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DLN: 93493320001073

Return of Organization Exempt From Income Tax Form **990**

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

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Part TV	Checklis	t of Re	auired	Schedule	2.5
	CIICCNIIS		Juniou	SCIICAGI	_

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
C	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
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		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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 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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4		163	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		No
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing 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 shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טכ		
	1. 165, to fine 54 of 55, and the organization me form 6000-1.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
_	Gross income 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)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
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			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section 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			
	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			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? 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	10b	Yes	No No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes	No No
b 11a b 12a b c	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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13		No No
b 11a b 12a c 13 14	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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13		No No
b 11a b 12a c 13 14 15	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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14		No No No
b 11a b 12a c 13 14 15	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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14		No No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14		No No No No
b 11a b 112a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b		No No No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b		No No No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b		No No No No No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FG ary L Richardson PO BOX 2697 BATESVILLE, AR (870)698-4959

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

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

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

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more than one box, unless c person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) Alfred Q Garcia	1 00					<u> </u>				
Trustee 2013		Х						0	0	0
(2) James Ives	1 00									
Trustee 2013		х						0	0	0
(3) Jimmy W Moore	1 00									
	100	х						0	0	0
Trustee (4) Neal E Anderson	1.00									
(4) Neal E Anderson	1 00	х						0	0	0
Trustee										
(5) Troy L Jones	1 00	x						0	0	0
Trustee 2013		_ ^						Ŭ	0	
(6) Ashley Brashers	10 00			,				0	0	0
QUARTERMASTER				X				0	0	0
(7) Curtis A Matheny	1 00									
Jr Vice Commander 2013				Х				0	0	0
(8) Daniel Barrett	2 00									
Saniar Mea Commander 2012				Х				0	0	0
Senior Vice Commander 2012 (9) Gary D Jones	1 00									
	1 00			х				0	0	0
Judge Advocate 2013	45.00									
(10) Gary L Richardson	15 00			х				0	0	0
Quarter Master 2013										
(11) Joseph D Scarbrough	2 00			x				0	0	0
Senior Vice Commander 2013				,				Ů	ŭ	
(12) Michael E Gonzales	1 00			ļ				0	0	0
CHAPLAIN 2013				Х					U	0
(13) Philip J Huss	2 00			<u>.</u> .						_
COMMANDER 2013				Х				0	0	0
(14) Randy G Adams	1 00									
Surgeon 2013				Х				0	0	0
- Sangeon 2010	1				\vdash					
										Form 990 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

for related organization and related organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person and other compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person organization or individual for such person organization or individual for such person organization or individual for such pe		(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one I both	oox, an d	heck unless officer stee)	6	Repor compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	,_	(F) Estima mount o compens	ted fother ation he
Total (add lines 1b and 1c)			organizations below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		relate	ed b
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)				· ·	٠.	•		_							
\$100,000 of reportable compensation from the organization \$\infty\$0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			•			٠.			•		0		0		0
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	•	-					d abov	e) w	ho receive	d more th	an		W	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3							emplo	yee	, or highest	t compen	sated employee		Yes	NO_
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line organization and related organ	e 1a, is the sum	of repo	rtabl	e co	mpei						3		N o
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	5		a receive or acc	rue coi	 mpen	• satu	• on fr	• • om an	• v uni	related org	 anızatıon	or individual for	4		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													5		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Se	ction B. Independent Co	ntractors												
(A) (B) (C)		Complete this table for your fix	ve highest comp											ax year	
			(A)							_		(B)		(C	
													\perp		
													-		
2 Total number of independent contractors (including but not limited to those listed above) who received more than															

