# **990**

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

OMB No. 1545-0047

2024

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

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

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

A	For the 2	U24 calend	dar year, or tax year beginning	01/01/2024 and ending	12/3	<u>1/2</u> 024		
В	Check if ap	pplicable:	C Name of organization VETERA	NS OF FOREIGN WARS OF THE UNITED	STATES DEPT	( D Emplo	yer identification	number
	Address ch	nange	Doing business as				54-6054863	
	Name char	nge	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	E Telepho	one number	
	Initial return	n	PO Box 10206				703-361-5554	
	Final return	terminated/	City or town, state or province, co	ountry, and ZIP or foreign postal code				
	Amended r	eturn	Manassas, VA 20108			<b>G</b> Gross	receipts \$	250,902
	Application	pending	F Name and address of principal off	icer: Richard Raskin	H(a) Is this a	group return for	subordinates? Te	es 🔽 No
	•		Francis Cannon VFW Post 75	89, P O Box 10206, Manassas, VA 20108	H(b) Are all	subordinate	s included? 🗌 <b>Ye</b>	s 🗌 No
<u> </u>	Tax-exemp	ot status:	501(c)(3)	19 ) (insert no.)  4947(a)(1) or 527	If "No," attac	h a list. See in:	structions.	
J	Website:	www.vfw	<i>ı</i> 7589.org		H(c) Group	exemption r	number 17	35
K	Form of org	janization: 🗸	Corporation Trust Associa	tion Other L Year of for	mation: 1946	M State of	of legal domicile:	VA
Р	art I	Summa	ry					
	1 B	riefly des	cribe the organization's miss	ion or most significant activities: To pr	omote veteran's	s causes, p	orovide assistar	nce to
Ф		eterans ir	າ filing VA claims. To provide a	place where not-for-profit community a	ctivities can me	et. Schola	rships for stude	ents.
Activities & Governance		o promot	e Scouting. Gifts for troops de	ployed, and drug awareness for our you	th.			
/err		hook thio	boy	in a patient and its apparations or dispasse	l of more than	OF 0/ of ito		
ő	1		_	iscontinued its operations or disposed		1 1	net assets.	
જ			f voting members of the gove	=				541
ies	1			rs of the governing body (Part VI, line	10)			541
Ĭ	1			n calendar year 2024 (Part V, line 2a)		5		0
Act	1		ber of volunteers (estimate if			6		35
			lated business revenue from I			7a		0
	<b>b</b> N	let unrelat	ted business taxable income	7b		0		
				ear	Current Ye	ar		
ě	1			1h)		26,953		7,799
en	1	_	ervice revenue (Part VIII, line			1,832		1,485
Revenue	1		-	a), lines 3, 4, and 7d)		1,177		3,754
_	<b>11</b> C	ther reve	enue (Part VIII, column (A), line	64,662		90,168		
	<b>12</b> T	otal reven	nue-add lines 8 through 11 (n		94,624		103,206	
	<b>13</b> G	irants and	d similar amounts paid (Part I	X, column (A), lines 1-3)		25,101		17,894
	<b>14</b> B	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)		0		0
S	<b>15</b> S	alaries, ot	ther compensation, employee!	benefits (Part IX, column (A), lines 5-10)		0		0
Expenses	<b>16a</b> P	rofession	al fundraising fees (Part IX, c	olumn (A), line 11e)		0		0
ę.	b T	otal fundr	raising expenses (Part IX, col	umn (D), line 25) 0				
ω	17 C	ther expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24e)		54,582		92,819
	18 T	otal expe	enses. Add lines 13-17 (must	equal Part IX, column (A), line 25) .		79,683		110,713
	19 R	levenue le	ess expenses. Subtract line 1	8 from line 12		14,941		-7,507
o Se					Beginning of Cu		End of Yea	ar
Net Assets or Fund Balances	<b>20</b> T	otal asset	ts (Part X, line 16)			846,910		848,959
Ase	<b>21</b> T	otal liabili	ities (Part X, line 26)			0		0
돌	<b>22</b> N	let assets	s or fund balances. Subtract li	ine 21 from line 20		846,910		848,959
Pá	art II	Signatu	ire Block		'	· ·		
				return, including accompanying schedules and s officer) is based on all information of which prep			ny knowledge and	belief, it is
Sig	gn	Signature	of officer			ate		
	ere		Raskin, Quartermaster					
-	-		rint name and title					
_		Preparer's		Preparer's signature	Date	Check	if PTIN	
Pa						self-empl	<b>」</b> ''	
	eparer	Firm's nar		I.		n's EIN	-	
Us	se Only	Firm's add				one no.		
Ma	v the IRS			shown above? See instructions		, ic iio.	. Tyes	□No

