com	•				•			· ·	dai ioi scivices		5		Х
Sec	tion B. Independent Contractors	ipiete Schedule	- 0 1	UI SL	<i>i</i> CII į	Jers	OH							
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensat	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
								\dashv						
								\dashv						
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		ot lir	nited	d to		se lis	ted	above) who received mo	ore than				
	w 100,000 of compensation from the organia	LULIOII					_						000	

Form 990 (2019) VETERAN
Part VIII Statement of Revenue

			Check if Schedule O contains a resp	onse	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
10.10	4 .	_	Federated campaigns 1a	l	68,965.				
n ts					00,303.				
Contributions, Gifts, Grants and Other Similar Amounts	'								
Ţ\$, Ār	•								
<u>ig</u>	•		Related organizations 1d						
ns, Sim	•		Government grants (contributions) 1e						
er ë	1	f	All other contributions, gifts, grants, and		0.460.444				
έŧ			similar amounts not included above 1f		9,162,411.				
gg	9	_	Noncash contributions included in lines 1a-1f	•					
<u>ठ</u> ह		h	Total. Add lines 1a-1f			9,231,376.			
					Business Code				
e	2 8	а							
ه چَ	- 1	b							
လို ညွ	•	С							
eve eve		d							
Program Service Revenue		е							
Ā	1	f	All other program service revenue						
	9	g	Total. Add lines 2a-2f		>				
	3		Investment income (including dividends,						
			other similar amounts)			241,589.			241,589.
	4		Income from investment of tax-exempt b						
	5		Royalties	-					
			(i) Re	al	(ii) Personal				
	6 :	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of (i) Secu	ities	(ii) Other				
	, ,	а	assets other than inventory 7a 3,833		()				
		h	Less: cost or other basis						
ø		D		606					
ň		_							
eve	,	C	, ,		•	495,004.			495,004.
her Revenue			Net gain or (loss)		D	433,004.			433,004.
	8 8	а	Gross income from fundraising events (not						
ō			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising ev		D				
	9 8	а	Gross income from gaming activities. Se	- 1					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming activiti	es	<u> </u>				
	10 a	а	Gross sales of inventory, less returns						
			and allowances						
	ı	b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of invent	ory	<u></u>				
v					Business Code				
o e	11 :	а							
Miscellaneous Revenue	ı	b							
e e	(С							
Aisc B	(d	All other revenue						
2	(Total. Add lines 11a-11d						
	12		Total revenue. See instructions			9,967,969.	0.	0.	736,593.

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Form 990 (2019) VETERANS OF F Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	7.5.3	his Part IX(B)	(C)	<u>L</u> (D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21	2,411,839.	2,411,839.		
	Grants and other assistance to domestic andividuals. See Part IV, line 22	524,898.	524,898.		
3 G o in	Grants and other assistance to foreign rganizations, foreign governments, and foreign adviduals. See Part IV, lines 15 and 16		,		
	Compensation of current officers, directors,				
	rustees, and key employees	164,644.	32,928.	65,858.	65,858
6 C	ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				
7 O	Other salaries and wages	458,372.	119,271.	165,881.	173,220
	ension plan accruals and contributions (include	50 015	4 = 4 = =		22 22
	ection 401(k) and 403(b) employer contributions)	58,317.	15,175.	21,104.	22,038
	Other employee benefits	102,218.	26,597.	36,992.	38,629
	ayroll taxes	45,731.	11,900.	16,550.	17,281
	ees for services (nonemployees):				
	/anagement	47,833.		47,833.	
	egal	32,446.		32,446.	
	obbying	32,440.		32,440.	
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees	59,010.		59,010.	
	Other. (If line 11g amount exceeds 10% of line 25,	,			
-	olumn (A) amount, list line 11g expenses on Sch 0.)	65,577.		61,077.	4,500
2 A	dvertising and promotion	54,508.	31,302.		23,206
3 O	Office expenses	61,626.	3,976.	19,285.	38,365
4 Ir	nformation technology				
	doyalties	42.040	10 505	15.065	46 50
	Occupancy	43,212.	10,727.	15,965.	16,520
	ravel	31,495.	15,748.		15,747
fc	ayments of travel or entertainment expenses or any federal, state, or local public officials				
	conferences, conventions, and meetings				
	nterest				
	ayments to affiliates	14,135.	3,509.	5,222.	5,404
	nsurance		3,303.	5,222.	5,40
4 0 al lir	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
a M	IISCELLANEOUS	6,980.		943.	6,03
b _					
c _					
d _					
	Ill other expenses	4 100 041	2 207 070	E40 166	426 001
	otal functional expenses. Add lines 1 through 24e	4,182,841.	3,207,870.	548,166.	426,805
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation. heck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Sheet

