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Return of Organization Exempt From Income Tax

OMB No 1545-0047

20**18**

Open to Public

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.

Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2018, and ending For the 2018 calendar year, or tax year beginning . 20 C Name of organization FORREST LODGE VETERANS D Employer identification number INC Check if applicable Address change Doing business as 23-0590900 Number and street (or P.O box if mail is not delivered to street address) E Telephone number Name change 2118 OLD BETHLEHEM PIKE (215)257 - 9480Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated SELLERSVILLE, PA 18960-1228 Amended return G Gross receipts \$ 345,990. Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes X No THOMAS TRIOL, 310 HILLTOWN PIKE, LINE LEXINGTON, PA 18932 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) **区** 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status 501(c)(3) Website: ▶ H(c) Group exemption number Form of organization 🗶 Corporation 🔲 Trust 🔲 Association 1947 M State of legal domicile PA L Year of formation Part I Briefly describe the organization's mission or most significant activities: EATING AND DRINKING ESTABLISHMENT Governance FOR MEMBERS WHO ARE VETERANS OF FOREIGN WARS 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 6 Number of independent voting members of the governing body (Part VI, line 4 6 Total number of individuals employed in calendar year 2018 Part V Fine 2a. 5 12 Total number of volunteers (estimate if necessary) . . . 6 30 Total unrelated business revenue from Part VIII, column (C), line 7a 66,186. Net unrelated business taxable income from Form 990-T, line 38 7b -41. **Current Year** Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) 143,493. 187,704. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 32,674 28,289. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 176,167 215,993. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 55,333 52,515. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 128,649. 136,820. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 183,982. 189,335. 19 Revenue less expenses. Subtract line 18 from line 12 . -7,815. 26,658. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 133,388. 156,053. 21 Total liabilities (Part X, line 26) . 90,072 86,079. 22 Net assets or fund balances. Subtract line 21 from line 20 43,316. 69,974. Part II Signäture Block Under penalties of pealury, 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 11/06/2019 Sign signature of officer Here THOMAS TRIOL, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check X if

TODD FISHER CPA self-employed P01270631 Preparer Firm's name ► TODD FISHER CPA Firm's EIN ▶ **Use Only** Firm address > 422 MILITIA DR, LANSDALE, PA 19446 Phone no (215) 855-0690 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes ☐ No

Ŗart	Statement of Program Service A Check if Schedule O contains a res		ert III	
1	Briefly describe the organization's mission			· · · · <u>·</u>
	EATING AND DRINKING ESTABLIS			
	FOR MEMBERS WHO ARE VETERANS	OF FOREIGN WARS		
2	Did the organization undertake any signific	cant program convices during the ver	er which were not listed on the	
2	prior Form 990 or 990-EZ?			
	If "Yes," describe these new services on S			
3	Did the organization cease conducting,			
	services?			☐ Yes ⊠ No
	If "Yes," describe these changes on Scheo			
4	Describe the organization's program service expenses Section 501(c)(3) and 501(c)(4)			
	the total expenses, and revenue, if any, for		the amount of grants and anot	
4a	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$ 13	39,157.)
	BAR & KITCHEN FOR MEMBERS			
		·		
			·	
			•••••	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		·		
				•••••
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
				·/
	•			
	•		•••••	
		·		

	•			
4d	Other program services (Describe in Sched	tule ()		
1 u	(Expenses \$ including grains)	
10	Total program service expenses	γ (1.15.511αο φ		



dit	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? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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? If "Yes," 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? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? 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		×
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)? If "Yes," complete Schedule D, Part X	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	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	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	×	: <u>*</u> .
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	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? #E:\GRADIGE PROPILE Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)		r	
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		<u> </u>
c	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	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? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Constitution of Contains a response of note to any line in the rate visit in the response of the contains a response of note to any line in the rate visit in the response of the contains a response of the conta		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

Part '	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	7°		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12		<u> </u>	'ـــــــــــــــــــــــــــــــــــــ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	_×_	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
	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 in Schedule O	3b	×	
	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).		_4	· '
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			ļ
_	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			[
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
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?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u>-</u> -	,
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	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		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	71		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 66, 186.	á	•	, ,
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	د	٠,	
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.	ļ.		١.
b	Enter the amount of reserves the organization is required to maintain by the states in which	ľ. ,	•	ľ
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	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 in 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	4.5		1
	excess parachute payment(s) during the year?	15		- ,
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.	7.	-	 ,
		Forn	990	(2018