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To foster camaraderie among United States veterans of overseas conflicts. To serve our veterans, the military and our community. To advocate on behalf of all veterans. To be a veterans' voice in the community.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	prior Form 990 or 990-EZ?
3	services?
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 \$including grants of \$) (Revenue \$)
	Donations to local veterans and families for basic needs. Support for local community programs and functions. Support and sponsor local National Guard units.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)  To 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 paid in deference of our nation.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
4e	(Expenses \$ 110,713 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses 110,713
_	1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U

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	90 (2024)		F	⊃age
Part	IV Checklist of Required Schedules			
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	Yes	No
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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	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</i> "Yes," <i>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, 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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e		\ \ \ \ \ \
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part III	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		

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 . . . . .

Part	Checklist of Required Schedules (continued)			
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	~	
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		~
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		_
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		
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	05-		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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			
28	persons? If "Yes," complete Schedule L, Part III	27		~
	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," complete Schedule L, Part IV	00-		
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		<b>V</b>
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
29	"Yes," complete Schedule L, Part IV	28c 29		<b>V</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		<b>/</b>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		~
	complete Schedule N, Part II	32		~
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</i> "Yes," <i>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,	- 50		
250	or IV, and Part V, line 1	34		<b>V</b>
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		~
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vertuois and	10	1	

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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 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		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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			
<b>-</b> -	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		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		-
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
ou	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 gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
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	<b>4</b> –		
	excess parachute payment(s) during the year?	15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		.,
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~
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.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 541 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official . . . . . . 15a 15b 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 similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Richard Raskin, (703)361-5554

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 no	r any relate	d org	aniz			ompe	nsa	ated any current	otticer, director,	or trustee.
	(C)									
(A)	(B)	(da m			ition			(D)	(E)	(F)
Name and title	Average					more than one erson is both an		Reportable	Reportable	Estimated amount
	hours per week	office	er an	_	lirect	or/trust		compensation from the	compensation from related	of other compensation
	(list any	or c	lns:	Officer	₹ e	Hig	Former	organization (W-2/	organizations (W-2/	
	hours for	direc	litut	cer	em/	hest	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	Individual trustee or director	ona		Key employee	ee cor		1099-NEC)	1099-NEC)	related organizations
	below	rust	ŧ		/ee	npe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
			L"			ed				
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
Monti Zimmerman	2.00									
Chaplain	0.00	~						0	0	0
Lamar Baker	2.00									
Trustee	0.00	~						0	0	0
Alex Bliem	2.00									
Surgeon	0.00	~						0	0	0
Ronald Link	2.00									
Adjutant	0.00		~					0	0	0
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Name and site    Comparison   C						(0	C)						
Name and title    Name and title   Name		(A)	(B)	(do n	ot of				ana	(D)	(E)		(F)
Picture   Pict		Name and title		١,									
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Page 8

# Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	espon	se or note to an	ıy line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S, S	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	2,831				
Gra	C	Fundraising events			1c	2,001				
s, An	d	Related organization			1d					
Sift Iar		Government grants			1e					
s, ( mi	e •	All other contribution			16					
on Si	f	and similar amounts no								
uti he					1f	4,968				
rib O <u>t</u>	g	Noncash contribution								
ont		lines 1a-1f			1g	\$				
O a	h	Total. Add lines 1a-	-1f .				7,799			
•						Business Code				
ice	2a									
er Ie	b									
yram Ser Revenue	С									
am	d									
gr. Re	е									
Program Service Revenue	f	All other program se					1,485	1,485		
_	g	Total. Add lines 2a-					1,485			
	3	Investment income				17.00				
		other similar amoun	,	•			3,754	3,754		
	4	Income from investr	-				0,701	0,701		
	5	Royalties			•	·				
		rioyanies	· ·	(i) Rea		(ii) Personal				
	60	Gross rents	60	.,		(ii) i Giddiidii				
	6a		6a	/	5,965					
	b	Less: rental expenses		_		_				
	C .	Rental income or (loss)		`	5,965	0				
	_d	Net rental income o	r (los				75,965	75,965		
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
}e√	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)								
Other	8a	Gross income from	m fu	ındraising						
0		events (not including								
		of contributions rep	porte	d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)	) from	n fundraisin	g eve	nts				
	9a	Gross income f	from	gaming						
		activities. See Part I	IV, lin	e 19 .	9a	154,166				
	b	Less: direct expens	es .		9b	147,696				
		Net income or (loss)					6,470	6,470	0	0
	10a						5/1.75	5,175		
		returns and allowan			10a					
	b	Less: cost of goods			10a					
	C	Net income or (loss)				l nrv				
		TAGE HICOTHIC OF (1022)	, 11011	i saits Ui II	iv <del>c</del> iill					
sno	44-					Business Code				
Jec ue	11a									
Miscellaneous Revenue	b									
ce	C									
Mis F	d	All other revenue					7,733	7,733		
_		Total. Add lines 11a					7,733			
	12	Total revenue. See	instr	uctions			103,206	95,407	0	0

