# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20

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

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

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Α	For the	e 2023 calen	dar year, or tax year beginning 01/01/2023 and ending	12/31	/2023	
в	Check if	f applicable:	C Name of organization VETERANS OF FOREIGN WARS OF THE UNITED ST	ATES DEPT	D Empl	oyer identification number
	Address	s change	Doing business as			54-6054863
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Ro	E Telepl	hone number	
	Initial re	turn	PO Box 10206		703-361-5554	
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	Manassas, VA 20108	G Gross	receipts \$ 243,452	
	Applicat	tion pending	F Name and address of principal officer: Richard Raskin	H(a) Is this a g	roup return fe	or subordinates? 🗌 Yes 🗹 No
			Francis Cannon VFW Post 7589, P O Box 10206, Manassas, VA 20108	H(b) Are all	subordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	501(c)(3) 201(c) ( 19 ) (insert no.) 4947(a)(1) or 527	If "No," atta	ch a list. S	ee instructions.
J	Website	e: www.vfw	7589.org	H(c) Group	exemption	number 1735
к	Form of	organization: 🗸	Corporation Trust Association Other L Year of format	ion: <b>1946</b>	M State	of legal domicile: VA
Ρ	art I	Summa	ry			
	1	Briefly des	cribe the organization's mission or most significant activities: <u>To pron</u>	note veteran's	s causes	, provide assistance to
Activities & Governance		veterans in	filing VA claims. To provide a place where not-for-profit community activ	vities can mee	t. Schola	arships for students.
nar			e Scouting. Gifts for troops deployed, and drug awareness for our youth.			
ver	2	Check this	box $\[ \square ]$ if the organization discontinued its operations or disposed of	more than 2	5% of it	s net assets.
ŝ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	541
<u>م</u>	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	541
ties	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line 2a) .		5	0
Ϊζ	6	Total numb	per of volunteers (estimate if necessary)		6	35
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0
				Prior Ye	ar	Current Year
ē	8		ons and grants (Part VIII, line 1h)		<mark>6,61</mark> 5	26,953
enu	9	Program se	ervice revenue (Part VIII, line 2g) .............		10,265	1,832
Revenue	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d) ......		0	1,177
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63,919	64,662
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,799	94,624
	13		l similar amounts paid (Part IX, column (A), lines 1–3)		15,749	25,101
	14		aid to or for members (Part IX, column (A), line 4) $\ldots$		0	0
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		0	0
ďx	b		aising expenses (Part IX, column (D), line 25)			
ш	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		53,024	54,582
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		68,773	79,683
	19	Revenue le	ss expenses. Subtract line 18 from line 12		12,026	14,941
Net Assets or Fund Balances				Beginning of Cu	rrent Year	End of Year
set	20		s (Part X, line 16)		831,969	846,910
at As nd B	21	Total liabili	ties (Part X, line 26)		0	0
			or fund balances. Subtract line 21 from line 20		831,969	846,910
	art II	Signatu	re Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Richard Raskin, Quartermaster	Date	9				
	Type or print name and title						-
Paid Preparer	Print/Type preparer's name         Preparer's signature         Date				Check if self-employed	PTIN	
Use Only	Firm's name	Firm's EIN					
Use Only	Firm's address	Phone	no.				
May the IRS	discuss this return with the pre	eparer shown above? See instructions	3			Yes	No
							-

For Paperwork Reduction Act Notice, see the separate instructions.

I.

