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# Form **990**

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning and c	ending		
<b>B</b> c	heck if	C Name of organization		D Employer identific	cation number
a	pplicable	VETERANS OF FOREIGN WARS #3281			
	_Addres _change	S VFW - INDIANA			_
	]Name _change	Doing Business As		35-0	824649
	]Initial ]return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Termin ated	232 E. FIFTH STREET		812-	<u>945-6685</u>
	Ameno	City, town, or post office, state, and ZIP code	•	G Gross receipts \$	303,233.
	Application	NEW ALBANY, IN 47150		H(a) Is this a group re	eturn
	pendin			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
	ax-exe	impt status. 501(c)(3)	or 527	If "No," attach a	list (see instructions)
		e: ▶ N/A		H(c) Group exemptio	n number ▶ 0979
		organization: Corporation Trust X Association Other ▶	L Year		A State of legal domicile: IN
	ırt i	Summary	•		
		Briefly describe the organization's mission or most significant activities THE	ORGANI	ZATION OPER	ATES A HOME
& Governance		FOR FLOYD COUNTY POST NO.3281, VFW OF FORE			
nai		Check this box I if the organization discontinued its operations or dispos			ssets.
Š	_	Number of voting members of the governing body (Part VI, line 1a)		3	647
පි		Number of independent voting members of the governing body (Part VI, line 1b)		4	647
•ර ග		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	11
ij		Total number of volunteers (estimate if necessary)		6	10
Activities	_	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	D	Net unrelated business taxable income from 1 offit 550-1, inte 54		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	<del></del>	4,600.	650.
īre	1	Program service revenue (Part VIII, line 2g)	-	1,250.	5,356.
Revenue	1	•		<363.	
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		164,291.	152,941.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	169,778.	148,844.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,375.	4,763.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	—— <del> </del>	0.	9,703.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	/ ├─	76,880.	73,725.
ses	15	Salaries, other compensation, employee benefits (Part IX, Column A. lines 5: 10)	⊺೫∖⊢	70,880.	73,723
Ë	ıoa	Professional fundraising fees (Part IX, Column (A), inject population		<u> </u>	U •
Expenses		Aec.	R8-0SC	76 656	70 000
_		Other expenses (Part IX, column (A), lines 11a-11d, 11724e)		76,656.	79,098.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A)-line 25 N U Revenue less expenses Subtract line 18 from line 12	T	157,911.	157,586.
- S	19	Revenue less expenses Subtract line 18 from line 12		11,867.	<8,742.
ts of			Re	ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)	ļ	1,113,066.	1,103,274.
et A	21	Total liabilities (Part X, line 26)		3,646.	2,596.
Func		Net assets or fund balances Subtract line 21 from line 20		1,109,420.	1,100,678.
	ırt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparei	has any knowledge.	
Sign		Signature of officer Signature of officer	· ·	<i>&amp;                                    </i>	<u> </u>
Sig				Dale	
Hor	е	JOSEPH HALL, SECRETARY/TREASURER			
·		Type or print name and title		Data Jahari E	PTIN
Paid		Print/Type preparer's name  Preparer's signature	'ا ر ا	Date Check of self-employ	<del></del>
Paid		JULIA A MEREDITH, CPA Julia a Merad	ith		
٠.٠٠	arer	Firm's name MONROE SHINE & CV., INC.		Firm's EIN	35-1515068
!) Use	Only	Firm's address P.O. BOX 22039			=00\400 000=
		LOUISVILLE, KY 40252		Phone no. (	<u>502)423-0311</u>
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	1990 (2012) VFW - INDIANA	<u>35-0824649</u>	Page 2
	rt III Statement of Program Service Accomplishments	<del>-</del>	
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
•	TO FOSTER CAMARADERIE AMONG UNITED STATES VETERANS OF ON	TER SEAS	
	CONFLICTS. TO SERVE OUR VETERANS, THE MILITARY, AND OUR		· C
		. COMMUNITIE	٠٥٠
	TO ADVOCATE ON BEHALF OF ALL VETERANS.	<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	LYes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	-,	
4a	(Code) (Expenses \$		
44	(Code / (Expenses \$ ) (Revenue ) (Revenue )	³\$	
		<del></del>	
4b	(Code) (Expenses \$) (Revenue	•\$	)
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	,\$	)
		<u></u>	
			<del></del>
• •	(Duranta in Oake Halis O.)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e_	Total program service expenses		