Paı	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
	ı				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500 556	1	0 615 405
	2	Savings and temporary cash investments			722,776.	2	2,615,407.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	t or form	er officer, director,			
		trustee, key employee, creator or founder, su	bstantia	l contributor, or 35%			
		controlled entity or family member of any of the	-			5	
	6	Loans and other receivables from other disqu				_	
		under section 4958(f)(1)), and persons describ				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0 714	8	120 402
٩	9				8,714.	9	130,403.
	10a	Land, buildings, and equipment: cost or othe		110 /17			
		basis. Complete Part VI of Schedule D			E E 47		61 600
		Less: accumulated depreciation	5,547.		61,622. 14,046,643.		
	11	Investments - publicly traded securities			9,666,008.	11	14,040,043.
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	22,003.	14	27 719		
	15	Other assets. See Part IV, line 11			10,425,048.	15 16	27,718. 16,881,793.
	16	Total assets. Add lines 1 through 15 (must e			405,421.	17	354,016
	17	Accounts payable and accrued expenses			403,421.	18	334,010
	18 19	Grants payable		19			
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or for				21	
Liabilities		trustee, key employee, creator or founder, su					
pilli		controlled entity or family member of any of the		· · ·		22	
Lia	23	Secured mortgages and notes payable to uni	•			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,		T I			
		parties, and other liabilities not included on lin					
		(0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	182,881.	25	89,214.
	26	Total liabilities. Add lines 17 through 25			588,302.	26	443,230.
		Organizations that follow FASB ASC 958, or	check h	ere 🕨 🗓			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,366,563.	27	10,375,589.
Bal	28	Net assets with donor restrictions			1,470,183.	28	6,062,974.
nd		Organizations that do not follow FASB ASC	C 958, c	heck here 🕨 🗌			
·Fu		and complete lines 29 through 33.					
S OI	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipm	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income	, or other funds		31	
Net	32	Total net assets or fund balances			9,836,746.	32	16,438,563.
	33	Total liabilities and net assets/fund balances			10,425,048.	33	16,881,793.

Pa	rt 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	9,96				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,18				
3	Revenue less expenses. Subtract line 2 from line 1	3	5,78				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,83				
5	Net unrealized gains (losses) on investments	5	81	6,6	89.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	16,43	8,5	63.		
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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 Consolidated basis Both consolidated and separate basis						
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 separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
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	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