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Form 99	2023) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	riefly describe the organization's mission:
	o foster camaraderie among United States veterans of overseas conflicts. To serve our veterans, the military and our community.
	o advocate on behalf of all veterans. To be a veterans' voice in the community.
2	id the organization undertake any significant program services during the year which were not listed on the
	rior Form 990 or 990-EZ?
3	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?
	"Yes," describe these changes on Schedule O.
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Donations to local veterans and families for basic needs. Support for local community programs and functions. Support and
	ponsor local National Guard units.
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	o be a veterans' voice in the community. Attend local, regional state and national conferences.
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)
	Placement of flags on veterans' graves. Distribution of Buddy Poppies. Remind the community of the "Price of Freedom" veterans
	aid in deference of our nation.
4d	ther program services (Describe on Schedule O.) Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	cxpenses \$       0 including grants of \$       0 ) (Revenue \$       0 )         otal program service expenses       0       0

Form 99	D (2023)		F	Page 3
Part	V 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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
D	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		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	~	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	00 (2023)			Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
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? <i>If "Yes," complete Schedule J</i> .	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	 24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		<ul> <li></li> <li></li> </ul>
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		~ ~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<ul> <li></li> </ul>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36 37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	37	~	
Part			_ •	·
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       0       0	1c	Yes V	No

Form 99				Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
5	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
		7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		<u> </u>
С	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b Section 501(c)(12) organizations.</b> Enter:			
11 а	Gross income from members or shareholders			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
	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.			
	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	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			<u> </u>
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the 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		~
	If "Yes," complete Form 4720, Schedule O.	-		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2023)
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**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 . . . . . . . . . . . . . . . . . .

Secti	on A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	541						
	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	<b>5 1 1 1 1 1 1 1 1 1 1</b>								
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?								
3	Did the organization delegate control over management duties customarily performed by or	unde	r the direct	2		-			
	supervision of officers, directors, trustees, or key employees to a management company or o			3		~			
4	Did the organization make any significant changes to its governing documents since the prior For			4		~			
5	Did the organization become aware during the year of a significant diversion of the organization			5		~			
6	Did the organization have members or stockholders?			6	~	-			
7a	Did the organization have members, stockholders, or other persons who had the power to			-	-				
	one or more members of the governing body?			7a	~				
b	Are any governance decisions of the organization reserved to (or subject to approva			74	•				
~	stockholders, or persons other than the governing body?			7b	~				
8	Did the organization contemporaneously document the meetings held or written actions ur			15	•				
-	the year by the following:								
а	The governing body?			8a	~				
b	Each committee with authority to act on behalf of the governing body?	• •		8b	~				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot			00	•				
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		~			
Section	on B. Policies (This Section B requests information about policies not required by th			•	nde )	•			
		•			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		V			
b	If "Yes," did the organization have written policies and procedures governing the activities of	f suc	n chapters.			-			
	affiliates, and branches to ensure their operations are consistent with the organization's exem			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore fili	na the form?	11a	~				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990		.g						
12a				12a		~			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv			12b		-			
c	Did the organization regularly and consistently monitor and enforce compliance with the								
	describe on Schedule O how this was done.			12c					
13	Did the organization have a written whistleblower policy?			13		~			
14	Did the organization have a written document retention and destruction policy?			14	~	-			
15	Did the process for determining compensation of the following persons include a review a				-				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•••••						
а	The organization's CEO, Executive Director, or top management official			15a		V			
b	Other officers or key employees of the organization			15b		V			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar aı	rangement						
	with a taxable entity during the year?			16a		~			
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio								
	participation in joint venture arrangements under applicable federal tax law, and take steps								
	organization's exempt status with respect to such arrangements?			16b					
Section	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed VA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	le), 99	0, and 990-	Г (sec	tion 5	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that								
	Own website Another's website V Don request Other (explain on Section 2014)	chedu	ıle O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing doct	umen	ts, conflict o	f inter	est p	olicy,			
	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization	on's b	ooks and red	cords.					
	Richard Raskin, (703)361-5554								