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			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	<u></u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
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	<u> </u>	X
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			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ļ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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, 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,			ľ
	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
þ	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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	İ	ĺ	
	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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T.F
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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	X	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2012
		Loun	<b>990</b> (	2012)

Form 990 (2012) VFW - INDIANA

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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_		<u> </u>
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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) 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	051		
~~	Schedule L, Part I	25b		
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	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20_		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<del></del>		
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	۱.,		v
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u>X</u>
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	X .	2045
		Form	990 (	2012)

The Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable  b. Enter the number of Forms W 20 included in line 1a. Enter 0- if not applicable  c. Did the organization comply with backey withholding rules for reportable payments to vendors and reportable gamming (agambling) with more provided in line 1a. Enter 0- if not applicable  c. Did the organization comply with backey withholding rules for reportable payments to vendors and reportable gamming (agambling) with more provided in line 1a. Enter 0- if not applicable and reported the provided in line 1a. Enter 0- if not applicable and reported the provided in line 1a. Enter 0- if not applicable and reported the provided in line 1a. Enter 0- if not applicable and reported the provided in line 1a. Enter 0- i		Check if Schedule O contains a response to any question in this Part V			
15. Enter the number of Pornis WS (20 Rouleded in line 1.6. Enter 6-7 in not applicable before the number of Pornis WS (20 Rouleded in line 1.6. Enter 6-7 in not applicable before the number of Pornis WS (20 Rouleded in line 1.6. Enter 6-7 in not applicable before the number of Pornis WS (20 Rouleded in line 1.6. Enter 6-7 in not possible symmetrs to vendors and reportable garning (gambling) winnings to prize winners?  22. Enter the number of employees eported on Form W3, Transmittal of Wage and Tax Statements, fided for the calendar year ending with or within the year covered by this return.  32. If it is a second of the calendar year ending with or within the year covered by this return.  33. If it is a second is a second of the possible state is a second of the calendar possible state is a second of the calendar year ending with or within the year (20 Possible 1.6. End of the possible to 1.6. End of the year) of the year?  34. If Yes, I has it field a Form 980-T for this year? If Y6, I provide an explanation in Schedule O  35. If Yes, I are the name of the foregra country by See instructions for fiting requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  35. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  36. Was the organization aparty to a prohibited tax sheller transaction and the property of the property of the organization sheller transaction at any time during the tax year?  36. Very the contract of the comparation file forem 888-T?  37. If Yes, I did the organization that it was or is a party to a prohibited tax sheller transaction?  38. If Yes, I did the organization sheller transaction and aparty to a prohibited tax sheller transaction?  38. If Yes, I did the organization shell and the property of the property of the organization receive a contribu		<u> </u>		Yes	No
be Enter the number of Forms W.2G included in line 1a. Enter 0-ft not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year diding with or within the year covered by this return  11 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-rife (see instructions)  3b. Old the organization have unrelated business gross income of \$1,000 or more during the year?  4c. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account)?  4c. 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)?  4c. Bit "Yes," and the the manne of the foreign country is a bank account, securities account, or other financial accounts?  4d. At any time during the first the name of the foreign country is a bank account, securities account, or other financial accounts?  4d. Did any taxable party notify the organization that twas or is a party to a prohibited tax where the transaction?  5d. Did any taxable party notify the organization that twas or is a party to a prohibited tax schedule and a contributions or grits were not tax deductible as charable contributions?  6d. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax seductible as charable contributions.  6d. Did the organization serves a symmetim exists of \$75 made party sa contributions?  6	12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110
the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  1. It is the sum of lines is a and 2 is in greater than 250, you may be required to e-file (see instructions).  3. Did the organization have unrelated bisuness gross income of \$1,000 or more dumpt the year?  3. Did the organization have unrelated bisuness gross income of \$1,000 or more dumpt the year?  3. At any time dumpt the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  3. A transmit of the first the harmonic of the foreign country.  3. See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  3. Was the organization a party to a prohibited tax sheller transaction at any time duming the sky year?  3. Did any taxobe party nority the organization file Form 8896 17?  3. Did any taxobe party nority the organization file Form 8896 17?  3. Did any taxobe party nority the organization file Form 8896 17?  3. Did any taxobe party nority manual gross receipts that are normally greater than \$100,000, and did the organization selection any contributions that there not tax deductible as charitable contributions?  4. If 'Yes,' to line the organization necessor of \$5 made party as a contribution and party for goods and services provided to the payor?  4. If 'Yes,' did the organization nority the donor of the value of the goods or services provided?  4. If 'Yes,' did the organization contribution of qualified intellectual property, did the organization file a form 1907 and the value of the goods or services provided?  4. Did the organization received a contribution of qualified intellectual property, did the organization file a form 1907 and the value of th				.	
(gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.  Intel of or the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note. If the sum of lines 1 fa and 2 as ignated than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  4b. If Y'es, "enter the name of the foreign country [such as a bank account; securities account, or other financial accounts?  5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. Was the organization and the organization tile 1 form 8886-17  6c. Did any toxalization and party to a prohibited tax shelter transaction at any time during the tax year?  6c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c. Typicalization state were payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a. X  7b. Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c. X  7d. Y  7d.	_				
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  1	·		1c		Х
filed for the calendary year ending with or within the year covered by this return    1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
If It least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X			.		-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	b		2b	х	1