PM121021

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

rm 990 or 990-EZ

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Da	rt I			VETCH MAKS LO				3-1/30330	
		Reason for Public C					ee instructions.		
Γhe	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	r the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that normal	-					nublic described in	
•		section 170(b)(1)(A)(vi). (Co	-	itiai part of its support ii	ioiii a gove	Jiiiiiontai	unit of from the general p	public described in	
			•	1VAVvi) (Complete Der	+ 11 \				
8	H	A community trust describe			•	and the remarks	on although the state of an art		
9		An agricultural research org				-	-	•	
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of the college	eor	
		university:							
10		An organization that normal							
		activities related to its exem	npt functions - subjec	et to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment	
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or	
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in							
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must c						•	
b		Type II. A supporting orga			tion with it	s supporte	ed organization(s), by hav	vina .	
		control or management of	· ·					-	
		organization(s). You mus			po.oo		manage are eap	551154	
С		Type III functionally inte			in connect	tion with a	and functionally integrate	ed with	
Ŭ		its supported organization					• •	ou with,	
d		Type III non-functionally						zation(s)	
u		that is not functionally into					• • • • • • • • • • • • • • • • • • • •	* *	
		•	-		•		•	VELIESS	
_		requirement (see instructi	•						
е		Check this box if the orga					Type i, Type ii, Type iii		
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
Т		r the number of supported o							
g		ride the following information Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(11) 2.114	(described on lines 1-10	in your govern	ing document?	support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No	Capper (Coo menache)		
							l		

PM121021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2462245.	3639942.	5042174.	4063971.	9231376.	24439708.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2462245.	3639942.	5042174.	4063971.	9231376.	24439708.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						4031307.	
6	Public support. Subtract line 5 from line 4.						20408401.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	2462245.	3639942.	5042174.	4063971.	9231376.	24439708.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	267,617.	264,056.	247,993.	258,431.	241,589.	1279686.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						25719394.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)		
_	organization, check this box and stop	here					>	
Sec	ction C. Computation of Public	c Support Per	centage					
	Public support percentage for 2019 (li		•	* * * * * * * * * * * * * * * * * * * *		14	79.35 %	
	Public support percentage from 2018					15	93.26 %	
16a	33 1/3% support test - 2019. If the o	-			4 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization quali							
17a	10% -facts-and-circumstances test	_						
	and if the organization meets the "fact				· ·	-		
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances test	_						
	more, and if the organization meets th		•					
	organization meets the "facts-and-circ			•		***************************************	.	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support		1	Γ	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504()(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2019 (I			oolumn (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 13, column (i))		18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						s.not
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	Eh		
-	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	10b		
	IUD OU	O E7	

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organization or trustees of each of the organization and provided during the supported organization or trustees of each of the organization and provided organization or trustees described in the supported organization or the supported organization or the supported organization or the suppo	11	Has the organization accepted a gift or contribution from any of the following persons?			
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3	•			
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h		- Ju		
	~		3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	- agr
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	IIv integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
<u>i</u>		over from 2014 not applied (see instructions)			
		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
J	_	Subtract lines 3g and 4a from line 2. For result greater			
	-	rero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
	and 4	•			
8		down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

VETERANS OF FOREIGN WARS FOUNDATION 43-1758998 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

prevention of cruelty to children or animals. Complete Parts I, II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

VETERANS OF FOREIGN WARS FOUNDATION

43-1758998

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 327,762.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 4,060,083.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

VETERANS OF FOREIGN WARS FOUNDATION

43-1758998

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	10	 	990 990-F7 or 990-PF) (2019)

Name of organization **Employer identification number** VETERANS OF FOREIGN WARS FOUNDATION 43-1758998 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Name of the organization

VETERANS OF FOREIGN WARS FOUNDATION

Employer identification number 43-1758998

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (or Accounts. Complete if the
	Organization answered Tes Off Offi 990,1 art 14, line	(a) Donor advis	ed 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 donor advisors in w	riting that the assets h	eld in donor advise	ed funds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes N
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Ye	es" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	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 easements			2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not or	n a historic structur	re
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conse	ervation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	on easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above		` '	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statemer	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tus	ACCURACE OF Oth	as Cimilar Assats
Pal	T III Organizations Maintaining Collections of		easures, or Our	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	, ,		
	of art, historical treasures, or other similar assets held for publ	•		•
	service, provide in Part XIII the text of the footnote to its finance			
b	, .	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS	-		. .
	, , , , , , , , , , , , , , , , , , , ,			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	τοr ⊦orm 990.		Schedule D (Form 990) 20