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

				(	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any		-	-	1	1	· ·	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	nplo	Former	1099-MISC/	1099-MISC/	organization and
	related	dual	lior	<b>^</b>	mp	st co	Ψ	1099-NEC)	1099-NEC)	related organizations
	organizations below	r tr	al tr		oye	duc				
	dotted line)	stee	uste			ens				
			e B			Highest compensated employee				
Wayne Moore	20.00									
Commander (President)	0.00	~						0	0	0
Louis Filippone	5.00									
Senior Vice Commander (Vice President)	0.00	~						0	0	0
Bob Knight	5.00									
Junior Vice Commander	0.00	~						0	0	0
Richard Raskin	20.00									
Quartermaster (Treasurer)	0.00	~						0	0	0
Christopher Morgan	2.00									
Trustee	0.00	~						0	0	0
Tina Bleim	2.00									
Trustee	0.00	~						0	0	0
Ronald Knowles	2.00									
Chaplain	0.00	~						0	0	0
Ronald Link	2.00									
Adjutant	0.00	~						0	0	0
Lamar Baker	2.00									
Trustee	0.00	~						0	0	0
Monti Zimmerman	2.00									
Trustee	0.00	~						0	0	0
		1								
		1								
		]								

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Ξm	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	<b>yees</b> (continued)
					•	C)						
	(A)	(B)	(do n	ot cł		ition more	e than c	one	(D)	(E)	)	(F)
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Report		Estimated amount of other
		hours per week				-	or/trust	ŕ	compensation from the	compen from re		compensation
		(list any	Individual t or director	Insti	Officer	Key employee	High	Former	organization (W-2/	organizatio		from the
		hours for related	rect	tutic	ěř	emp	est o loye	ner	1099-MISC/ 1099-NEC)	1099-N 1099-N		organization and related organizations
		organizations	or tr	nal		oloye	eom		,		,	
		below dotted line)	Individual trustee or director	Institutional trustee		НФ.	pens					
		,	U U	lee			Highest compensated employee					
							<u>u</u>					
			-									
			1									
			-									
			-									
			-									
			1									
			-									
			1									
1b	Subtotal						•	•	0		0	0
С	Total from continuation sheets to Part		n A			• •	•	•				
d	Total (add lines 1b and 1c)			· .	•				0	· .	0	0
2	Total number of individuals (including reportable compensation from the organi		limite	d 1	10	inos	ie list	ted	above) who re	eceived	more t	nan \$100,000 of
		201011							0			Yes No
3	Did the organization list any former of	officer dire	octor	tru	ister	o k		mnl	lovee or highes	t compe	ensated	
Ū	employee on line 1a? If "Yes," complete s											3 🗸
4	For any individual listed on line 1a, is the							n a	and other comper	nsation fr	om the	-
	organization and related organizations											
	individual											4 🖌
5	Did any person listed on line 1a receive o									ion or ind	dividual	
	for services rendered to the organization	? If "Yes," c	compl	ete	Scł	nedu	ıle J f	for s	such person .			5 🖌
Secti	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Repo	ort compen	Isation	I TOI	nthe	e ca	iendai	r ye	ear ending with or	within th	e orgar	inzation's tax year.
	(A) Name and business add	ress							<b>(B)</b> Description of serv	vices		<b>(C)</b> Compensation
Nerr		1033						-		1000		Compensation
None								-				
								-				
								-				
								-				

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to a	ny line in this Pa	rt VIII...		•
	(A)	(B)	(C)	