Part V		Statement of Revenue Check if Schedule O contains a response to any question	on in this Part VIII			Г
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
क क	1a	Federated campaigns 1a	_			
rant	b	Membership dues 1b 2,74) _			
Fill	С	Fundraising events 1c				
ifts ar /	d	Related organizations 1d				
s, G mil	е	Government grants (contributions) 1e				
ons Si	f	All other contributions, gifts, grants, and 1f 7	- 5			
outi her	-	similar amounts not included above	-			
i i	g	Noncash contributions included in lines 1a-1f \$	_			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	2,815			
		Business Code				
enu	2a					
Rev	b					
100	С					
Seri	d					
Program Serwce Revenue	e					
albo,	f	All other program service revenue				
4	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	367	367		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents 16,881	_			
	b	Less rental expenses				
	С	Rental income 16,881 or (loss)				
	d	Net rental income or (loss)	16,881	16,881		
	7a	(i) Securities (ii) Other Gross amount	-			
	-	from sales of assets other				
	b	than inventory Less cost or	_			
		other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
enne	8a	Gross income from fundraising events (not including \$				
Other Revenue	_	of contributions reported on line 1c) See Part IV, line 18 a				
븅	b c	Net income or (loss) from fundraising events	-			
-		Gross income from gaming activities				
		See Part IV, line 19				
	L.	a 217,48	_			
	b c	Less direct expenses b 198,79 Net income or (loss) from gaming activities	18,695	18,695		
		Gross sales of inventory, less returns and allowances . a 146,95	7			
	ь	Less cost of goods sold b 158,41				
		Net income or (loss) from sales of inventory	-11,457	-11,457		
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue	824	824		
	e	Total. Add lines 11a−11d	824			
	12	Total revenue. See Instructions	28,125	25,310	C	0

Part TX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ions must comi	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,130	1,130		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	350	350		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes				
l1	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	2,535	2,035	500	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
.2	Advertising and promotion	2,253	2,253		
3	Office expenses	877	438	439	
4	Information technology				
5	Royalties				
6	Occupancy				
.7	Travel	809	409	400	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	449	225	224	
9	Conferences, conventions, and meetings				
:0	Interest	11,138	11,138		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	6,436	6,436		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Flowers and gifts	387	387		
ь	Repair and maintenance	3,400	3,400		
c	Bank charges	1,014	1,014		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	30,778	29,215	1,563	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	4,201
	2	Savings and temporary cash investments			1,133	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			300	4	300
	5	Loans and other receivables from current and former officers, directly employees, and highest compensated employees. Complete Part Schedule L	II of			5	
ets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntrıbut	ing employers		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	245,160			
	Ь	Less accumulated depreciation	10b	51,058	198,770	10c	194, 102
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			17,777	15	15,274
	16	Total assets. Add lines 1 through 15 (must equal line 34)			217,980	16	213,877
	17	Accounts payable and accrued expenses			5,903	17	9,143
	18	Grants payable				18	· · ·
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trust				
Liabili		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			151,082	23	148,434
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part					
		D			2,042	25	
	26	Total liabilities. Add lines 17 through 25			159,027	26	157,577
S e S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ lines 27 through 29, and lines 33 and 34.	and co	omplete			
<u>a</u>	27	Unrestricted net assets				27	
n D	28	Temporarily restricted net assets		•		28	
Ξ	29	Permanently restricted net assets		-		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	e⊨ ⊽	and			
9	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fur	nds		58,953	32	56,300
₹	33	Total net assets or fund balances			58,953	33	56,300
_	34	Total liabilities and net assets/fund balances			217,980	34	213,877

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1			28,125
2	Total expenses (must equal Part IX, column (A), line 25)	2			30,778
3	Revenue less expenses Subtract line 2 from line 1	3			-2,653
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			58,953
5	Net unrealized gains (losses) on investments	5			30,333
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			56,300
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			_
	▼ Separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	ofthe	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	I			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equire	3b		

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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.

Supplemental Financial Statements

Open to Public

Interna	l Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
Name of the organization VETERANS OF FOREIGN WARS POST 4051				Employer identifica	tion number
VEI	LKANS OF FUKEIGN	TCO+ ICOJ CANYA A		71-0803495	
Pa		izations Maintaining Donor Adv			. Complete if the
	organi	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(b) Funds and	thar accounts
1	Total number a	at end of year	(a) Donor advised funds	(b) Fullus allu (other accounts
2		tributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
5		zation inform all donors and donor adviso organization's property, subject to the or		nor advised	┌ Yes ┌ No
6	used only for c	zation inform all grantees, donors, and de haritable purposes and not for the benef ermissible private benefit?			┌ Yes ┌ No
Pa		rvation Easements. Complete if	the organization answered "Yes" t	to Form 990, Part IV	7, line 7.
2	Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education) Preservation of ar Preservation of a	certified historic struc	ture
	easement on t	he last day of the tax year		Held at the	End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
3		servation easements modified, transferr	red, released, extinguished, or terminate	ed by the organization	durıng
4	Number of stat	tes where property subject to conservat	ion easement is located ►	<u></u>	
5	_	nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, han	dling of violations, and	┌ Yes ┌ No
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments during the year	
7	•	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s during the year	
8		nservation easement reported on line 2(o70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No
9	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia		
Par		nizations Maintaining Collection ete if the organization answered "Y		or Other Similar	Assets.
1a	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furthera	
b	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balance	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets inc	luded in Form 990, Part X			
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		or financial gain, provid	
а	Revenues incli	uded in Form 990, Part VIII, line 1		► \$	
ь		ed in Form 990, Part X			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i oiiii > > 0, i aic A		- Ψ <u></u>	