932051 10-02-19

Sche	dule D) (Form 990) 2019 VETERAN	S OF FOREI	GN W	ARS FO	UNDATIC	ON	4	13-17	758998	Page 2
Par	t III	Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	asures, o	r Other S	Similar	Asset	S (continue	ed)
3	Using	g the organization's acquisition, accession								,	
	collec	ction items (check all that apply):									
а		Public exhibition		d 🔲	Loan or exc	hange progra	am				
b		Scholarly research									
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and explai	n how th	ev further th	ne organizatio	on's exemp	t purpos	e in Part	XIII.	
5		ig the year, did the organization solicit o									
		sold to raise funds rather than to be ma								Yes	No
Par	t IV	Escrow and Custodial Arrange							Part IV.		
		reported an amount on Form 990, Pai			o.gaa			,	,		
1a	Is the	e organization an agent, trustee, custodi		diary for o	contribution	s or other as	sets not inc	cluded			
		orm 990, Part X?								Yes	No
h		es," explain the arrangement in Part XIII								100	
D		, explain the arrangement in rait xiii	and complete the re	mownig t	abic.					Amount	
	Regir	nning balance						1c		Amount	
	-	-						1d			
u		tions during the year						1e			
e		butions during the year						1f			
f O-		ng balance ne organization include an amount on Fo						$\overline{}$		Yes	
		· · · · ·						·	∟	res	No No
Par		es," explain the arrangement in Part XIII. Endowment Funds. Complete i									
· ui	• •	Zindowinient i dindo: Complete i				1			aara baali	(a) Four vo	ara baalı
4.	D. a.i.	aning of warming lands	(a) Current year	(D) F	rior year	(c) Two yea	IS DACK (C	I) Three yo	ears Dack	(e) Four ye	ars Dack
ıa		nning of year balance									
D		ributions									
С.		nvestment earnings, gains, and losses									
d		ts or scholarships									
е		r expenditures for facilities									
_		programs					-				
f		nistrative expenses									
g		of year balance									
2		de the estimated percentage of the curr		e (line 1g	g, column (a)) held as:					
а		d designated or quasi-endowment		%							
b		anent endowment >									
С			%								
		percentages on lines 2a, 2b, and 2c sho	' -								
3a	Are th	here endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	red for the	organiza	tion		
	by:										es No
		Inrelated organizations								3a(i)	
		Related organizations									
b		es" on line 3a(ii), are the related organiza								. 3b	
4		ribe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI	Land, Buildings, and Equipm									
		Complete if the organization answered			, line 11a. S	See Form 990), Part X, lir	ie 10.			
		Description of property	(a) Cost or			or other		umulate	d	(d) Book v	alue
			basis (invest	ment)	basis	(other)	depr	eciation			
1a	Land										
		ings									

Schedule D (Form 990) 2019

61,622.

61,622.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

118,417.

56,795.

Part VII Investments - Other Securities.			5-1758998 Page
Complete if the organization answered "Yes" of	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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>15.</i>)	>	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5 000, 1 dic 14, IIII0		(b) Book value
(1) Federal income taxes			, , , , , , , , , , , , , , , , , , , ,
(2) PAYABLE TO AFFILIATE			89,214

<u>1. </u>	(a) Description of liability			
(1)	Federal income taxes			
(2)	PAYABLE TO AFFILIATE	89,214.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	89,214.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,725,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	816,689.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-59,010.		
е	Add lines 2a through 2d			2e	757,679.
3	Subtract line 2e from line 1			3	9,967,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.))		5	9,967,969.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	4,123,831.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-59,010.		
е	Add lines 2a through 2d			2e	-59,010.
3	Subtract line 2e from line 1			3	4,182,841.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18	8.)		5	4,182,841.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			; Part ː	X, line 2; Part XI,