Part	VIII									
		Check if Schedule	O co	ntains a re	espor	ise or note to an	·			<u>· · · · </u>
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaig			1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	2,685				
Ъ, С	С	Fundraising events			1c	0				
iifts ar /	d	Related organization			1d	0				
nii G	e	Government grants			1e	0				
ion: r Si	f	All other contribution and similar amounts no			4.6	24.242				
but	q	Noncash contributio			1f	24,268				
d dri	9				1g	\$ 0				
aŭ	h	Total. Add lines 1a-					26,953			
						Business Code				
e Ce	2a									
le S	b									
o Si	С									
jram Ser Revenue	d									
Program Service Revenue	e									
ā	T	All other program se					1,832	1,832	0	0
	 3	Total. Add lines 2a- Investment income					1,832			
	•	other similar amoun	•	•			1,177	1,177	0	0
	4	Income from investr	-			-	0	0	0	0
	5	<b>B</b>			•		0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a	4	4,572	0				
	b	Less: rental expenses	6b		0	-				
	c			0						
	-				(ii) Other	44,572	44,572	0	0	
	7a	Gross amount from sales of assets		(I) Securi	lies	(ii) Other				
		other than inventory	7a							
e	b	Less: cost or other basis	74							
enue		and sales expenses .	7b							
>	с	Gain or (loss)	7c		0	0				
r R	d	••••			. <u>.</u>					
Other Re	8a	Gross income from								
0		events (not including	\$	0	-					
		of contributions rep 1c). See Part IV, line			0.0					
	b	Less: direct expens			8a 8b					
	c	Net income or (loss)				onts				
		Gross income f								
		activities. See Part I	IV, line	e 19 .	9a	167,616				
	b	Less: direct expens	es .		9b	148,828				
	С	Net income or (loss)			ctivitie	es	18,788	18,788	0	0
	10a	Gross sales of ir		-						
	_	returns and allowan			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)	) irom	sales of Ir	ivento	Dry Business Code				
Miscellaneous Revenue	11a					DUSITIESS COUR				
scellaneo Revenue	b									
ella vei	c									
Re	d	All other revenue					1,302	1,302	0	0
Σ	е	Total. Add lines 11a	<u>a–1</u> 1d	. <u>.</u> .	<u> </u>	<u></u> .	1,302			
	12	Total revenue. See					94,624	67,671	0	0
										Form <b>990</b> (2023)

	t IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete	ete all columns All	other organizations	must complete colu	mn (A).
000110	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,024			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,077			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	0			
7 8	Other salaries and wages	0			
9 10	Other employee benefits	0			
11 a b	Fees for services (nonemployees):         Management         Legal	0			
c d e	Accounting	0 0 0			
f g	Investment management fees	0			
12 13 14	Advertising and promotion	106 8,915			
15 16 17	Royalties	8,843			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21	Conferences, conventions, and meetings       .         Interest       .       .         Payments to affiliates       .       .	5,140			
22 23	Depreciation, depletion, and amortization .	17,494			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a b	Facilities Operating	10,842			
c d					
е 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,242 79,683	0	0	C
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

_	n 990 (20	,			Page 11
P	art X		+ V		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	68,347	1	24,691
	2	Savings and temporary cash investments	0	2	76,091
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from 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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
s	7	Notes and loans receivable, net	0	7	0
Assets	8		0	8	0
Ase	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other	U	5	0
	h		7(2,02	10-	74/ 400
	b	Less: accumulated depreciation <b>10b</b> 163,179	763,622		746,128
	11 12	Investments—publicly traded securities	0	11 12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14		0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	831,969	16	846,910
	17	Accounts payable and accrued expenses	031,909	17	040,710
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05	
	26			25	-
ces	26	Total liabilities. Add lines 17 through 25	0	26	0
an	27	Net assets without donor restrictions		27	
Bal	27	Net assets with donor restrictions		27	
Fund Balances	20	Organizations that do not follow FASB ASC 958, check here		20	
P	29	Capital stock or trust principal, or current funds	831,969	29	846,910
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
SSI	31	Retained earnings, endowment, accumulated income, or other funds .	0	31	0
Net Assets or	32	Total net assets or fund balances	831,969	32	846,910
ž	33	Total liabilities and net assets/fund balances	831,969	33	846,910

Form **990** (2023)