Page **10** Form 990 (2024)

	X Statement of Functional Expenses				(4)
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
1	o, and 10b of Part VIII.  Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic	0	0		
2	individuals. See Part IV, line 22				
•		17,894	17,894		
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	_			
		0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees				
6	- · · ·				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
_					
7 8	Other salaries and wages				
U	section 401(k) and 403(b) employer contributions)				
•					
9	Other employee benefits				
10	Fees for services (nonemployees):				
11	Management				
a	-	0	0		
b	Legal				
G C	Accounting				
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A), amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion				
13	Office expenses	13,231	13,231		
14	Information technology	10,201	10,201		
15	Royalties				
16	Occupancy	11.815	11,815		
17	Travel	11,010	1.1,0.0		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,436	2,436		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	17,494	17,494		
23	Insurance				
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.)				
а	Facilities Operating Expenses	43,506	43,506	0	0
b	Management & General	0	0	0	0
С					
d					
е	All other expenses	4,337	4,337		
25	Total functional expenses. Add lines 1 through 24e	110,713	110,713	0	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here  if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	24,691	1	26,479
	2	Savings and temporary cash investments	76,091	2	93,846
	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
)ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
⋖	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 909,307	_		
	b	Less: accumulated depreciation 10b 180,673			728,634
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11	0		
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 33)	846,910	16	848,959
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ا</u> چ		controlled entity or family member of any of these persons		00	
Liabilities	00			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	2 <del>4</del> 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0
<b>6</b>		Organizations that follow FASB ASC 958, check here	0	20	0
Š		and complete lines 27, 28, 32, and 33.			
<u> a</u>	27	Net assets without donor restrictions	846,910	27	848,959
Ba	28	Net assets with donor restrictions	0	28	0
pu		Organizations that do not follow FASB ASC 958, check here	0		,
F		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	846,910		848,959
ž	33	Total liabilities and net assets/fund balances	846,910		848,959

Part	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)			103	3,206		
2	Total expenses (must equal Part IX, column (A), line 25)			110	0,713		
3	Revenue less expenses. Subtract line 2 from line 1			-	7,507		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		846,910		6,910		
5							
6	Donated services and use of facilities				0		
7	Investment expenses				0		
8	Prior period adjustments			(	9,556		
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))			848	8,959		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			٠.			
		г		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," explain						
	Schedule O.	011					
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~		
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled		Lu				
	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		~		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	n a					
	separate basis, consolidated basis, or both.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	ıt of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain	ı on					
	Schedule O.						
3a		the					
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	.	3a		~		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	·	3b	222			

Form **990** (2024)

# SCHEDULE D (Form 990)

(Rev. December 2024)

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

Name o	f the organization		Employer identification number
VETE	RANS OF FOREIGN WARS OF THE UNITED STATES DE	PT OF VIRGINIA	54-6054863
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (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 a	dvisors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and	d donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	• • • • • • • • • • • • • • • • • • • •	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register	·	·   2d
3	Number of conservation easements modified, trans	nsferred, released, extinguished, or te	erminated by
	the organization during the tax year		
4	Number of states where property subject to conserve		
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas		<del>_</del>
6	Staff and volunteer hours devoted to monitoring,		
	5 ,		
7	Amount of expenses incurred in monitoring, in		
			Ť
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	. , , , ,
•	(i) and section 170(h)(4)(B)(ii)?		· · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports of sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easemer	_	terrients that describes the
Dowl	<u> </u>		Odle Oiil A d -
Part			Jiner Similar Assets
4 -	Complete if the organization answered "		
та	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote t		
<b>L</b>	•		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	The state of the s	dator in furtherance of public service,
			ф
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · •
0		historical transuras, or other similar	
2	If the organization received or held works of art, following amounts required to be reported under FA		assets for illiancial gain, provide the
_			Ф
a	Revenue included on Form 990, Part VIII, line 1 .		· · · · •
b	Assets included in Form 990, Part X		Ф