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC AND A SIMILAR PROVISION OF STATE LAW. THE FOUNDATION WOULD BE SUBJECT TO FEDERAL INCOME TAXES ON THE NET INCOME FROM CERTAIN OPERATIONS IF SUCH OPERATIONS GENERATED UNRELATED BUSINESS INCOME. NO SUCH UNRELATED BUSINESS INCOME TAX, OR INTEREST AND PENALTIES RELATED TO UNRELATED BUSINESS INCOME, WAS INCURRED DURING THE YEARS ENDED AUGUST 31, 2020 OR 2019. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE FOUNDATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization	OF FORFTC	N WARS FOUN	וח∡ייד∩או				Employer identification number 43-1758998
Part I General Information on Grants at		N WARD FOOR	DATION				43 1730770
Does the organization maintain records t	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "\	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addit	tional space is need	ed.	(0) 14-11-1-1-5		
(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
VETERANS OF FOREIGN WARS OF THE UNITED STATES - 406 WEST 3TH ST -							VETERAN SERVICE AND COMMUNITY SERVICE
KANSAS CITY, MO 64111	44-0474290	501(C)(19)	2,290,248.	0.			ACTIVITIES
VETS ACCESS 1449 E PIERSON RD FLUSHING, MI 48433	20-3595011	501(C)(3)	10,000.	0.			VETERAN SERVICE ACTIVITIES
AMERICA'S WARRIOR PARTNERSHIP, INC 1190 INTERSTATE PARKWAY - AUGUSTA, GA 30909	47-1606321	501(C)(3)	5,000.	0.			VETERAN SERVICE ACTIVITIES
CHILDREN, HORSES AND ADULTS IN PARTNERSHIP FOR THERAPEUTIC RIDING - 1590 SUGARLAND DR. SUITE B - SHERIDAN, WY 82801	72-1578867	501(C)(3)	10,000.	0.			VETERAN SERVICE ACTIVITIES
THE GRATITUTDE INITIATIVE 101 VINTAGE DR. SUITE 1000 RED OAK, TX 77573	46-3306022	501(C)(3)	18,000.	0.			VETERAN SERVICE ACTIVITIES
WHEELCHAIRS FOR WARRIORS 510 HWY 3 NORTH LEAGUE CITY, TX 77573	81-4602791	501(C)(3)	15,000.	0.			VETERAN SERVICE ACTIVITIES
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 	-		ne line 1 table				9.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other	er Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	T
(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 non-cash assistance	(h) Purpose of grant or assistance
MERICANS FOR THE ARTS							
LOOO VERMONT AVE.							VETERAN SERVICE
WASHINGTON, DC 20005	52-1996467	501(C)(3)	5,000.	0.			ACTIVITIES
•			,				
OPERATION TROOP APPRECIATION							
1219 SCHWEITZER RD.							VETERAN SERVICE
MCKEESPORT, PA 15135	81-0651982	501(C)(3)	5,000.	0.			ACTIVITIES
WARRIORS HELPING WARRIORS							
104 S BROAD ST.							VETERAN SERVICE
MIDDLETOWN, DE 19709	47-1091705	501(C)(3)	10,000.	0.			ACTIVITIES
OPERATION RAMP IT UP							
5299 ASPEN VALLEY DR.							VETERAN SERVICE
LIBERTY TOWNSHIP, OH 45011	36-4954043	501(C)(3)	33,800.	0.			ACTIVITIES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
FINANCIAL SUPPORT TO MILITARY FAMILIES	465	524,898.	0.						
		,							
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.					
PART I, LINE 2:									
GRANTS TO ORGANIZATIONS REQUIRE TH	E GRANTEE	S TO FILE	A FINANCIA	L REPORT					
WITHIN ONE YEAR OF THE RECEIPT OF 1	FUNDS TO	DOCUMENT I	HE USE OF	THE GRANT					
FUNDS. GRANTS AND OTHER ASSISTANCE	E TO INDI	VIDUALS RE	QUIRES THE	INDIVIDUAL					
TO PROVIDE DOCUMENTATION IN ADVANCE	E OF GRAN	IT TO VERIF	Y FINANCIA	L HARDSHIP,					
AND REQUIRES DOCUMENTATION FROM CRI	EDITORS V	ERIFYING C	UTSTANDING	BALANCE.					
PAYMENTS ARE MADE DIRECTLY TO CRED	ITORS AND	NOT DIREC	TLY TO IND	IVIDUAL					
EXPERIENCING THE FINANCIAL HARDSHI									

