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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Form **990** (2012)

Department of the Treasury Internal Revenue Service

Open to Public Inspection lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements , 20 For the 2012 calendar year, or tax year beginning , 2012, and ending

В	Check if applicable	e <u> </u>	C Name	of organi	ization V	eterans	of F	oreign V	√ar	s Post					r
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Ц	Initial retu	ıtu												707	
Ц	Terminate	ed	City, town or post office, state and ZIP code G Gross \$ 245707.											707.	
	Amended													67	
Ш	Applicatio pending					rincipal office	r Jac	k R Tesi			for a	affilia	ates?	∐ Yes	s 🛚 No
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1	Tax-exe	empt status	s 5	01(c)(3)	X 50	1(c)(19) ∢ (in:	sert no)	4947(a)(1) or	527			ctions)	Yes	s 📙 No
<u>J</u> '	Website	e ▶				, , , ,				1	<u> </u>		mption number	<u> </u>	
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es	1		-		_	-		dy (Part VI, line					4	6	
Ϋ́	5	Total num	ber of ind	lividuals	employed	l ın calendar y	ear 2012	(Part V, line 2a))			.	5	8	
Ę						ıf necessary)							6		0.00
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			Benefits paid to or for members (Part IX, column (A), line 4)									49730.			002
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_											167				496.
	18	Total expenses Add lines 13-17 (must-equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line; 2 Beg									-26			788.	
	19	Revenue I	less expe	nses S	ubtract/lin	e 18 from line	232			В	-∠c eginning of				
5 6	g		- 11	К.							Year 584		_ ·	nd of Ye	
sets	20	Total assets (Parl X, line 16)													782.
Net Assets or	21	Total liabilities (Part X, line 26)											841. 941.		
		Net assets or fund balances Subtract-line 21 from line 20 4961 Signature Block									<u> </u>	9.	484	941.	
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		Firm's	address			392 OH 4423	1 -				Phone		9-9505		
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BCA

Part IV Checklist of Required Schedules

ВСА

			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		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		- X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	1	Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in	- 		
4	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,			
J	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			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		1	
	Schedule D, Part I	6	İ	Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			
	services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
-	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	.		
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statement 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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		Χ
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		Х
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part 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		Х
40		-''-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		Х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	'0		
13	If "Yes," complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
BCA			rm 990	(2012)
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nt the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21		(comments)		Yes	No
22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), tine 21 if "res", complete Schedule I, Parts I and III Dut the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or \$ about compensation of the organizations' current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II Vistophedo (A) of the organization has 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 24th through 24d and complete Schedule K If "No." go to line 25	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
United States on Part IX. column (A), line 27 (FYes." complete Schedule I, Parts I and III 22 X 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, frustees, key employees, and highest compensated employees? If "Yes." complete Schedule J Did the organization was 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 brough 24d and complete Schedule II. This, go to line 27 in 17		in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24b. 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 25 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization ongage in an excess benefit transaction with a disqualified person during the year? ["Yes," complete Schedule I., Part I.] Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? ["Yes," complete Schedule I., Part I.] Was a loan to or by a current or former officer, director, frustee, key employee, lighest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part I.] Was the organization aparty to a business transaction with one of the following parties (see Schedule I., Part I.) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part I.] A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part I.] A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part I.] A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part I.] A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I.] A current or former officer, director, t	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1 1		
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990-E27 If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 L A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 L A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 L A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 L A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 L A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 L X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 L X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 11 "Yes," complete Schedule N, Part II 32 Did the organization with a controlled entity distribution of the part of th	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
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19? Note. All Form 990 filers are required to complete Schedule O			37		X
	38			w	
		19? Note. All Form 990 filers are required to complete Schedule O			