Part	Organizations Maintaining	Collections of A	Art, His	torical	Freasures,	or Ot	her Similar As	ssets (ca	ontinued)
3	Using the organization's acquisition, a collection items (check all that apply).	ccession, and oth	ner reco	rds, chec	k any of the	e follov	ving that make	significan	t use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	am		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations								
4	Provide a description of the organizati XIII.	on's collections a	ınd expl	ain how t	hey further	the org	ganization's exe	mpt purp	ose in Part
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta							□ No
Part	Complete if the organization 990, Part X, line 21.	•	' on Fo	m 990, I	Part IV, line	9, or	reported an ar	mount or	n Form
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Pa							Amount	
С	Beginning balance					10		unount	
d	Additions during the year					1d	-		
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun							v? \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{	es 🗆 No
	If "Yes," explain the arrangement in Pa	•		•				•	
	t V Endowment Funds	TEXAM. OHOOK HOL	3 11 1110 0	хріанано	111100 00011	provide	sa iii i ait Xiii .		
· ai	Complete if the organization	answered "Yes"	on Fo	m 990 l	Part IV line	10			
	Complete ii tilo organization	(a) Current year		ior year	(c) Two years		(d) Three years bac	k (e) Four	r years back
1a	Beginning of year balance	(a) carrent year	(2)	you.	(6)	- Duoix	(a)ee yeare 2ae	(0) : 00.	youro buon
b	Contributions								
C	Net investment earnings, gains, and losses								
А	Grants or scholarships								
d e	Other expenditures for facilities and programs								
f	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the	o current veer on	d balan	o (lino 10	y column (a)	) hold	20.		
a	Board designated or quasi-endowmen			e (iiile 16	y, coluitiii (a,	n neid i	a5.		
a b	Dormanont and awment	%	U						
	Permanent endowment	70							
С	The percentages on lines 2a, 2b, and 2	o should squal 10	2004						
3a	Are there endowment funds not in the			zation th	at are held :	and ad	ministered for t	ho	
Ja	organization by:	possession or th	e organ	zation tn	at are rield t	and ad	illillistered for ti	10	Yes No
	· ·							20(i)	163 140
	()							3a(i)	
<b>L</b>	`,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related on	~						3b	
4 Port	Describe in Part XIII the intended uses		n s ena	owment i	unas.				
Part			, a.a. Fa.	000			Caa Farra 000	David V	line 10
	Complete if the organization								
	Description of property	(a) Cost or oth		1 ' '	or other basis other)		Accumulated epreciation	( <b>d</b> ) Boo	ok value
1a	Land		500,000		0				500,000
b	Buildings		284,057		0		110,527		173,530
С	Leasehold improvements		119,250		0		67,046		52,204
d	Equipment		0		0		0		0
е	Other		6,000		0		3,100		2,900
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	90, Part	X, line 10	c, column (E	3)) .			728,634

Part VII	Investments – Other Securities						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value			
(1) Financial	derivatives						
(2) Closely h	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	(h) much assure France 2000. Bart V. line 10. and (R)						
	mn (b) must equal Form 990, Part X, line 12, col. (B))						
Part VIII	Investments – Program Related  Complete if the organization answered "Vee" on Form 900. Part I	V line 11e See E	orm 000	Dart V line 12			
	Complete if the organization answered "Yes" on Form 990, Part I						
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value			
(4)							
(1)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colui	mn (b) must equal Form 990, Part X, line 13, col. (B))						
Part IX	Other Assets Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990,	Part X, line 15.			
	(a) Description			(b) Book value			
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	mn (b) must equal Form 990, Part X, line 15, col. (B))						
Part X	Other Liabilities	<u> </u>					
raitA	Complete if the organization answered "Yes" on Form 990, Part I line 25.	V, line 11e or 11f.	See Forr	m 990, Part X,			
1.	(a) Description of liability			(b) Book value			
(1) Federal in				(1)			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Form 990, Part X, line 25, col. (B))						
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	tements that	at 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 .