Part	IIII Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal T</u>	reasu	res, or O	the	r Similar A	ssets	(con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	necka	any of	the follo	wing that a	are a	sıgnıfıcant us	e of its		
а	Public exhibition		d	Γ	Loan	orexch	ange progi	rams				
b	Scholarly research		e	Γ	Othe	er.						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	/ furth	er the o	rganızatıor	ı's ex	kempt purpose	ın		
5	During the year, did the organization solicit								nılar	_		_
	assets to be sold to raise funds rather than t		<u> </u>							Г Ye	S	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	a "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontrıb	utions o	rotherass	ets	not	Г Ye	s	∏ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving t	able		Г		_			
_							-	_	Α	mount		
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?							┌ Ye	S	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	natio	n has	been pr	ovided in F	art :	XIII			
Pai	t V Endowment Funds. Complete											
1-	Beginning of year balance	(a)Current year	(b))Prior	/ear	b (c) 1 v	o years back	((a)	Three years back	(e) ⊦o	ur yea	ars back
1a b	Contributions							+				
C	Net investment earnings, gains, and losses							+				
	Wet investment earnings, gams, and losses							_				
d	Grants or scholarships							_				
e	Other expenditures for facilities and programs											
f	Administrative expenses							_				
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	ie 1g,	colur	nn (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	re he	ld and a	dministere	d for	the		- 1	
	organization by (i) unrelated organizations								. 3.	(i) Y	es	No_
	(ii) related organizations									(ii)	+	
b	If "Yes" to 3a(II), are the related organization				ule R	· · ·		٠.		Bb	十	
4	Describe in Part XIII the intended uses of the	ne organization's er	ndowm	ent fu	ınds							
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa									
	Description of property					or other estment)	(b)Cost or basis (oth		(c) Accumulate depreciation		l) Boo	ok value
	and		•									
	Buildings		•				224	1,906	32,	480		192,426
c l				1			i		1			
	easehold improvements		•	-								
	quipment						20	0,254	18,	578		1,676
e (quipment	ogual Form 000 Port		<u></u>	D) /	10/5		0,254	18,	578		1,676 194,102

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	<u>)</u> .	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of-	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	!		
	- 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	P		
Part VIII Investments—Program Related. S	See Form 990 Part V line 1	13	
(a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(b) Book value		u of valuation -year market value
		0050010114-01	year market value
	!		
	!		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc			(b) Book value
(1) Certificates of Deposit			15,274
(1) Certificates of Deposit			13,274
			15,274
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Par	t X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability			
Part X Other Liabilities. See Form 990, Par	t X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	t X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	t X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	t X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	t X, line 25.		
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Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	t X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes See Additional Data Table	t X, line 25. (b) Book value		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	t X, line 25. (b) Book value		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
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)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

VETERANS OF FOREIGN WARS POST 4051

DLN: 93493320001073

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

71-0803495

Pa	rt I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on answered "Yes" t	o Form 990, Part IV	, lıne 17.
a b c d 2a	Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations i written or oral agree Form 990, Part VII) t paid individuals or e	ement with or entity i	e f g i any indi n connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events rs, directors, trustees undraising services?	F Yes F No ndraiser is
Tota 3	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo contrib Yes	Did ser have ody or rol of utions? No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	licensing	organization is regist			Solicit lulius or nas De		