3a Did the organization have unrelated business gross moome of \$1,000 or more during the year?  b If "Yes," has it field a Form 990 T for this year? If "No," proude an explanation in Schedule O  4 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)?  See instructions for filing requirements for Form TD F 90-21. Report of Foreign Bank and Financial Accounts  Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5a	_	· · · · · · · · · · · · · · · · · · ·			
44 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)?  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  By the organization aparty to a prohibited tax shelter transaction?  5	За		3a		Х
the nancial account in a foreign country   Such as a bank account, securities account, or other financial accountly?  b   f 'Yes,' enter the name of the foreign country   See instructions for fining requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for fining requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for fining requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See in the property to a prohibited tax shelter transaction at any time during the tax year?  b Id any datable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X   X   See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions intal were not tax deductible?  6a   X   X   Yes, ' did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6b   Foreign Bank and the organization shall may receive deductible contributions under section 170(c).  1c   If Yes, ' did the organization receive applyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c   Capanizations that may receive deductible contributions under section 170(c).  1c   If Yes, ' indicate the number of Forms 8282 filed during the year  1c   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c   X   Did the organization number of Forms 8282 filed during the year  1c   Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d   X   X   Did the organization maintaining donor advised funds and section 598(x)(3) supporting organizations. Did the supporting organization maintaining donor advised funds.  1d   Did the organization maintaining donor advised funds.  1d   Did the organization ma	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
by if "Yes," enter the name of the foreign country ▶ See instructions for fining requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5c Did 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 X  5b If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bid 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 X  7b If "Yes," idd the organization notify the donor of the value of the goods or services provided?  7b If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7d If the organization increaved a contribution of qualified intellectual property, did the organization file form 8899 as required?  7h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7d If the organization in excess and activations under section 4966?  9 Sponsoring organizations maintaining donor advised funds and section 59(s)(3) supporting organizations. Did the supporting organizations are any taxable distributions under section 4966?  9 Sponsoring organizati	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5.8 West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.8 \ X 5.9 \ X 5.0 If "Yes," to line 6 a or 5b, did the organization that it was or a sparty to a prohibited tax shelter transaction? 5.0 End of the organization and the organization file Form 8886-17 6.1 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? 6.2 \ X 6.3 \ X 6.4 \ Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7.0 Organizations that may receive deductible contributions under section 170(c). 8.1 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7.2 \ Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8.1 If "Yes," indicate the number of Forms 8282 filed during the year 9.1 bid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 9.2 The organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 9.2 Sponsoring organizations maintaining door advised funds and section 598(4)3) supporting organizations. Did the supporting organization make any taxable distributions under section 49667 9.3 Did the organization make any taxable distributions under section 49667 9.4 Did the organization make any taxable distributions under section 49667 9.5 Section 501(c)(12) organizations. Enter 9.6 Gross income from the resources (Do not net amounts due or received from them) 9.5 Section 501(c)(12) organizations. Enter 9.6 Gross income from there sources (Do not net amounts due or received from them) 9.6 Gross income from there so			4a		X
b Did any taxable party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If Yes," to line 5a or 5b, did the organization file Form 8886-17?  b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not it ax deductible as charatible contributions?  b If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$5 made partly as contribution and partly for goods and services provided to the payor?  b If Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  for X  g if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  for the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-07  for Section \$01(c)(12) organizations maintaining donor advised funds and section 509(3)3 supporting organizations file form 1098-07  for the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Consistence from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b   19b   17tes, freat the amount of tax exempt interest received or accrued during the year  12b   17tes,	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 1"Yes," to line So or 5b, did the organization file Form 8886-17  8 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-0?  9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Section 501(c)(12) organizations. Enter:  1 In the formal organization or the formal organizations. Briter:  1 Gross income from members or shareholders  1 Gross income from members or shareholders  1 Gross income from members or shareholders  1 Gross income from there sources (D not net armounts due or paid to other sources against amounts due or received from them)  1 Gross income from them sources (D not net armounts due or paid to other sources against amounts due or received from them)  1 Gross income fr		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-1?  8 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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization set a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 The se," did the organization notify the donor of the value of the goods or services provided?  Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-07 to the organization received a contribution of cars, boats, anplanes, or other whicles, did the organization file a Form 1088-07 to the organizations maintaining doner advised funds and section 508(a)(3) supporting organizations. Did the supporting organizations maintaining doner advised funds and section 508(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4986?  Section 501(c)(7) organizations. Enter.  If the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders  Brown for the amount of tax-exempt interest received or accrued during the year  Section 501(c)(12) organizations. Enter.	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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?  Organizations that were not tax deductible as charitable contributions?  Organizations that may receive deductible contributions under section 170(c).  Did the organization include with every solicitation and partly for goods and services provided to the payor?  The solicit of the organization include with every solicitation and partly for goods and services provided to the payor?  The biff Yes, "did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If yes, "indicate the number of Forms 8282 filed during the year  Total  Tota	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations or advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations are advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  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  13a  14a X  b If "Yes," has thiled a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0040