	Check if Schedule O contains a response to any question 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	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble				
	gaming (gambling) winnings to prize winners?				1c		X
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	2a		8	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	ons).				3.7	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	<u>X</u>	-
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth						.,
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cial acc	ount)	7	4a		X
b	If "Yes," enter the name of the foreign country		A				
_	See the instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir		ACCO	ınts	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		_		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer of the first state	saction	,		5b		^
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ما دام			5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	i ine			_		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	utiono			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contrib	ulions (ונ		6b		X
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).				0.0		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f	or good	c			i	
а	and services provided to the payor?	or good	3		7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which if	was			1.2		
Ū	required to file Form 8282?				7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it contra	act?		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co				7f		X
	If the organization rec'd a contribution of qualified intellectual property, did the organization file Fo		as r	equired?	7g		Х
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization						
	Form 1098-C?				7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ng					
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsor	ing orga	anıza	ion,			
	have excess business holdings at any time during the year?				8		X
9	Sponsoring organizations maintaining donor advised funds.				İ		
а	Did the organization make any taxable distributions under section 4966?				9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
10	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on Part VIII, line 12				4		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				4		
1	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders 11a				4		
b	Gross income from other sources (Do not net amounts due or paid to other sources						
_	against amounts due or received from them)	40	442		425		X
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10	417		12a		^
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b				\dashv		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				13a		X
а	Is the organization licensed to issue qualified health plans in more than one state?				138	<u> </u>	^
h	Note: See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
_	Enter the amount of reserves on hand				-	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Sche	dule O			14b		1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ctions		
	Check if Schedule O contains a response to any question in this Part VI			
<u> ∙cti</u>	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	ŀ		
	If there are material differences in voting rights among members of the governing body, or if the governing			
٠,	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		[
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons	7b	X	
	other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
•	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 in Schedule O	9		X
cti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
. 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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	;		
	describe in Schedule O how this was done	12c		
.3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
٠b	Other officers or key employees of the organization	15b	Χ	
•	If `Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
•	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
_	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
ecti	on C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ Oh			
·8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
1	policy, and financial statements available to the public during the tax year			
ર્0	State the name, physical address, and telephone number of the person who possesses the books and records of the		_	
•	organization ▶Jack Tesmer 6495 Woodb SOLON OH 44139 440-349-	<u> 186</u>	3	
i				

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

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

tions to to to to to to to to to to to to to	n the nization elated nizations
Commander 30 X 15171. 0	0
(2) Joe Russ 3 YR Trustee 1 X 0 0	0
2 yr trustee 1 X 0 0	0
(4)Paul Chase	
1 yr trustee 1 X 0 0	0
(5)Susan Doherty 30 X 13812. 0 (6) (6) X 13812. 0	0
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	00 (0040)

Form 990 (2012) Veterans of I	Toreig	n W	ars	P	os	t			<u>23-7155</u>	768	Pa	age 8
Part VII Section A. Officers, Directors	, Trustees	, Key	Empl	oyee	es, a	nd Hi	ghe	st Compensated Er	mployees (continued)		
(C) Position (do not check more that box, unless person is b Name and title (B) Average officer and a director/tri								(D) Reportable	(E) Reportable	Est	(F) imateo	
	hours per week (list any hours for related organiza- tions below)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount on the control of the control o	ion on ed
(15)										<u></u> _		
(16)												
(17)		_										
(18)	_											
(19)										_		
(20)			-				_					
(21)	 		-							-	-	
(22)												
(23)												
(24)												
(25)												
1b Sub-total		_	1		1	L	>	28983.	0		0	
c Total from continuation sheets to Partd Total (add lines 1b and 1c)	VII, Section	n A					>	0 28983.	0		0	
2 Total number of individuals (including but from the organization ▶	not limited	to tho	se list	ed a	bov	e) who	rec	eived more than \$10	00,000 of reportable o	ompens	ation	
	y director	or true	otoo k	· OV A	mnl	0.000	or hi	ahest compensated			Yes	No
employee on line 1a? If "Yes," complete	Schedule J	for su	ch ind	ıvıdu	al				_	3		Х
4 For any individual listed on line 1a, is the the organization and related organization	•			-								17
individualDid any person listed on line 1a receive of									ividual for	4		Х
services rendered to the organization? If Section B. Independent Contractors	"Yes," com	plete S	Sched	ule J	for	such p	pers	on		5		Х
Complete this table for your five highest of compensation from the organization. Rep										year		
(A) Name and busine	ess address				_			(B) Description of	services	(c)	C) ensatio	on .
							-					•
						-	-			_		
							<u> </u>		ths			
2 Total number of independent contractors \$100,000 in compensation from the organ		out no	t iimite	ea to	tho	se liste	ed a	bove) who received i	more tnan			

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) (D) (B) (A) Total revenue Related or Unrelated Revenue business excluded from tax exempt function revenue under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 5339. 1b b Membership dues 1c C Fundraising events Related organizations 1d d Government grants (contributions) 1e All other contributions, gifts grants, and similar amounts 1f not included above Noncash contributions \$ included in lines 1a-1f 5339. Total. Add lines 1a-1f Business Code 4674. 4674. Attached Program Service Revenue d All other program service revenue 4674. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 5256. 6a Gross rents Less rental 213. b 5043. Rental income or (loss) 3883. 5043. 1160. Net rental income or (loss) Gross amount from (ı) Securities (II) Other sales of assets other than inventory Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming 86751 activities See Part IV, line 19 11626 b Less direct expenses 75125. 75125. c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 113083 returns and allowances 69160. b Less cost of goods sold b 43923. 33821. 10102. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Attached 30604. 30604 b С All other revenue 30604. Total. Add lines 11a-11d Total revenue 164708. 148107. 11262. See instructions