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

VETERANS OF FOREIGN WARS FOUNDATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 43-1758998 \end{array}$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

932111 10-21-19

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KEVIN C. JONES	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	199,112.	0.	260.	67,601.	0.	266,973.	0.
(2) DEBRA ANDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	197,354.	0.	6,077.	44,793.	1,015.	249,239.	0.
(3) HAROLD ROESCH	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIRMAN - TERM STARTED 8/20	(ii)	152,453.	0.	7,766.	7,624.	0.	167,843.	0.
(4) WILLIAM J. SCHMITZ	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CHAIRMAN - TERM ENDED 7/20	(ii)	162,544.	0.	2,903.	8,152.	1,015.	174,614.	0.
(5) RICHARD POTTER	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	122,400.	0.	267.	15,732.	11,710.	150,109.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VETERANS OF FOREIGN WARS FOUNDATION

Employer identification number 43-1758998

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY SERVICE PROJECTS; PROVIDE GRANTS USED FOR MILITARY SCHOLARSHIPS; PROVIDE GRANTS TO SUPPORT VFW NATIONAL VETERAN SERVICE WHO PROVIDE FREE ASSISTANCE TO VETERANS WITH THEIR VETERANS OFFICERS, AFFAIRS (VA) FILINGS.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PART III, THAT FOSTER PATRIOTISM, EDUCATION, COMMUNITY IMPROVEMENT AND YOUTH ACTIVITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: \$5,000 IN SCHOLARSHIPS TO VETERANS OR CURRENT MILITARY PERSONNEL WITH A RANK OF E-5 OR BELOW. ADDITIONALLY, THE VFW FOUNDATION EXPENDED \$410,000 TO SUPPORT VFW SERVICE OFFICERS. THESE OFFICERS PLAY A KEY ROLE IN ASSISTING VETERANS IN DEALING WITH THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER AGENCIES. THESE OFFICERS ARE FORMALLY TRAINED AND ACCREDITED TO REPRESENT VETERANS AND THEIR DEPENDENTS OR SURVIVORS. THIS STRUCTURE ENSURES THAT NO VETERAN, DEPENDENT OR SURVIVOR NEEDS TO DEAL WITH THE AGENCIES ADMINISTERING VETERAN'S PROGRAMS WITHOUT EXPERT REPRESENTATION. DURING 2020, VETERANS REPRESENTED BY VFW SERVICE OFFICERS RECEIVED OVER \$9.7 BILLION IN BENEFITS FROM THE VA.

FORM 990, PART V, LINE 2A:

FOR EASE OF ADMINISTRATION AND IN ORDER TO PROVIDE BENEFITS, THE

VETERANS OF FOREIGN WARS OF THE UNITED STATES PROVIDES SELECTED

EMPLOYEES TO THE FOUNDATION. THESE EMPLOYEES WORK EXCLUSIVELY FOR THE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

VETERANS OF FOREIGN WARS FOUNDATION

FOUNDATION AND ON FOUNDATION BUSINESS AND ACTIVITIES. THE VFW

FOUNDATION HAS NO EMPLOYEES OF ITS OWN. THE FOUNDATION REIMBURSES THE

VETERANS OF FOREIGN WARS FOR THE SALARY AND BENEFIT EXPENSES INCURRED

FOR THESE EMPLOYEES. THEREFORE, THE W-3 TRANSMITTAL AND W-2 FORMS ARE

FILED BY THE VETERANS OF FOREIGN WARS OF THE UNITED STATES AND NOT THE

VFW FOUNDATION. AS OF 12/31/19, THERE WERE EIGHT EMPLOYEES INCLUDED IN

THE W-3 FILING MADE BY THE VETERANS OF FOREIGN WARS OF THE UNITED

STATES THAT WORK EXCLUSIVELY FOR THE VFW FOUNDATION, AND THE EXPENSES

OF THOSE EIGHT EMPLOYEES ARE REFLECTED IN THIS RETURN.