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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 instructions

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$						
Sec	tion 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 647									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 647									
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		х						
6	Did the organization have members or stockholders?	6		Х						
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		Х						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	]	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 11						
	the state of the decice of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	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	ta Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		Х						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0								
	in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		X						
14	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	l	Х						
b	Other officers or key employees of the organization	15b		X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<b></b> -						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1							
_	taxable entity during the year?	16a		х						
h	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	- 1								
	exempt status with respect to such arrangements?	16b	Ì							
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ►IN									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailahl	— е							
.0	for public inspection. Indicate how you made these available. Check all that apply		-							
	Own website Another's website Work 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 policy, and	l finan	cial							
19	statements available to the public during the tax year.	i iii iai li	Jiai							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	on ►								
_0	ENTITY - (812) 945-6685									
	232 F 5TH CODEEN NEW ALBANY IN 47150									

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Part VII Compensation	n of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
Employees, a	nd Independent Contractors		

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

Check if Schedule O contains a response to any question in this Part VII

- 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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSEPH HALL	20.00									
SEC/TREASURER		X		X	ļ	<u> </u>	_	5,200.	0.	0.
(2) DAVID TULLY .	20.00	1			l	ł			_	_
PRESIDENT/DIRECTOR		X		X		<u> </u>	L_	0.	0.	0.
(3) RON GRANGIER .	20.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(4) RICHARD WEIGLEB .	20.00				Ì		ļ		_	
DIRECTOR		X				ļ	_	0.	0.	0.
(5) GARY BECK .	20.00	١					1		_	
DIRECTOR		X			ļ	<u> </u>		0.	0.	0.
(6) GILBERT WHEELER	20.00	x						0.	0.	0.
DIRECTOR										