Par	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Retu	rn
	Complete if the organization answered "Yes" on Form 990,	Part I	V, 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 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			_	
_C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	•
Part				er Ke	turn
	Complete if the organization answered "Yes" on Form 990,				
1	· · · · · · · · · · · · · · · · · · ·			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	10-	1		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		_	
C	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d		00	
е 3	Add lines 2a through 2d			2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i ·		3	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		_	
c	Add lines 4a and 4b		!	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
	XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; P	art IV, lines 1b and 2b	; Part	V, line 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	forma	ation.

#### SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPT OF VIRGINIA 54-6054863 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of nongovernment grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? fundraiser listed in or entity (fundraiser) from activity col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
•			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
Ä	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re√	1	Gross revenue	80,497	72,153	1,516	154,166
ses	2	Cash prizes	71,682	52,705		124,387
Direct Expenses	3	Noncash prizes	2,050			2,050
Direct	4	Rent/facility costs	11,082			11,082
	5	Other direct expenses .	10,177			10,177
	6	Volunteer labor	✓ Yes 100 %  No	✓ Yes 100 %  No	✓ Yes 100 %  No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		147,696
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		6,470
9	En	nter the state(s) in which the or	ganization conducts ga	ming activities: VA		
		the organization licensed to co	onduct gaming activities		s?	🗹 Yes 🗌 No
10		ere any of the organization's g	aming licenses revoked	I, suspended, or termina	ated during the tax year	? . □ Yes 🗹 No

\_\_\_\_\_

cneau	ie G (Form 990) (Rev. 12-2024)		Page J
11 12	Does the organization conduct gaming activities with nonmembers?	Yes	
40	ŭ <b>ŭ</b>	✓ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:  The organization's facility		100 04
a b	The organization's facility		100 % 0 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		0 70
	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
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter the 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 ☐ Employee ☐ Independent contractor		
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	✓ Yes	□ No
art	i i i i i i i i i i i i i i i i i i i	iii) and (	/v). and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	nal infor	mation.

### SCHEDULE I (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Name of the organization						Employer identification number			
VETERANS OF FOREIGN WARS OF T	HE UNITED STATE	S DEPT OF VIRGIN	IIA					54-6054863	
Part I General Information	on Grants and	Assistance							
<ol> <li>Does the organization maint and the selection criteria use</li> <li>Describe in Part IV the organization</li> <li>Tart II Grants and Other As</li> </ol>	d to award the gra ization's procedur	ants or assistance es for monitoring	? the use of grant fu		States.			Ves	□ <b>No</b>
Part IV, line 21, for ar									,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of or assistance	•
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>		•							

Schedule I (Form 990) (Rev. 12-2024) Page 2 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 (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 See Schedule I, Part IV, Statement 1 2 3 4 5 6 7 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV Schedule I, Part I, Line 2 - The organization is audited quarterly. Results are submitted to the Department for review.

#### VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPT OF

VIRGINIA

Form: **Schedule I (2024)** EIN: **54-6054863** 

Page: 2 Part III

		Number of recipients	Amt. of cash grant	Amt. of non-
Type of grant	The organization did not report more than \$5,000 of grants or other assistance to any one recipient during the reporting period.	50	17,894	C
Method of valuation				
Desc. of Non-Cash Asst.	Grants and Charitable Donations include Youth, Teachers, Virginia Veterans Foundation, VFW National Home for Children, VFW Military Assistance Grants and donations in memory of deceased veterans			

# SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

### 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 instructions and the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPT OF VIRGINIA	54-6054863
Form 990, Part VI, Section A, Line 6 - All members meet eligibility requirements IAW ruling set forth by Col	ngress, IRS, and VFW National
By-Laws.	
Form 990, Part VI, Section A, Line 7a - Officers are elected annually IAW VFW By-Laws.	
Form 990, Part VI, Section A, Line 7b - All decisions are made as guided by and IAW By-Laws of VFW Post	7589.
Form 990, Part VI, Section B, Line 11b - All elected officers are given a copy of Form 990. The 990 return is	available for inspection by the
public and all members.	
Form 990, Part VI, Section C, Line 19 - All documents are available for public inspection upon request.	

#### VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPT OF

**VIRGINIA** 

Form: **Form 990 (2024)** EIN: **54-6054863** 

Page: 2 Part III, Line 4d

#### **Other Program Services Accomplishments**

Activity Code	Description	Expense	Grants	Revenue
	All other expenses.	110,713		
Total:		110,713	0	0