FORM 990, PART VI, SECTION B, LINE 11B:

THIS 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHO
WORKED WITH PROFESSIONAL EMPLOYEES IN THE ACCOUNTING DEPARTMENT OF THE VFW
NATIONAL HEADQUARTERS. IT WAS REVIEWED BY THE PRINCIPAL OFFICERS OF THE
ORGANIZATION PRIOR TO EXECUTION. IN ADDITION, A COPY WAS PROVIDED TO EACH
MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE TIME OF FILING FOR THEIR
REVIEW. THE FORM 990, ALONG WITH AUDITED FINANCIAL STATEMENTS, ARE
REVIEWED WITH THE BOARD OF DIRECTORS AT A LATER, STATED MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

IN ORDER TO SUSTAIN THE VETERANS OF FOREIGN WARS FOUNDATION'S REPUTATION

AND CONTINUED SUCCESS, OFFICERS, DIRECTORS AND EMPLOYEES IN LEADERSHIP

POSITIONS ARE EXPECTED TO CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AND

ADHERE TO THE HIGHEST STANDARDS OF HONESTY AND INTEGRITY. ALL OF THE ABOVE

NAMED INDIVIDUALS ARE REQUIRED TO EXECUTE AN APPROPRIATE ACKNOWLEDGEMENT OF

ADHERENCE TO A CODE OF ETHICS POLICY UPON ASSUMING THEIR POSITIONS, AND

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO MAKE AN ANNUAL

DISCLAIMER OR DISCLOSURE OF CONFLICTS OF INTEREST IN ACCORDANCE WITH THE

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

VETERANS OF FOREIGN WARS FOUNDATION

INTERNAL REVENUE SERVICE GUIDELINES. FOR THE FISCAL YEAR COVERED BY THIS

FORM 990, THERE WERE NO CONFLICTS OF INTEREST IDENTIFIED BY THE INDIVIDUALS

COVERED BY THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S CHAIRMAN OF THE BOARD, PRESIDENT, SECRETARY/TREASURER

AND OTHER BOARD MEMBERS ARE NOT COMPENSATED BY THE VFW FOUNDATION. THE

CHAIRMAN, PRESIDENT AND SECRETARY/TREASURER ARE COMPENSATED BY A RELATED

ORGANIZATION (VFW) FOR THE POSITIONS THEY HOLD AND THE WORK THEY PERFORM

FOR THAT RELATED ORGANIZATION. THE COMMANDER-IN-CHIEF OF THE VFW, IS

ELECTED BY THE VFW NATIONAL CONVENTION AND TYPICALLY SERVES A SINGLE,

ONE-YEAR TERM. HIS COMPENSATION IS SPECIFICALLY ESTABLISHED BY THE VFW

NATIONAL COUNCIL OF ADMINISTRATION (BOARD OF DIRECTORS) AND IS SPECIFICALLY

APPROVED BY THE NATIONAL COUNCIL OF ADMINISTRATION AS PART OF ITS

DELIBERATION AND APPROVAL OF THE ANNUAL BUDGET.