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)						
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an			Average Position (do not check more box, unless person in			(C) Position (do not check more than one			( <b>D)</b> Reportable compensation	(E) Reportable compensation		Estin	F) nated unt of
	week (list any hours for related organizations below line)	tee or director			recto	Highest compensated A	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISO	ns composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of composition of com		her insation in the ization elated zations			
		-													
									- <u></u>						
		_										<u>.                                    </u>			
					_							· · · · · ·			
		_													
1b Sub-total c Total from continuation sheets to Part \	/II, Section A					<b>&gt;</b>		5,200.		0.		0.			
d Total (add lines 1b and 1c)  2 Total number of individuals (including but	not limited to th		liste	ed al	OOVE	e) wh	no re	5,200.		0.		0.			
compensation from the organization											V	0 es No			
3 Did the organization list any former office			e, ke	y er	nplo	yee,	or l	highest compensated ei	mployee on						
line 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the s	um of reportab	le co							the organization		3	X			
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>									dual for services	-	4	X			
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e <i>J f</i>	or su	ıch	pers	on					5	X			
Complete this table for your five highest c the organization. Report compensation for	•									ensa	tion froi	n			
(A) Name and busines					<b>71611</b>	01 11		(B) Description of s		Co	(C)	ation			
Traine and busines		INC	ONE	•					<u> </u>		Пропо				
							$\dashv$								
	···						-								
						_	$\dashv$								
	<del></del>											<del></del>			
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lii	mite	d to		se lis	sted	above) who received m	ore than						
										F	orm <b>99</b>	<b>0</b> (2012)			

VFW - INDIANA Form 990 (2012) 35-0824649 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 (B) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c Contributions, Giff and Other Similar d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 650 similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 650 h Total. Add lines 1a-1f **Business Code** 2 a DUES 900099 5,356. 5,356. Program Service Revenue f All other program service revenue 5,356. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,620. 3,620. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 3,500. b Less cost or other basis 17,223 and sales expenses <13,723 c Gain or (loss) <13,723.b <13,723.b d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 939 Part IV, line 18 0. b Less direct expenses 939. 939. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See a 112,816. Part IV, line 19 22,987 b Less direct expenses 89,829. 89,829 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 175,200 and allowances ь 114,179. b Less. cost of goods sold 61,021. 61,021 Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 844. 844 11 a MISCELLANEOUS INCOME I **b** OTHER REVENUE - LADIES 900099 308. 308. d All other revenue

1,152.

147,255

148,844.

e Total. Add lines 11a-11d

Total revenue. See instructions.

0

Form 990 (2012)

VFW - INDIANA Part IX Statement of Functional Expenses 35-0824649 Page 10

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 to any question in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 4.763 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5,200. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 59,973. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 8,552. 10 Payroll taxes Fees for services (non-employees): 11 Management Legal 3,723. c Accounting Lobbying 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 Sch O.) 2,550. Advertising and promotion 12 10,733. Office expenses 13 Information technology 14 Royalties 15 9,010. Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,249 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization Insurance 23 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.) 27,735. TELEPHONE & UTILITIES 11,997. TAXES AND LICENSES 10,246. c REPAIRS & MAINTENANCE 660. d DUES 195. e All other expenses 157,586. Total functional expenses. Add lines 1 through 24e 25 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)

35-0824649 Page 11

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 46,962. 63,842. Cash · non-interest-bearing 231,376. 2 234,981. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and 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 instr) Complete Part II of Sch L 6 **Assets** 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 821,331 817,848. 821<u>,331</u>. 10c Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 1,113,066. 1,103,274 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 3,646. <u>2,596.</u> 25 Schedule D 3,646. 2,596. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,109,420. 1,100,678. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,109,420. 1,100,678. 33 33 Total net assets or fund balances 1,103,274. 1,113,066. Total liabilities and net assets/fund balances

orm	1990 (2012) VFW - INDIANA	<u> 35-082</u>	<u> 24649</u>	Page 12
Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,844.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,586 <u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		742.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>1,109</u>	<u>,420.</u>
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,100	<u>,678.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	) O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		ļ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2012)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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. ➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Name of the organization

VETERANS OF FOREIGN WARS #3281

Employer identification number 35-0824649

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
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	writing that the assets held in donor advised fu	unds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pai		ganization answered "Yes" to Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	. [ ]	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		
	<b>22,</b> 0		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
~	Number of conservation easements on a certified historic str	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired		
_	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org-	anization during the tax
_	year >	-	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes 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 <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>S S S S S S S S S S</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
ь	Assets included in Form 990, Part X		▶ \$

