

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **SEP 1, 2016** and ending **AUG 31, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VETERANS OF FOREIGN WARS FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 406 WEST 34TH STREET City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64111	D Employer identification number 43-1758998
	E Telephone number (816) 756-3390	G Gross receipts \$ 8,580,767.
	F Name and address of principal officer: BRIAN J. DUFFY SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.VPWFUNDATION.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1996	M State of legal domicile: MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ASSIST VETERANS AND MILITARY PERSONNEL AND THEIR FAMILIES; DIRECT PUBLIC ATTENTION TO THE NEEDS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		5
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5		0
	6 Total number of volunteers (estimate if necessary)	6		100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	2,462,245.	Prior Year
9 Program service revenue (Part VIII, line 2g)		0.	Current Year	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		485,058.	485,058.	910,540.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,947,303.	2,947,303.	4,550,482.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,451,941.	2,451,941.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	408,468.	408,468.	514,582.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 281,451.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	323,371.	323,371.	376,365.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,183,780.	3,183,780.	5,213,406.	
19 Revenue less expenses. Subtract line 18 from line 12	-236,477.	-236,477.	-662,924.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	11,343,241.	Beginning of Current Year	11,036,598.
	21 Total liabilities (Part X, line 26)	674,082.	End of Year	627,765.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,669,159.	10,669,159.	10,408,833.

Part II Signature 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 	Date 12/24/2017
	DEBRA ANDERSON, SECRETARY/TREASURER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name ROBERT H. FRANK	Preparer's signature ROBERT H. FRANK
	Firm's name ▶ FRANK & COMPANY, P.C.	Date 12/18/17
	Firm's address ▶ 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101	Check if self-employed <input type="checkbox"/> PTIN P00943320
		Firm's EIN ▶ 54-1156733
		Phone no. (703) 821-0702

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION