



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012		D Employer identification number
C Name of organization JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA INC		88-0335718
E Number and street (or P O box, if mail is not delivered to street address) PO Box 531566		F Telephone number (702) 614-3363
G City or town, state or country, and ZIP + 4 Henderson, NV 890531556		H Group Exemption Number 0973

G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 58,189

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 3,833
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 399
	4 Investment income	4 65
	5a Gross amount from sale of assets other than inventory	5a 0
	b Less cost or other basis and sales expenses	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) <input checked="" type="checkbox"/>	6a 0
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the <input checked="" type="checkbox"/> sum of such gross income and contributions exceeds \$15,000)	6b 53,892
Expenses	c Less direct expenses from gaming and fundraising events	6c 4,745
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 49,147
	7a Gross sales of inventory, less returns and allowances	7a 0
	b Less cost of goods sold	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 53,444
	10 Grants and similar amounts paid (list in Schedule O)	10 42,865
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 0
Net Assets	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 350
	15 Printing, publications, postage, and shipping	15 1,557
	16 Other expenses (describe in Schedule O)	16 7,404
	17 Total expenses. Add lines 10 through 16 ►	17 52,176
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,268
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 85,947
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 87,215

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	85,947	22 87,215
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	85,947	25 87,215
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,947	27 87,215

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

To serve veterans and active members of the United States military services, especially those who are faced with emergencies, without regard to race, religion, or sex

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Additional Data Table(Grants \$) If this amount includes foreign grants, check here **28a****29**(Grants \$) If this amount includes foreign grants, check here **29a****30**(Grants \$) If this amount includes foreign grants, check here **30a****31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a) **32** 0**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	No
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ 0	40d	0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____ 0	40e	0
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► Paul Goldstein Telephone no ► (702) 818-5276 Located at ► PO Box 531566 Henderson, NV ZIP + 4 ► 890531556		
b 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)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here			2013-05-08
	Signature of officer	Date	
Joel Berg Quartermaster			
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA INC

Employer identification number

88-0335718

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

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

Digitized by srujanika@gmail.com

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>Poppy Drives</u> (event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . .	53,892			53,892
	2 Less Contributions . . .	42,865			42,865
	3 Gross income (line 1 minus line 2) . . .	11,027			11,027
Direct Expenses	4 Cash prizes . . .	0			0
	5 Noncash prizes . . .	0			0
	6 Rent/facility costs . . .	0			0
	7 Food and beverages . . .	0		0	0
	8 Entertainment . . .	0		0	0
	9 Other direct expenses . . .	4,745			4,745
	10 Direct expense summary Add lines 4 through 9 in column (d)				(4,745)
	11 Net income summary Combine line 3, column (d), and line 10				6,282

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

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 retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV 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).

Identifier	Return Reference	Explanation
SchG_P01_S00_L01	Schedule G, Part I, Line 1	Special events were Veterans Poppy Drives conducted by JWW Post volunteers only. No professional sources were used for fund raising in any way.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA INC

Employer identification number

88-0335718

Identifier	Return Reference	Explanation
F99Z_P01_S00_L10	Form 990-EZ, Part I, Line 10	28 US Vets Supports homeless veterans \$8,000 29 Cash donations to USO Provides food for service personnel passing through \$12,000 30 Indigent Funds Pays utility bills for needy veterans Referred by Veterans Administration \$9,146 31 Nevada Veterans Assistance League of the Nevada Veterans Nursing Home \$1,100 31 Sew Much Comfort/Las Vegas Sew Girls Provides wearing apparel sewn to accommodate prosthetic devices \$1 600 31 Scholarships to children or grandchildren of veterans \$2,000 31 Cash donations to VA Healthcare Helps cover miscellaneous costs not covered by VA \$690 31 VA Henderson Veterans Center \$322 31 Saved Animals for Veterans Provides service animals for needy veterans \$2,000 31 JWV Department of Nevada Stand Down for homeless veterans \$800
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Program \$1,325, Insurance \$255, Dues to National \$1,211, National Convention \$700, Bereavement expenses \$336, Office & Postage \$884, Newsletter \$663, Commander's expenses \$600, Other miscellaneous expenses \$1,430

Additional Data

Software ID: 12000197
Software Version: v1.00
EIN: 88-0335718
Name: JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Support for U S Vets (Grants \$ 8,000)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		0
29 Cash donations to USO (Grants \$ 12,000)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0
30 NV Veterans Assistance League of the NV Veterans Nursing Home (Grants \$ 1,100)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0
Sew Much Comfort/Las Vegas Sew Girls (Grants \$ 1,600)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0
Indigent Veterans (Requested aid through V A Social Workers) (Grants \$ 9,146)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		0
Scholarships to children or grandchildren of veterans (Grants \$ 2,000)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		0
Cash donations to VA Healthcare (Clinics) (Grants \$ 690)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		0
V A Henderson Veterans Center (Grants \$ 322)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		0
Saved Animals for Veterans (Grants \$ 2,000)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		0
JWV Department of Nevada Stand Down for homeless veterans (Grants \$ 800)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Paul Schreiman Commander	12	0	0	0
Richard Rose Junior Vice Commander	4	0	0	0
Barry Freedman Senior Vice Commander	4	0	0	0
Larry Brody Judge Advocate	1	0	0	0
Paul Goldstein Quartermaster	14	0	0	0
Janet Kanofsky Adjutant	2	0	0	0
Samuel Westerman Trustee	1	0	0	0
George Barnett Trustee	1	0	0	0
Larry Brody Trustee	1	0	0	0
Edward Kranson Trustee	1	0	0	0