		NDIANA	-4 11:-	Annin al Tu		O4b	. 0::		24649	
	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a sig	nıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	╸┞┤		hange progr	rams				
b	Scholarly research	•	• []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIII.	
5	During the year, did the organization solicit o					ner sımılar a	assets	_	٦	
<u> </u>	to be sold to raise funds rather than to be ma								<u>Yes</u>	L No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" to F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	<del>_</del>					<u> </u>			
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not ir	ncluded		٦	
	on Form 990, Part X?							L	<b>」Yes</b>	∟_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						<del></del>
	_						-		Amount	
C	Beginning balance						1c		<del></del>	
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance	000 5 171	040				1f		7,,	
2a	Did the organization include an amount on Fo								Yes	⊢ No
Pai	If "Yes," explain the arrangement in Part XIII  T V Endowment Funds. Complete if									<u> </u>
T G	Endownient i dids. Complete ii				1			ears back	(a) Four	
4-	Parama aforasa balanca	(a) Current year	(D) F	Prior year	(c) Two yea	is back (c	i) Tillee y	rears back	(e) roui y	ears back
1a	Beginning of year balance					<del></del>				
b	Contributions		-							
C	Net investment earnings, gains, and losses	<del></del>	<del> </del>							
d	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs	<del></del> -								
· ·	Administrative expenses End of year balance		<del></del>						<u> </u>	
g	Provide the estimated percentage of the curr	ront year and halane	o (line 1	a column (s	l hold as:	<del></del>			l	
2	Board designated or quasi-endowment	ent year end balant	%	g, column (a	ajj rielu as					
a	Permanent endowment	%								
b	Temporarily restricted endowment	^ %								
·	The percentages in lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for the	organia	zation		
oa	by	ssion of the organiz	ation til	at are riole a	and garriiniote	5100 101 111	, organi	-4:1011	5	es No
	(i) unrelated organizations								3a(i)	55 110
	(ii) related organizations								3a(ii)	
h	if "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
	t VI Land, Buildings, and Equipm									<del></del>
	Description of property	(a) Cost or o			or other	(c) Acc	umulate	ed	(d) Book	——— value
	Decempine of property	basis (investr			(other)	, ,	eciation		(-,	
1a	Land	<u> </u>			8,460.				458	,460.
	Buildings		· ·							<u> </u>
	Leasehold improvements			22	5,718.				225	,718.
	Equipment				7,153.	· · · · · · · · · · · · · · · · · · ·				,153.
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line 1	0(c))				821	,331.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 VFW - INDIA			35-0824649 Page 3
Part VII Investments - Other Securities. See			not or and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) ivietnod of valuation Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	<del></del>		
(D)			
(E)	· · ·		
(F) (G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	e Form 990. Part X. lin	e 13	
(a) Description of investment type	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			-
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	
Part IX Other Assets. See Form 990, Part X, line			
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
(10)  Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities. See Form 990, Part X, II			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL TAXES		1,772.	
(3) ACCRUED SALES TAXES		824.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line		2,596.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			f — 1

Sche	edule D (Form 990) 2012 VFW - INDIANA		35-0824649 Pa	ige 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	venue per Return	
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 on investments	2a		
ь	Donated services and use of facilities	2b		
С	Recoveries of pnor year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Ex	penses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part ie 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XI, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b. Also complete this part to 2; Part XIII, lines 2d and 4b.			

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ➤ See separate instructions.

2012

Open To Public Inspection

Name of the organization VETERANS OF FOREIGN WARS #3281

Employer identification number

35-0824649 INDIANA Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations C d In-person solicitations 2 a 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? \_\_ No b If "Yes," list the ten 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 (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? from activity fundraiser or entity (fundraiser) organization listed in col (i) Yes No 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

	edu irt l	le G (Form 990 or 990 EZ) 2012 VFW - II Fundraising Events. Complete if the		d "Yes" to Form 990, Par		0824649 Page 2 more than \$15,000
L		of fundraising event contributions and g	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
ne			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
u	8	Entertainment				
	9	Other direct expenses				
	10	· · · · · · · · · · · · · · · · · · ·			•	( )
_		Net income summary Combine line 3, colum				
Pa	ırt I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	Γ	\$15,000 on Form 990-EZ, line 6a.	<u> </u>	# 1 D Harb - 6 4 4	T T	[
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue		91,986.	20,830.	112,816.
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses		22,987.		22,987.
	6	Volunteer labor	Yes% No	X Yes 5.00 % No	X Yes 5.00 % No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	( 22,987)
	8	Net gaming income summary Combine line	1, column d, and line 7		<b>•</b>	89,829.
а	ls t	ter the state(s) in which the organization operate organization licensed to operate gaming a No," explain	ctivities in each of these	states?		X Yes No
		ere any of the organization's gaming licenses r				Yes X No