	00 (2023)				Pa	ge <b>1</b> 3
Par						
	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			94	4,62
2	Total expenses (must equal Part IX, column (A), line 25)	2				9,68
3	Revenue less expenses. Subtract line 2 from line 1	3			14	4,94
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			83	1,96
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			84	6,91
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			•		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," et	xplain	on			
	Schedule O.	1				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?			b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both.	ited or	na			
	Separate basis Consolidated basis Both consolidated and separate basis					
<b>^</b>	If "Ves" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	oreight	tof			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov					
С	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	· 2	c		
С		ant?	· 2	c		
	the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, e	ant? xplain	. 2 on	c		
	the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	ant? xplain orth in 1	. 2 on the	-		~
	the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, e Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for	ant? xplain orth in <sup>-</sup>	. 2 on the . 3	-		v

Form **990** (2023)

SCHE	DULE	D
(Form	990)	

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 2023 . ..

OMB No. 1545-0047

	ent of the Treas	Sury	ttach to Form 990.			Open to Public
	Revenue Servic	v	0 for instructions and 1			Inspection
	f the organiza			Em	ployer id	entification number
		REIGN WARS OF THE UNITED STATES DEI			-	54-6054863
Par	-	anizations Maintaining Donor Advi			r Acco	ounts
	Cor	nplete if the organization answered "				
			(a) Donor advis	ed funds	<b>(b)</b> F	unds and other accounts
1	Total numb	per at end of year				
2	Aggregate	value of contributions to (during year) .				
3	Aggregate	value of grants from (during year)				
4		value at end of year				
5	Did the or	ganization inform all donors and donor a	advisors in writing the	at the assets held in	n donor	advised
	funds are t	he organization's property, subject to the	organization's exclus	sive legal control? .		· · · 🗌 Yes 🗌 No
6		ganization inform all grantees, donors, an				
		aritable purposes and not for the benefit			-	
	conferring	impermissible private benefit?			· ·	· · · 🗌 Yes 🗌 No
Part	Cor	nservation Easements				
	Cor	nplete if the organization answered "	Yes" on Form 990, I	Part IV, line 7.		
1		of conservation easements held by the o				
	• • • •	ation of land for public use (for example, recrea	•		nistorica	ally important land area
		ion of natural habitat	Γ	Preservation of a c		
	_	ation of open space	_			
2		lines 2a through 2d if the organization hel	d a qualified conserva	ation contribution in t	the forn	n of a conservation
		on the last day of the tax year.	·			Held at the End of the Tax Year
а	Total numb	per of conservation easements			2a	
b		age restricted by conservation easements			2b	
c		conservation easements on a certified hi			2c	
d		conservation easements included on line			-	
-		ic structure listed in the National Register			2d	
3		conservation easements modified, trans		auished or terminat	-	the organization during the
Ū	tax year	conscivation cascinents modified, trans				the organization during the
4		states where property subject to conserv	vation easement is loc	ated		
5		organization have a written policy rega			on, har	ndling of
•		and enforcement of the conservation eas				
6		plunteer hours devoted to monitoring, inspec				
0	Stall and vo	builteer hours devoted to monitoring, inspec	ung, nanuling of violatio	ons, and emorcing con	ISEIValio	on easements during the year
7	Amount of	average incurred in menitoring increating	n handling of violation	and anforming cono	oniction	a accomente during the year
7	Amount of	expenses incurred in monitoring, inspecting	y, nanoling of violations	s, and emorcing cons	servation	reasements during the year
0	Door ooch	conservation easement reported on line	Od abovo catiofiu tha r	aquiromonto of acati	on 170	(b)(4)(P)(i)
8		n 170(h)(4)(B)(ii)?				
9		, describe how the organization reports co				
3		include, if applicable, the text of the foot				
		on's accounting for conservation easemer	•			
Part				Francuran or Oth	or Sim	ilor Acceto
Part	-	panizations Maintaining Collections			er Sim	liar Assels
4.0		• •			-	
1a	•	nization elected, as permitted under FASI orical treasures, or other similar assets				
		ovide in Part XIII the text of the footnote to	-			-
Ŀ	•					
b		nization elected, as permitted under FAS				
		cal treasures, or other similar assets held	-	eucation, or researc	JII III TUI	merance of public service,
	-	e following amounts relating to these item				•
	(i) Revenu	e included on Form 990, Part VIII, line 1			· ·	. \$
_	(ii) Assets	included in Form 990, Part X			• •	. \$
2	If the orga	inization received or held works of art, mounts required to be reported under FA	historical treasures, o	or other similar asse	ets for	financial gain, provide the