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Conti	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	·····	<u> </u>
Secu	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 6			-10
Ia	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	• • • •	-	1
	committee, explain in Schedule O.		٠.	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		×
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			×
1 a	one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1 [
2	the year by the following: The governing body?	8a		
a 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 be reached at	00	^	-
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	<u>`</u>	T
100	Did the every ization have local chanters branches or efficience?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	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 in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13		×
	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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u>i</u>		
a	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	3		.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		. ,
10			1-	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	,	-	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re- THOMAS TRIOL, 310 HILLTOWN PIKE, LINE LEXINGTON, PA 18932 (215) 257-9480	cords	•	

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 instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Officer this bear in fiction and digunization no					C)					,
(A)	(B)	(do n	ot ch		ition	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
, †	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) THOMAS TRIOL	25.00									
PRESIDENT ;		×		×				0.	0.	0.
(2) ALLEN SCHOENER VICE PRESIDENT	15.00	×		×				0.	0.	0.
(3) FRANK SCHOLES TREASURER	20.00	×		×	:			0.	0.	0.
(4) ROBERT WALTERS SECRETARY	5.00	×						0.	0.	0.
(5) BOB GRUSHESKI CHAPLAIN	20.00	×						0.	0.	0.
(6) NATE STRAUB JR VICE PRES	5.00	×						0.	0.	0.
(7)										
(8)										
(9)	1									
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title		box, i	unles er and	Pos heck ss pe	erson	e than one of the thick that the thick the thick the thick the thick that the thick the thick th	h an tee)	compensation	(E) Reportable compensation from related	other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)					<u> </u>						
(17)			4		ļ <u></u>						
(18)		ļ	-						-		
(19)								-			
(20)	,		-	\vdash	 			_			
(21)				\vdash				\vdash			
(22)					\vdash			-			
(23)		ļ		-				\vdash			
(24)								\vdash			-
(25)				\vdash	-			-			
C	Sub-total	VII, Section	n A					>	0.	0.	
2 	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic	t not limited						≥ e) w	vho received mo	ore than \$100,00	0. 000 of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S								oloyee, or high	•	Yes No ted 3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	150,	,000	? //					
5 Section	Did any person listed on line 1a receive of for services rendered to the organization? on B. Independent Contractors		•				•	,		zation or individu	
1	Complete this table for your five highest compensation from the organization. Rep year.										
	(A) Name and business addi	ress						_	(B) Description of se	ervices	(C) Compensation
	Total number of independent contractor	ors (includin						th	nose listed abo	ove) who	

Part	VIII	Statement of Revenue Check if Schedule O contains	s a response or note:	to any line in this	Part VIII		
		Check if Schedule O contains	s a response of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d 1e				
Contributions, and Other Sim	g	and similar amounts not included above Noncash contributions included in lines 1	a-1f \$				
	h	Total. Add lines 1a-1f	Business Codc	 			
Program Service Revenue	2a b	MEMBERS EATING/DRINK MEMBERSHIP FEES		144,415.	92,215.	52,200.	0.
ice	С	HALL RENTAL	532000	13,986.	0.	13,986.	0.
Sen	d	SKILLS GAMES	713200	24,286.	24,286.	0.	0.
Ē	е						
ogra	f	All other program service rever	nue .	1,986.	1,986.	0.	0.
<u> </u>	g	Total. Add lines 2a-2f		187,704.			
	3	Investment income (including and other similar amounts) . Income from investment of tax-ex					
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
	6a	(I) He					
	b b		650.		1		1
	d	Net rental income or (loss) .	<u> </u>	10,650.	10,650.	0.	0.
	7a	Gross amount from sales of assets other than inventory	rities (ii) Other				
	c	Less: cost or other basis and sales expenses			,		
o	d	Net gain or (loss)	<u> •</u>				•
Other Revenue	ва	Gross income from fundraising events (not including \$ of contributions reported on line	Ic).			•	
ther	b	See Part IV, line 18 ·		-			1
0	С	Net income or (loss) from fund Gross income from gaming actions Part IV, line 19	raising events . >				
	b	Less. direct expenses	T	- / 1			
	С	Net income or (loss) from gam Gross sales of inventory,	ng activities >	17,639.	17,639.	0.	0.
	b	Less cost of goods sold	. b	7,			
	С	Net income or (loss) from sales					-
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instruction		215 002	149 807	66 196	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (C) Management and (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses **清海** Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 1999年前,我是自己们的理解。但是 Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 46,711. 32,630. 14,081. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 4,303. 10 Payroll taxes 5,804. 1,501. 11 Fees for services (non-employees). а b Accounting 4,960. 1,930. 3,030. C d 是主义。现代中国的"国际",但是一种国际的国际。 6 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion 12 13 Office expenses 418. 318. 100. 14 Information technology 15 Royalties 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 4,136. 2,536. 1,600. 21 Payments to affiliates 17,148. 9,907. 7,241. 22 Depreciation, depletion, and amortization . 23 1,464. 364. 1,100. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COGS BEER & LIQUOR 38,820. 22,846. 15,974. COGS SODA & FOOD; 17,080. 10,522. 6,558. 3,754. COGS SUPPLIES 2,254. 1,500. С UTILITIES 34,890. 24,190. 10,700. All other expenses 14,150. 11,307. 2,843. Total functional expenses. Add lines 1 through 24e 25 189,335. 123,107. 66,228. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ following SOP 98-2 (ASC 958-720)