VETERANS OF FOREIGN WARS #3281 35-0824649 Page 3 Schedule G (Form 990 or 990-EZ) 2012 VFW - INDIANA 11 Does the organization operate gaming activities with nonmembers? Yes X No is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed \_\_\_ Yes X No to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: 13a 100.00 % a The organization's facility 13b 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 ► JOSEPH HALL Address ► 232 E FIFTH ST - NEW ALBANY, IN 47150 Yes X No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes." enter name and address of the third party: Name > Address > Gaming manager information Name ► JOSEPH HALL Gaming manager compensation ▶ \$ Description of services provided X Director/officer Employee \_\_\_\_ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes X No. retain the state gaming license? 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 > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, |Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

232083 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

## SCHEDULE O

### Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

VETERANS OF FO

VETERANS OF FOREIGN WARS #3281

Employer identification number

VFW - INDIANA	35-0824649
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION	DOES NOT HAVE A
PROCESS TO REVIEW THE FORM 990 BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVA	AILABLE UPON
REQUEST.	
	<del></del>
	<del></del>

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number

35-0824649

▶ See separate instructions. ► Attach to Form 990. VETERANS OF FOREIGN WARS #3281 VFW - INDIANA Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part I

	•						
(a) Name, address, and EIN (if applicable) of disposaded entity	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	. <u>.</u>	(f) Direct controlling entity	
Sales populations of		oreign country)					
	<b>1</b>						
				-			
	1						
Part II organizations during the tax year )	ations (Complete if the organization a	nswered "Yes" to Form 990,	Part IV, line 34 be	cause it had one o	more related tax-exer	mpt	
(e)	(q)	(၁)	ଚି	(e)	ε	6)	06.443)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	Section 3 (2(U), (3)	r(c) Y (r)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Yes	No No
DEPARTMENT OF INDIANA VFW	PROVIDE A POST TO BENEFIT						
PO BOX 361370	RETIRED MEMBERS OF THE					_	
INDIANAPOLIS, IN 46236	MILITARY						×
VEW USA	PROVIDE A POST TO BENEFIT						
406 WEST 34TH STREET	RETIRED MEMBERS OF THE						
KANSAS CITY, MO 64111	MILITARY						×

Schedule R (Form 990) 2012

VFW - INDIANA

Schedule R (Form 990) 2012

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

35-0824649

(¥)	General or Percentage managing ownership partner?										
9	ral or ging	2			_						
9	Gener mana partr	Yes No									
(3)	Code V-UBI amount in box	K-1 (Form 1065)				-					
<u>E</u>	Disproportion- ate allocations?	٥N									
_	Dispro ite allo	Yes									
( <del>6</del> )	Share of end-of-year										
£	જ										
(e)	Predominant income (related, unrelated, exclined from tax inches	sections 512-514)									
(Q)	Direct controlling entity										
<u></u>	Legal domicile (state or	foreign country)									
<b>(</b> Q)	Primary activity									 	
(a)	Name, address, and EIN of related organization										

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

	tion (\$13) rty?	No							 		
۔ ا	Section 512(b)(13) controlled entity?	Yes									
(F)	Percentage ownership			_							_
•	Share of end-of-year	933913									
6	Share of total income										
(e)	Type of entity (C corp, S corp,	(lens)				. <u>-</u>					
(p)	Direct controlling Type of entity Signature (C corp., S corp., C corp., S corp., C corp., S corp., C corp., S corp., C corp., S corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C corp., C c		1								
(0)	∵.	country)			-	_			-	•	
(q)	Primary activity										
(a)	Name, address, and EIN of related organization								:		