а	Revenue included on Form 990, Part VIII, line 1					 				\$
b	Assets included in Form 990, Part X					 				\$

Schedu	le D (Form 990) 2023									Page <b>2</b>
Part										
3	Using the organization's acquisition, collection items (check all that apply).		sion, and ot	ther reco	rds, chec	k any of th	e follov	ving that make	significant	t use of its
а	Public exhibition			d	🗌 Loan	or exchang	e progr	am		
b	Scholarly research			е	Other					
С	Preservation for future generations									
4	Provide a description of the organiza XIII.	tion's	collections a	and expla	ain how t	hey further	the org	anization's exe	npt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather									es 🗌 No
Part	IV Escrow and Custodial Arra	anger	nents							
	Complete if the organizatior 990, Part X, line 21.	n ansv	vered "Yes	" on For	m 990, I	Part IV, line	e 9, or	reported an ar	nount or	n Form
1a	Is the organization an agent, trustee included on Form 990, Part X?				-				ot	es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	I and comple	ete the fo	llowing ta	able.				
								A	mount	
С	Beginning balance						10	;		
d	Additions during the year						10	I		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amou									
	If "Yes," explain the arrangement in P	Part XII	I. Check her	e if the e	kplanatio	n has been	provide	ed in Part XIII .		
Par										
	Complete if the organization					1				
		(a)	Current year	<b>(b)</b> Pri	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the cu	rrent year er	nd balanc	e (line 1g	, column (a	ı)) held	as:	- 1	
а	Board designated or quasi-endowme	nt	-	%						
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%.						
3a	Are there endowment funds not in th	e pos	session of th	ne organi	zation that	at are held	and ad	ministered for tl	ne	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•							3b	
4	Describe in Part XIII the intended uses		<u> </u>	on's endo	wment f	unds.				
Part										
	Complete if the organization	n ansv	vered "Yes	" on For	<u>m 990, F</u>	Part IV, line	e 11a.	See Form 990	Part X,	line 10.
	Description of property		(a) Cost or of (investm			or other basis other)		Accumulated epreciation	( <b>d</b> ) Boo	k value
<b>1</b> a	Land	]		500,000		0				500,000
b	Buildings	[		284,057		0		101,058		182,999
С	Leasehold improvements	[		119,250		0		59,421		59,829
d	Equipment	[		0		0		0		0
e	Other			6,000		0		2,700		3,300
Total.	Add lines 1a through 1e. (Column (d) r	nust e	qual Form 9	90, Part 2	K, line 10	c, column (l	B)) .			746,128

Part VII	Investments-Other Securities			. ugo <b>c</b>
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: nd-of-year market value
(1) Financial				
• •	eld equity interests			
(A)		-		
(B)				
(C)		-		
(D)		-		
(E)		-		
(F)		-		
(G)		-		
(H)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments-Program Related			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 990	, Part X, line 13.
	(a) Description of investment	<b>(b)</b> Book value		lethod of valuation: nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	N/ line 11d Occ F		Dout V line 15
	Complete if the organization answered "Yes" on Form 990, Part (a) Description	iv, line i iu. See r	-0111 990	
(1)	(a) Description			(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11f	. See For	m 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 25, col. (B))			1

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 .