31

32

33

Page 11 Form 990 (2018) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 51,891. 16,628. 1 2 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 8 Inventories for sale or use 9,529. 8 9,529. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 555,464. 10a 10b 107,231. 460,831. 10c 94,633. Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 133,388. 156,053. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable. 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 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 90,072. 25 86,079. 90,072. 26 86,079. 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🛛 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

156,053. Form **990** (2018)

56,129.

13,845.

69,974.

56,129.

-12,813.

133,388.

43,316.

31

32

33

34

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	15,9	93.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	89,3	35.
3	Revenue less expenses Subtract line 2 from line 1	3		26,6	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		43,3	16.
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		69,9	74.
Part	XII Financial Statements and Reporting				(C)
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · · ·		<u> </u>
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," ex Schedule O.	plain	in Fr.	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis		or	, je*	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	 ed on	a 1	\$ 31 \$.	×
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process.	ntant'	? 2c	(-4 ')	×
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	in . 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Ear	₂ 990	(2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

2018

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

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

Employer identification number

FOR	REST LODGE VETERANS, INC.		23-0590900
Par	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '		
		(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		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
Dec	conferring impermissible private benefit?		· · · · · · · · · · Yes · No
Par	Conservation Easements.	1)/" F 000 P-+ 1)/ 1: 7	
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		£ - tt
	Preservation of land for public use (e.g., recreating Protection of natural habitat	·	•
		☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	old a gualified conservation contribution	on in the form of a conseniation
4	easement on the last day of the tax year.	ed a qualified conservation contribution	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in		h
_			
3	Number of conservation easements modified, trans		
	tax year ►	, , ,	, ,
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reg		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		•
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
0	organization's accounting for conservation easeme		Other Circiles Access
Part			
4	Complete if the organization answered ' If the organization elected, as permitted under SFA		
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
D	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		dealer, or rescaren in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	-	b ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain provide the
,	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these it	ems:
а	Revenue included on Form 990, Part VIII, line 1 .	-	
	Assets included in Form 990, Part V		***************************************

Pan	6	2

Par	Organizations Maintaining C					
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and other rec	ords, ched	ck any of the	following that ar	e a significant use of its
а	☐ Public exhibition	d	☐ Loar	or exchange	programs	
b	☐ Scholarly research	е	☐ Othe	r		
С	☐ Preservation for future generations					
4	Provide a description of the organization XIII.	on's collections and exp	olain how t	they further th	ne organization's	exempt purpose in Part
5	During the year, did the organization s assets to be sold to raise funds rather the	han to be maintained a				
Par						
	Complete if the organization a 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee, or included on Form 990, Part X?					
b	If "Yes," explain the arrangement in Par	t XIII and complete the	following t	able:		
						Amount
С	Beginning balance '				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount					-
	If "Yes," explain the arrangement in Par	t XIII. Check here if the	explanation	n has been p	rovided on Part >	(III
Par						
	Complete if the organization a					
	<u>_</u>	(a) Current year (b)	Prior year	(c) Two years	back (d) Three year	rs back (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	e current year end bala	nce (line 1ç	g, column (a))	held as:	
а	Board designated or quasi-endowment	▶ %				
b	Permanent endowment ► Temporarily restricted endowment ►	%				
C	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2d	should equal 100%.				
3a	Are there endowment funds not in the	possession of the orga	nization th	at are held ar	nd administered i	for the
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related org	anizations listed as req	uired on S	chedule R? .		3b
4	Describe in Part XIII the intended uses of	of the organization's en	dowment f	unds.		
Par	, , , , , ,					
	Complete if the organization a	nswered "Yes" on Fo	orm 990, I	Part IV, line	11a. See Form	990, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	1 ' '	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land	25,555				25,555.
b	Buildings	511,630			444,960	66,670.
С	Leasehold improvements	5,000			2,831	
d	Equipment	13,279			13,040	
е	Other				,	
Total	Add lines 1a through 1e. (Column (d) mu	et equal Form 990 Par	Y colum	2 (B) line 10c	1	94 633

