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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	4,560.	22
23 Land and buildings	0.	23
24 Other assets (describe in Schedule O)	0.	24
25 Total assets	4,560.	25
26 Total liabilities (describe in Schedule O)	1,600.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,960.	27
	54,766.	0.
	54,766.	789.
	53,977.	

Part III Statement of Program Service Accomplishments (see the instrs 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? **ASSIST VETERANS WITH SERVICES-CONNECTED DISABILITIES AND RELATED BENEFITS**
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	<u>ASSISTING VETERANS WITH SERVICES-CONNECTED DISABILITIES AND RELATED BENEFITS.</u>		
29	(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	0.
30	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
31	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	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

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 X

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 X

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 X

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 X

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 X

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 X

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 X

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

b Gross receipts, included on line 9, for public use of club facilities 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

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X

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 X

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► WILLIAM FARLING Telephone no ► (907) 373-5572
Located at ► 250 W CANTERBURY DR WASILLA AK ZIP + 4 ► 99654-1341 42b X

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 ► _____ 42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► _____

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

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 X

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 X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

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 of the organization within the meaning of section 512(b)(13)? 45a

b 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 X

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		X

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

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
NONE				

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
NONE		

¶ 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	<p>► <u>William Farling</u> <small>Signature of officer</small></p> <p>► <u>William Farling</u> TREASURER <small>Type or print name and title</small></p>	<p><u>3-24-2013</u> <small>Date</small></p>
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Paid Preparer Use Only	Print/Type preparer's name Mikie Boehm	Preparer's signature 	Date 3/25/13	<input checked="" type="checkbox"/> if self-employed	PTIN P01357423
	Firm's name ► Mikie's Accounting			Firm's EIN ► 92-0161268	
	Firm's address ► 2160 N Willow Drive Wasilla			Phone no (907) 373-5484	

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
GRANT-VETERANS SERVICE FUND	20,128.
	171,899.
Total	<u>192,027.</u>

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
PAYROLL EXPENSE	99,231.
PAYROLL TAXES EXPENSE	10,890.
Total	<u>110,121.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
ACCOUNTING SERVICE	1,216.
SERVICE OFFICER CONTRACT	4,227.
Total	<u>5,443.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
TELEPHONE EXP	941.
MEETING ROOM RENTAL EXPENSE	30.
Total	<u>971.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
POSTAGE EXPENSE	818.

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

VIETNAM VETERANS OF AMERICA ALASKA

Employer identification number

75-3168158

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>WORKMAN COMP EXPENSE</u>	<u>1,449.</u>
<u>TRAVEL EXPENSES FOR SERVICE OFFICERS</u>	<u>17,507.</u>
 <u>Total</u>	<u> 18,956.</u>

Continued

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
SUPPLIES	4,709.
Total	<u>5,527.</u>