Sect	ion 501(c)(3) and 501(c)(4) organizations must complet	e all columns All other	r organizations must c	omplete column (A)	
	Check if Schedule O contains a response to a				
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	Organizations in the US See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00000	00000		
	trustees, and key employees	28983.	28983.		
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	Other salaries and wages			-	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2000	2000	-	
10	Payroll taxes	2900.	2900.		
11	Fees for services (non-employees)				
a	Management	107	107		
þ	Legal	197. 1125.	197. 1125.		
C	Accounting	1125.	1125.		
d	Lobbying				
e	Prof fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	col (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4907.	4904.	3.	
21	Payments to affiliates		1301.		
22	Depreciation, depletion, and amortization	9316.	9316.		
23	Insurance	7051.	7051.		
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)				
а	SEE STMT	5617.			
b		6230.			· · · · · · · · · · · · · · · · · · ·
c		125.			
d		147.			
e	All other expenses	106898.		· · · · · · · · · · · · · · · · · · ·	
25	Total functional expenses. Add lines 1 through 24e	173496.	173493.	3.	
	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 if following SOP 98-2 (ASC 958-720)		···		

Part X Balance Sheet

X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 25165 19431. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans & other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 7 Assets 2050. 3220. 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 571205. 10a basis Complete Part VI of Schedule D 19074. 555947. 552131. 10c Less accumulated depreciation 10b 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 Intangible assets 1677. 15 15 Other assets See Part IV, line 11 584839. 574782. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 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 88660. 89841. 25 of Schedule D 88660. 89841. 26 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 484941. 496179. 32 Retained earnings, endowment, accumulated income, or other funds 32 484941. 496179. 33 Total net assets or fund balances 33 584839. 34 574782. 34 Total liabilities and net assets/fund balances

Form **990** (2012)

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BCA

3a

b

Schedule O

the Single Audit Act and OMB Circular A-133?

Χ

3a

3b

same: Veterans of Foreign Wars Post 1863

ID: 23-7155768

Туре	Amount
chines	1,69
chines fund arities Income	20
arities Income	2,76
attites income	
· · · · · · · · · · · · · · · · · · ·	
-	
	
The state of the s	
	4,674

Name: Veterans of Foreign Wars Post 1863

ID: 23-7155768

Jescription: Gaming Income Amount Type **R**iffle Income 19,884. 39,257. 27,097. Canteen Lotto Income Sale of Tickets 450. Caming Income mi scellaneous Income 86,751. 012 CCH Small Firm Services. All rights reserved USWDET\$1

Name: Veterans of Foreign Wars Post 1863

ID: 23-7155768

Description:	Cost	of	Goods	Sold	Canteen

Туре	Amount
applies 1	23,364 6,373
upplies 1 ne	1,339
ach	2,160
equor equor eaft Beer ettled Beer erect Labor eyroll Accruals	220
quor	23,364
ood	6,373
aft Beer	98 15,229 15,197 1,494
ttled Beer	15,229
rect Labor	15,197
vroll Accruals	1,494
71011 110014410	
· · · · · · · · · · · · · · · · · · ·	
	······································
<u> </u>	
Total	

ID: 23-7155768 Name: Veterans of Foreign Wars Post 1863 Description: Miscellaneous Income Amount Type 20. Reconcile Contribution Income 27,982. 1863 Gaming Share 622. Ach Additions 1,586. Credit 394.

US 990 Other Functional Expenses: Page 10, Line 24 2012

US 990 Otne	r Functional E	xpenses: Page	10, Line 24	2012
		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
Promotional Products	5,617.	5,617.		
R rochures	6,230.	6,230.		
A musement Permit Fee	125.	125.		
R'onding	147.	147.		ľ
	40,083.	40,083.		
A.CH Deductions				
F lags	154.	154.		
♪Service Charges	55.	55.		
Real Estate Tax	16,015.	16,015.		İ
False Alarm	232.	232.		
£ntertainment	40.	40.		
Registration Fee	362.	362.		
Annual Membership	35.	35.		<u> </u>
uniform	83.	83.		
	387.	387.		
Cost Function		248.		
New Letter Postage	248.			
∧ aintenance	319.	319.		
^ iscellaneous	294.	294.		
vperating Supplies	2,564.	2,564.		
Licenses and Permits	1,519.	1,519.		
Øhio Charities	4,005.	4,005.		
Donations	10,010.	10,010.		
Bank Service Charges	72.	72.		
Supplies	2,231.	2,231.		
	750.	750.		
Oues and Subscription		516.		
fire Safety Inspect	516.			
Meals and Entertain	270.	270.		
Miscellaneous	390.	390.		
<i>R</i> epairs	2,212.	2,212.		
U tilities	19,839.	19,839.		
Sales Tax Expense	4,163.	4,163.		
<i>ऐ</i> hio Secretary of St	50.	50.		
United States and Transfer and	119,017.	119,017.		
	223,027	,		
		İ		
			:	1
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	1			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2012