THE VFW HAS IN PLACE A SALARY ADMINISTRATION POLICY THAT APPLIES TO OTHER

COMPENSATED OFFICERS AND KEY EMPLOYEES. THAT POLICY USES COMPARABILITY

DATA TO ASSIGN ALL EMPLOYEE POSITIONS INTO VARIOUS GRADES AND TO ESTABLISH

SALARY RANGES FOR EACH GRADE. INCREASES IN COMPENSATION ARE BASED ON

ANNUAL EVALUATIONS. THE NATIONAL COUNCIL OF ADMINISTRATION, AS PART OF ITS

DELIBERATION ON THE ANNUAL BUDGET, APPROVES ALL SALARIES, INCLUDING THE

OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA

SC, TN, UT, VA, WA, WV, WI

Name of the organization VETERANS OF FOREIGN WARS FOUNDATION	Employer identification number 43-1758998
FORM 990, PART VI, SECTION C, LINE 18:	
THE VETERANS OF FOREIGN WARS FOUNDATION COMPLIES WITH IRC	SECTION 6104 AND
MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSP	ECTION UPON
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE, UPON REQUEST, TO MEMBERS OF	THE VETERANS OF
FOREIGN WARS OF THE UNITED STATES.	
FORM 990, PART VII, SECTION A, LINE 1A:	
RICHARD POTTER IS ONE OF THE EMPLOYEES REFERENCED ABOVE FO	R PART V,
QUESTION 2A. HE SERVED AS THE DIRECTOR OF THE VFW FOUNDAT	ION DURING
THE FISCAL YEAR, BUT HIS PAYROLL IS PROCESSED THROUGH THE	VETERANS OF
FOREIGN WAR'S PAYROLL SYSTEM AND THE VFW FOUNDATION REIMBU	RSES THE VFW
OF THE U.S. FOR THESE EXPENSES. SINCE PAYMENTS ARE MADE F	ROM THE VFW
OF THE U.S., THE W-2 FOR THE EMPLOYEE IS ISSUED FROM THE V	FW OF THE
U.S., AND THEREFORE, THIS COMPENSATION IS INCLUDED IN COLU	MN E.
990 PART XII, LINE 2C	
THE VFW NATIONAL HEADQUARTERS ESTABLISHED AN AUDIT COMMITT	EE THAT
ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND	SELECTION OF
THE INDEPENDENT ACCOUNTANT FOR THE VFW AND VFW FOUNDATION	AUDIT.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

43-1758998

Part I Identification of Disregarded Entities. Complet	te if the organization answered "Yes'	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o	(d) Total inco	me End-of-year	I	(f) Direct controlling entity	
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more related ta	x-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controll entity		(g) ction 512(b)(13) controlled entity?
		is orgin seaminy,		501(c)(3))		Ye	es No
VETERANS OF FOREIGN WARS OF THE UNITED							
STATES - 44-0474290, 406 W. 34TH STREET,							
KANSAS CITY, MO 64111	VETERANS SERVICE	MISSOURI	501(C)(19)		N/A		X
	-						
	-						
	-						

VETERANS OF FOREIGN WARS FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	rimany activity. Legal Direct controlling Predominant income Share of total Share of	Direct controlling Predominant income (related, unrelated,		Share of	Share of end-of-year Disproportiona		Dienroportionato		Code V-UBI G	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No		
				1					1			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)	country)					Yes	No
-									
-	-								
-									
	-								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)							
	Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)						Х	
	Loans or loan guarantees by related organization(s)						Х	
	, , , , , , , , , , , , , , , , , , , ,							
f	Dividends from related organization(s)							
g	Sale of assets to related organization(s)							
h	Purchase of assets from related organization(s)							
i	Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
-					_			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)							
m	n Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
_	•							
r Other transfer of cash or property to related organization(s)							Х	
	Other transfer of cash or property from related organization(s)						Х	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered r	elationships and transaction thresholds.	•			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved			
7	VETERANS OF FOREIGN WARS OF THE UNITED							
	STATES	В	2,290,248.	FAIR MARKET VALUE				
7	JETERANS OF FOREIGN WARS OF THE UNITED							
2) 5	STATES	P	1,538,217.	FAIR MARKET VALUE				
3)								
4)								
5)								
6)								

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

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