Gross receipts Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages . Entertainment Other direct expenses . Direct expense summary Add line Net income summary Combine I	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary Add line Net income summary Combine I			(total number)	
Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary Add line Net income summary Combine I	nes 4 through 9 ın colum			
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages . Entertainment Other direct expenses . Direct expense summary Add line Net income summary Combine I	nes 4 through 9 ın colum			
minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages . Entertainment Other direct expenses . Direct expense summary Add line Net income summary Combine I	nes 4 through 9 ın colum			
Noncash prizes Rent/facility costs Food and beverages . Entertainment Other direct expenses . Direct expense summary Add lin Net income summary Combine I	nes 4 through 9 ın colum			
Rent/facility costs Food and beverages . Entertainment Other direct expenses . Direct expense summary Add lin Net income summary Combine I	nes 4 through 9 ın colum			
Food and beverages . Entertainment Other direct expenses . Direct expense summary Add lin Net income summary Combine I	nes 4 through 9 ın colum			
Entertainment Other direct expenses . Direct expense summary Add lin Net income summary Combine I	nes 4 through 9 ın colum			
Other direct expenses . Direct expense summary Add lii Net income summary Combine I	nes 4 through 9 in colum			
Direct expense summary Add lii Net income summary Combine I	nes 4 through 9 in colum			
Net income summary Combine I	nes 4 through 9 in colum			
<u> </u>		n(d)		()
Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
· · ·	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Gross revenue	217,077		410	217,487
Cash prizes	184,501			184,501
Non-cash prizes			400	400
Rent/facility costs				
Other direct expenses	13,891			13,891
Volunteer labor	∀ Yes100 000 % No	☐ Yes	∀es 100 000 % No	
Direct expense summary Add line	s 2 through 5 in column	(d)	🛌	198,792
Net gaming income summary Con	nbine lines 1 and 7 in col	ımn (d)		18,695
		h of these states?		
the organization licensed to operate				
	Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organiz	Direct expense summary Add lines 2 through 5 in column (Net gaming income summary Combine lines 1 and 7 in column er the state(s) in which the organization operates gaming achieves to operate gaming activities in each	Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine lines 1 and 7 in column (d) er the state(s) in which the organization operates gaming activities AR he organization licensed to operate gaming activities in each of these states?	Direct expense summary Add lines 2 through 5 in column (d)

oes	the organization operate gaming activities with nonmembers?	
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
3	Indicate the percentage of gaming activity operated in	
а	The organization's facility	00%
b	An outside facility	
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name Gary L Richardson	
	Address PO BOX 2697 BATESVILLE, AR 72503	
5a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	Νo
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 ►	
6	Gaming manager information	
	Name Marie Malcon	
	Gaming manager compensation 🟲 \$	
	Description of services provided Administrative	
	□ Director/officer □ Employee □ Independent contractor	
7	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	N o
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	110
	in the organization's own exempt activities during the tax year 🕨 \$ 700	
Pai	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	;
	I dentifier Return Reference Explanation	
	ı	

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As Filed Data -

DLN: 93493320001073

Supplem

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization
VETERANS OF FOREIGN WARS POST 4051

Employer identification number

71-0803495

Identifier	Return Reference	Explanation
O01	Members or stockholder classes and rights Part VI line 6	The organization has membership consiting of individuals elgible for membership their services to our country in the armed forces who have received a campaign medal for overseas service, have served 30 consecutive or 60 non-consecutive days in Korea, or have ever received hostile fire or imminent danger pay
O02	Member election for additional members Part VI line 7a	All members in good standing have the opportuntity to elect all officers annually
O03	Governing body decisions Part VI line 7b	All officer decisions are potentially subject to approval or affirmation of the membership, as all governing decisions are generally made at member meetings by the membership as a whole
O04	Form 990 governing body review Part VI line 11	Form 990 is provided to and reviewed by the signing officer
O05	Officer director etc mailing address Part VI line 9	One of the Organization9s Trustees (Troy Jones) passed away November 2013
006	Governing documents etc available to public Part VI line 19	Public request for documents are evaluated on a case by case basis. Members have open access to documents.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493320001073 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 - 1 Name(s) shown on return VETERÁNS OF FOREIGN WARS POST 4051 71-0803495 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) \cdot · · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,000,000 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 · · · 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . 🕨 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 5,055 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · 1,255 If you are electing to group any assets placed in service during the tax year into one or more general

<u>ets Placed in</u>	Service During 20:	12 Tax Year	Using the Ge	<u>neral Depreci</u>	ation System
(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
	See Add'l Data				
		25 yrs		S/L	
		27 5 yrs	ММ	S/L	
		27 5 yrs	MM	S/L	
		39 yrs	ММ	S/L	
			MM	S/L	
n C—Assets Plac	ed in Service During 201	2 Tax Year Using	the Alternative	Depreciation Sys	tem
				S/L	
		12 yrs		S/L	
		40 yrs	ММ	S/L	
	(b) Month and year placed in service	(b) Month and year placed in service (business/investment use only—see instructions) See Add'l Data	(c) Basis for depreciation (business/investment use only—see instructions) See Add'l Data 25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs n C—Assets Placed in Service During 2012 Tax Year Using	(c) Basis for depreciation (business/investment use only—see instructions) See Add'l Data 25 yrs 27 5 yrs MM 27 5 yrs MM 39 yrs MM MM n C—Assets Placed in Service During 2012 Tax Year Using the Alternative	(b) Month and year placed in service Convention Conve