Part VII	Investments - Other Securities.				
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		nod of valuation of-year market value
(1) Financia	I derivatives				
(2) Closely-	held equity interests	[
(3) Other					
(A)					
(B)					
(C)					
(D)			<u> </u>		
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col (B) line 12) ▶			<u> </u>	
Part VIII	Investments – Program Related.				
	Complete if the organization answer	ered "Yes" on Form			
	(a) Description of investment		(b) Book value	, , ,	nod of valuation of-year market value
				Cost or end-	
(1)					
(2)			, .		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.			<u> </u>	• •
, artix	Complete if the organization answer	ered "Yes" on Form	990 Part IV line	e 11d. See Form	990 Part X line 15
		escription	000,1 41114, 1111	714.00010111	(b) Book value
(1)		·			
(2)	,				
(3)					
(4)	-				
(5)					
(6)					
(7)					
(8)					
(9)			•		
Total. (Colu	mn (b) must equal Form 990, Part X, col.	(B) line 15)		🕨	
Part X	Other Liabilities.				
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır					
	TY DEPOSITS		0.		
	TAX PAYABLE	38			
	PAYABLEFIRST SAVINGS	84,04	9.		
	PAYABLEPOST 245	1,65	0.		
(6)	•				
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	86,07	9.		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part		•	Return.
	Complete if the organization answered "Yes" on Form 990, F	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		
d	Other (Describe in Part XIII.)		
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.)		
	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 Return.
	Complete if the organization answered "Yes" on Form 990, F		т т
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:	l a 1	
a	Donated services and use of facilities	2a	- '
b	Prior year adjustments '	2b	4
C	Other losses	2c	4 6
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		2e
3 4	Subtract line 2e from line 1		3
a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	 4a	
		4b	_
		1 7 D 1	
b			46
С	Add lines 4a and 4b . 1		4c
с 5	Add lines 4a and 4b . <i>I</i>		4c 5
c 5 Part	Add lines 4a and 4b . i	9 18.)	5
c 5 Part Provid	Add lines 4a and 4b . <i>I</i>		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line
c 5 Part Provid- 2, Part	Add lines 4a and 4b		5 p; Part V, line 4; Part X, line

Schedule D (Fo	rm 990) 2018		Page 5
Part XIII	Supplemental	Information (continued)	
•			
		`	
	•••••		

	,	•	
	••••		
		·	
		•	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Open to Public Inspection
Employer identification number

23-0590900 FORREST LODGE VETERANS, INC. 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. ☐ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants g