Schedu	le D (Form 990) 2023			Page <b>4</b>
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)	5	
Part				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional in	formation.	
	·····			

	EDULE G					raising or Gam		OMB No. 1545-0047
-	n 990)	Complete if	organization ente		n \$15,000 on	0, Part IV, line 17, 18, Form 990-EZ, line 6a.		2023
	nent of the Treasury Revenue Service	G				ed the latest informati	on.	Open to Public Inspection
lame c	of the organization						Employer identit	ication number
		GN WARS OF THE					-	-6054863
Par		<b>sing Activities.</b> 0-EZ filers are n				vered "Yes" on F	Form 990, Part IV	, line 17.
1		•	n raised funds t	through any		•	heck all that apply.	
а	Mail solicit			е [		on of non-govern	•	
b		d email solicitatio	ns	f		on of government	0	
c	Phone soli			g	Special f	fundraising events	6	
d	•	solicitations				/		
2a							cers, directors, true undraising services	
b				•		•	•	he fundraiser is to b
D	,	at least \$5,000 by		· ·		arsuant to agreen		
	(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
otal								
3	List all states registration or		nization is regis	stered or lic	ensed to s	olicit contribution	s or has been noti	fied it is exempt fro

Schedule G	(Form	990)	2023
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		0 1 0				
0			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Å	2					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
səsu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dired	8	B Entertainment				
	9	Other direct expenses .				
	10 11		0			
Pa	rt I		e organization answe		990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	<b>(d)</b> Total gaming (add col. <b>(a)</b> through col. <b>(c)</b> )
Rev	1	Gross revenue	79,725	85,730	2,161	167,616
ses	2	2 Cash prizes	71,641	62,785		134,426
Direct Expenses	3	B Noncash prizes	1,810			1,810
Direct	4	Rent/facility costs	0			0
	5	<b>5</b> Other direct expenses .	12,592			12,592
	6	Volunteer labor	<ul> <li>✓ Yes 100 %</li> <li>☑ No</li> </ul>	<ul> <li>✓ Yes 100 %</li> <li>☑ No</li> </ul>	<ul> <li>✓ Yes 100 %</li> <li>❑ No</li> </ul>	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					148,828
	8	3 Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		18,788
9		nter the state(s) in which the organization conducts gaming activities: VA				
<ul> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>				🗹 Yes 🗌 No		
<ul> <li>10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?</li> <li>b If "Yes," explain:</li> </ul>						

Schedule G (Form 990) 2023

Schedu	ule G (Form 990) 2023		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	<b>Yes</b>	🖌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	🖌 Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		100 %
b	An outside facility		0 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Richard Raskin		
	Address 9304 Centreville Road Manassas, VA 20110		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗹 No
b c	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name Richard Raskin		
	Gaming manager compensation \$0		
	Description of services provided Responsible for all operations of bingo games and accountability of all monies		
	Director/officer		
17	Mandatory distributions:		
а		🖌 Yes	🗌 No
	spent in the organization's own exempt activities during the tax year		
Part	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (i Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

Schedule G (Form 990) 2023

SCHEDULE	0
(Form 990)	

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 Form 990-EZ.

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



OMB No. 1545-0047

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
VETERANS OF FOREI	GN WARS OF THE UNITED STATES DEPT OF VIRGINIA	54-6054863
	tion A, Line 6 All members meet eligibility requirements IAW ruling set forth by C	ongress, IRS, and VFW National
By-Laws.		<b>-</b>
Form 990, Part VI, Sect	tion A, Line 7a - Officers are elected annually IAW VFW By-Laws.	
Form 990 Part VI Sect	tion A, Line 7b - All decisions are made as guided by and IAW By-Laws of VFW Pos	
Form 990 Part VI Sect	tion B, Line 11b - All elected officers are given a copy of Form 990. The 990 return is	s available for inspection by the
public and all member		s available for inspection by the
public and an member	5,	
Form 000 Dart VI Soot	tion C. Line 10. All decumente are quelleble for public increation upon request	
Form 990, Part VI, Sec	tion C, Line 19 - All documents are available for public inspection upon request.	