Part IV Summary (see instructions)		
21 Listed property Enter amount from line 28 · · · · · · · · · · · · · · · · · ·	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter		
here and on the appropriate lines of your return Partnerships and S corporations—see instructions • •	22	6,43
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs		

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

24a Do you have evider	nce to support t	the business/inv	estment u	ise claime	d? ┌ Yes	Гпо		24	Ib If "Y	es," ıs t	the ev	ıdence	written?	, Г _Y е	s L N	D
(a) Type of property (list vehicles first)	Type of property (list Date placed in investment Cost or		r other (husiness/investment)		(f) Recovery period	very Method/					(i) Electe section cost					
25Special depreciation allo	•		y placed	ın service	during the	tax year	and ι	sed more	than	Ī						
50% in a qualified busi	•									25						
26 Property used more	e than 50% 	in a qualified b	usiness	use	T			I			Т			\neg		
		%														
		%														
27 Property used 50%	orless in a		ness us	е	1			ı	lc //		_					
		%			1				S/L - S/L -		+			-		
		%							S/L -							
28 Add amounts in co	olumn (h), lın	ies 25 through	27 En	ter here	and on lir	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lını	e 26 Enterhe	re and o	n line 7,	page 1			–					29			
					mation	on U	se o	of Veh	icles				<u> </u>			
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or i	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n excepti		mpletin I						<u></u>
30 Total business/in			ng the		a) ıcle 1	Vehi	o) cle 2	l ve	(c) shicle 3	3 1	(c Vehid	-		e) icle 5		f) icle 6
year (do not inclu	de commutin	ig miles) .	•													
31 Total commuting i	miles driven	during the yea	r .													
32 Total other persor	nal(noncomm	nutina) miles d	rıven													
33 Total miles driven	•															
through 32 . 34 Was the vehicle a	vailable for m	ersonal use		Yes	No	Yes	No	Yes	l N		es	No	Yes	No	Yes	No
during off-duty ho		crsonar usc		165	140	163	140	163	- 14	'	CS	140	163	110	163	+ 140
35 Was the vehicle u		· · · · · ·	n 5%						-	_				+-		+
owner or related p	•	, by a more the														
36 Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ		t an exc												not mo	re tha
37 Do you maıntaın a				nibits all	personal	use of	vehi	cles, in	luding	comn	nutın	g, by	your	Y	'es	No
employees? .							•			• •		•				
38 Do you maintain a employees? See t												your				
39 Do you treat all us	e of vehicles	s bv emplovee	s as per	sonal us	e?											-
40 Do you provide movehicles, and reta	ore than five	vehicles to yo	ur empl						employ	ees al	bout	the us	se of			
41 Do you meet the r				· · ·	· · ·	• • nstratio	n IIS	 e?(See	ınstru	· ·		•				
Note: If your answ	-							-			-					
	rtization	, 35, 40, 01 41	. 13 1 6.	3, do 110	Comple	16 5661	.1011 L	o lor the	COVE	eu vei	iicica			—		
Part VI Ailio	luzation	(b)				$\overline{}$			\neg	(e)						
(a) Description of c	osts	Date amortization begins		A mort	c) :izable ount			(d) Code ection	ļ	nortiza period ercenta	or			(f) ortizati his ye		
42 A mortization of co	ctc that har			tav 2000	/coc :n=	tructic) c \		I be		age					
TE A HIGHLIZALION OF CO	raca chat beg	ms during you	1 2012	cax year	(see ms	T	15/		- 1		I					
									_							
40.0										Т						
43 Amortization of co	_	-					•			-	43					
44 Total. Add amoun	ts ın column	(f) See the in:	structio	ns for wh	ere to re	port					44					

Additional Data

Software ID: Software Version:

EIN: 71-0803495

Name: VETERANS OF FOREIGN WARS POST 4051

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
c 7-year property		1,136	7	HY	S/L	81
c 7-year property		632	7	HY	S/L	45