<u>v</u> e	terans of Foreign wars Post		_		155/68		
Pa	d Organizations Maintaining Donor Ad		Similar Fund	ls or Accour	its.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6					
		(a) Donor advised fu	nds	(b) Funds ar	nd other acc	ount	<u>s</u>
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors	•	in donor advise	ed funds	\Box	5.7	
6	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and dor for charitable purposes and not for the benefit of the don impermissible private benefit?	nor advisors in writing that gran	t funds may be other purpose c	used only conferring	☐ Yes		No No
Pa	t I Conservation Easements. Complete if	the organization answered "Y	es" to Form 990), Part IV, line 7			
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)	_				
	Preservation of land for public use (e g , recreation of	r education)	Preservation	of an historically	ımportant I	and a	area
	Protection of natural habitat		Preservation	of certified histo	ric structure	;	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a c	qualified conservation contributi	on in the form o	of a conservation	easement	on th	е
	last day of the tax year						
				Held at	the End of	the	Tax Y
а	Total number of conservation easements	-		2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic	c structure included in (a)		2c			
d	Number of conservation easements included in (c) acqui	red after 8/17/06, and not on a	historic				
	structure listed in the National Register			2d	· ·-···		
3	Number of conservation easements modified, transferred	d, released, extinguished, or te	rminated by the	organization du	rıng		
	the tax year						
4	Number of states where property subject to conservation easement is located ▶						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations,						
	and enforcement of the conservation easements it holds	?			Yes	X	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organ	nization's financial statements t	hat describes th	ne organization's	accounting	for	
	conservation easements						
Pa	t III Organizations Maintaining Collectio	•	asures, or C	Other Similar	Assets.		
	Complete if the organization answered 'Yes" to	Form 990, Part IV, line 8	· · · · · · · · · · · · · · · · · · ·				
1 a	If the organization elected, as permitted under SFAS 116	•					
	treasures, or other similar assets held for public exhibition	n, education, or research in fui	therance of pub	olic service, prov	ide, in Part	XIII, t	the
	text of the footnote to its financial statements that descri	bes these items					
b	If the organization elected, as permitted under SFAS 116	6, to report in its revenue stater	ment and balan	ce sheet works o	of art, histori	ical tr	ea-
	sures, or other similar assets held for public exhibition, e	ducation, or research in furthei	rance of public s	service, provide (the following	g amo	ounts
	relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$_			
	(ii) Assets included in Form 990, Part X			▶ \$			
2	f the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amour						unts
	required to be reported under SFAS 116 relating to these	e items					
а	Revenues included in Form 990, Part VIII, line 1			▶ \$			
h	Assets included in Form 990, Part X			▶ \$			

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

Part VI d Equipment 766. 766. e Other 552,131. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote 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

4

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

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.

2012

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

Veterans of Foreign Wars Post 1863	23-7155768				
Section V1 Line 6, Teh organization has members not stoc	kholders				
Section V Line 38, Teh organizaiton reviewed the tax ret	urne				
Section v line 30, Ten Organization reviewed the tax let	u i ii s				
with members before filing the tax returns					
Tack Towner has possession of the financial statements f	or the VEW				
Jack Tesmer has possession of the financial statements for	or the Arm				
Section V Line 2B, The organization has employees and fi	les all the				
required tax returns					
Section V Line 3A, Teh organization has unrelated income	for				
non members which is 23% for the canteen and the hall re	ntal				
Section V Line 3B, The organization completes a 990T for	m				
The organization provides their minutes and financial st	atement				
upon request					
The organization provides a copy of the tax returns to the governing					
body					
The Canteen is open from 11:30 AM through 12:00 PM daily					
The unrelated business percent is 23% based on non membe	r purchases				

Other Functional Expenses: Page 10, Line 24 **US 990** 2012 Program Management and General Description of the Asset Total Services Fundraising comotional Products 5,617. 5,617. ~ochures 6,230. 6,230. 125. 125. musement Permit Fee 147. 147. onding CH Deductions 40,083. 40,083. 154 lags 154 55. 55 *ervice Charges 16,015. eal Estate Tax 16,015 232. alse Alarm 232. 40. 40. .ntertainment 362. 362. .nnual Membership 35. 35. 83. 83. iniform ost Function 387. 387. 248. 248. ew Letter Postage aintenance 319. 319. 294. 294. iscellaneous 2,564. 2,564. perating Supplies 1,519. 1,519. Acenses and Permits 4,005. 4,005. nio Charities onations 10,010. 10,010. 72. ank Service Charges 72. 2,231. 2,231. applies 750. 750. ies and Subscription ire Safety Inspect 516. 516. eals and Entertain 270. 270. 390. 390. iscellaneous 2,212. 2,212. epairs 19,839. tilities 19,839. 4,163. 4,163. ales Tax Expense 50. 'hio Secretary of St 50. 119,017. 119,017.