Special fundraising events Phone solicitations ☐ 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 (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity (or retained by) or entity (fundraiser) from activity organization col (I) Yes No 1 2 3 4 5 6 7 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		gross receipts greater tha	n \$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col (a) through col (c))
e			(ovon type)	(ovain type)	(total names)	
Hevenue	1	Gross receipts				
	2	Less: Contributions '				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	4	Casir prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
⊃ 1	9	Other direct expenses .				
۱ د		Direct expense summany Ad	d lines 4 through 9 in	column (d)		
Pa	10 11 1	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez	act line 10 from line 3, e organization answ Z, line 6a.	column (d)	▶ 990, Part IV, line 19,	·
Pa	10 11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, e organization answ	column (d)	<u>, , , , , , , , , , , , , , , , , , , </u>	or reported more that (d) Total gaming (add col (a) through col. (c))
Pa	10 11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, e organization answ Z, line 6a.	column (d)	▶ 990, Part IV, line 19,	(d) Total gaming (add
Revenue	10 11 rt III	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez	act line 10 from line 3, e organization answ Z, line 6a.	column (d)	▶ 990, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c))
enses Revenue	10 11 1 III	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez	act line 10 from line 3, e organization answ Z, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	▶ 990, Part IV, line 19,	(d) Total gaming (add col. (a) through col. (c))
enses Revenue	10 11 1 1 2	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez Gross revenue	act line 10 from line 3, e organization answ Z, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	▶ 990, Part IV, line 19,	(d) Total gaming (add col. (a) through col. (c))
Revenue Revenue	10 11 11 1 2 3	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez Gross revenue Cash prizes Noncash prizes	act line 10 from line 3, e organization answ Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo 147, 636. 117, 713.		(d) Total gaming (add col. (a) through col. (c))
enses Revenue	10 11 11 1 2 3 4	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez Gross revenue Cash prizes Noncash prizes Rent/facility costs	act line 10 from line 3, e organization answ Z, line 6a.	(b) Pull tabs/instant bingo/progressive bingo 147, 636. 117, 713.	▶ 990, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c)) 147,636.
enses Revenue	10 11 11 1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-Ez Gross revenue	act line 10 from line 3, e organization answ Z, line 6a. (a) Bingo Yes % No	(b) Pull tabs/instant bingo/progressive bingo 147, 636. 117, 713.		(d) Total gaming (add col (a) through col. (c)) 147, 636. 117, 713.
enses Revenue	10 11 11 1 2 3 4 5	Gaming. Complete of the \$15,000 on Form 990-Ez Gross revenue	act line 10 from line 3, e organization answ. Z, line 6a. (a) Bingo Yes % No d lines 2 through 5 in 6	(b) Pull tabs/instant bingo/progressive bingo 147, 636. 117, 713.		(d) Total gaming (add col (a) through col. (c)) 147, 636. 117, 713.

Schedu	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	⊠ 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		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► JANICE MCCARTY		
	Address ► 2118 OLD BETHLEHEM PIKE SELLERSVILLE PA 18960		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	⊠ No
b	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 name and address of the third party:		
	Name ►		•••••
	Address ▶		
16	Gaming manager information:		
	Name ► JANICE MCCARTY	· · · · · · · · · · · · · · · · · · ·	
	Gaming manager compensation ► \$		
	Description of services provided ► RECORDKEEPING & MONEY COUNTING		
	☐ Director/officer		
17	Mandatory distributions.		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	⊠ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part			
	······································		
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SCHEDULE O (Form 990 or 990-EZ)

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.

2018 Open to Pub

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

FORREST LODGE VETERANS, INC.	23-0590900			
Pt VI, Line 7a: GENERAL MEMBERSHIP ELECTS GOVERNING BODY				
Pt VI, Line 11b: FINANCIAL STATEMENTS & TAX RETURNS REVIEWED BY C	COMMANDER			
Pt VI, Line 11b: AND TREASURER WITH TAXPREPARER BEFORE FILING				
Pt XII, Line 1: MODIFIED CASH				
Pt XI: ROUNDING				
Pt IX, Line 24e:				
Description: BANK CHARGES				
Description: OTHER EXPENSES				
Description: LICENSES & PERMITS				
Total: \$2,200				
Program services: \$2,200				
Description: MAINTENANCE				
Total: \$1,453 :				
Program services: \$403				
Fundraising: \$1,050				
Description: MISCELLANEOUS				
Total: \$1,659				
Program services: \$1,659				
Fundralsing: \$0				
Description: PAYROLL SERVICE				
Total: \$1,632	•			
Program services: \$1,362				
Fundraising: \$270				
Description: REAL ESTATE TAX	•••••			
Total: \$1,440				

Name of the organization	Employer identification number
FORREST LODGE VETERANS, INC.	23-0590900
Program services: \$1,440	
Fundralsing: \$0	
Description: REPAIRS	
Total: \$4,065	
Program services: \$3,065	
Fundraising: \$1,000	
Description: SECURITY	
Total: \$453	
Program services: \$253	
Fundraising: \$200	
Description: W/C INSURANCE	•••••
Total: \$1,248 '	
Program services: \$925	
Fundraising: \$323	
Description: ROUNDING	
Description: CONTRIBUTIONS	
,	