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 VFW - INDIANA

Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Page 3

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				_	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed ir	ı Parts II-IV?		>
<ul> <li>a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li> </ul>				Ja	4
b Gift, grant, or capital contribution to related organization(s)				<del>1</del> 0	×
c Gift, grant, or capital contribution from related organization(s)				10	×
				19	×
				9	×
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				שַ	4
f Dividends from related organization(s)				#	×
<ul> <li>Sale of assets to related organization(s)</li> </ul>				19	×
				ŧ	×
n Purchase of assets from related ofganization(s)				:	4 3
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				;	4
j Lease of facilities, equipment, or other assets to related organization(s)				;	×
k lease of facilities equipment or other assets from related organization(s)				<b>*</b>	×
	anization(s)			=	×
	inization(s)			<u> </u>	×
Character of facilities of an intermediate in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	inzanon(s)			5	: ×
	(c) (o)			<b>!</b>	;
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×
					;
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				đ	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered r	elationships and transaction thresholds.		
	(7)	(-)			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
232163 12-10-12			Schedule	Schedule R (Form 990) 2012	2012

, Page 4 35-0824649

VETERANS OF FOREIGN WARS #3281

VFW - INDIANA Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		,		•	
(k) ercentage wnership					
No C No					
General or managing partner?	 				
(h) (i) (j) (k) (k) (k) Ospropor-Code V-UBI General or Percentage bonate amount in box 20 partner? ownership of Schedule K-1 partner? of Schedule K-1 ves No (Form 1065) ves No					
(h) spropor- bonate ocations?	 				 
Disp. to diloca					 
(g) Share of end-of-year assets					
(f) Share of total income	:				
(e) Are all partners sec 501(c)(3) 01gs ?  4) Yes   No					
50 50 X					
(d) Predominant income professed, unrelated, excluded from tax under section 512-514) y					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2012

35-0824649 Page 5 VFW - INDIANA Schedule R (Form 990) 2012 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Schedule R (Form 990) 2012

232165 12-10-12

VETERANS OF FOREIGN WARS #3281

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		<b>•</b>	X
•	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	s form).		
-	complete Part II unless you have already been granted an automatic 3-month extension on a previously		m 8868	
	nic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time			oration
	to file Form 990·T), or an additional (not automatic) 3-month extension of time. You can electronically file			
	o file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Tra			
	Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on			
		1110 0100	aromo ming or time i	O1111,
	w.irs.gov/efile and click on e-file for Charities & Nonprofits.  Automatic 3-Month Extension of Time. Only submit original (no copies-need)	led)		
Part I				
	ration required to file Form 990-T and requesting an automatic 6-month extension - check this-box and co	udSiere	_	
Part I on			in a of time	
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a come tax returns.	n exten		
Type or print	VETERANS OF FOREIGN WARS #3281	mployer	identification numb	
File by the	VFW - INDIANA			
due date fo filing your return See	232 E. FIFTH STREET		curity number (SSN	!) 
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW ALBANY, IN 47150		710 <del>4</del>	
Enter the	Return code for the return that this application is for (file a separate application for each return)			0 1
Analiani	Detur Wholication			Return
Applicat	Return Application  Code As For			Code
Is For	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			07
	0 or Form 990-EZ S01 Form 990-T (corporation)		<del></del> ,	08
Form 99	V3			
				09
Form 99	6 144			10
	0-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11
Form 99	0-T (trust other than above) 06 Form 8870			12
● The b	ENTITY STREET - NEW ALBANY, IN 471!	50		
Telep	hone No. ► <u>(812)</u> 945 – 66,85 FAX No. ►		<del></del>	
	organization does not have an office or place of business in the United States, check this box		<u> </u>	
	is for a Group Return, enter-the organization's four digit Group Exemption Number (GEN) If the	nis is for	the whole group, o	heck this
box 🕨				
	equest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time ur			
	AUGUST 15 2013 , to file the exempt organization return for the organization named		The extension	
	for the organization's return for:  \[ \textbf{X} \] calendar year 20 \textbf{1}.2 or			
<b>&gt;</b>	tax year beginning, and ending		_·	
2 If 1	he tax year entered in line 1 is for less than 12 months, check reason: Initial return Fin	al returr	1	
		<del></del>		<del></del>
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a	\$	0.
	nrefundable credits. See instructions. his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		<del>. · · · · · · · · · · · · · · · · · · ·</del>	
es	timated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	3c	\$	0.