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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Department of the Treasury  
Internal Revenue ServiceUnder 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.

Open to Public  
Inspection

<b>A For the 2012 calendar year, or tax year beginning</b>		Jul 1	, 2012, and ending	Jun 30	, 2013
<b>B Check if applicable</b>					<b>D Employer identification number</b>
<input type="checkbox"/> Address change	<b>C Name of organization</b>				06-0763631
<input type="checkbox"/> Name change	VETERANS OF FOREIGN WARS POST 9965				<b>E Telephone number</b>
<input type="checkbox"/> Initial return	Number and street (or P O box, if mail is not delivered to street address)				(203) 269-7110
<input type="checkbox"/> Terminated	P O BOX 4071				
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4				<b>F Group Exemption Number</b>
<input type="checkbox"/> Application pending	WALLINGFORD				CT 06492
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►					<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>
<b>I Website:</b> ► N/A					
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 23 ) <sup>(insert no.)</sup> <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					

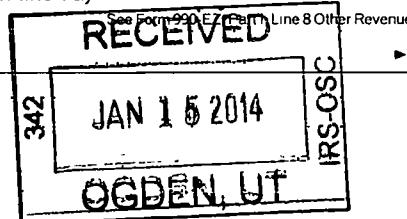
**K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the 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 ► \$ 96,386.**

## 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 

<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less: cost or other basis and sales expenses</p> <p>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</p> <p>6 Gaming and fundraising events</p> <p>6a Gross income from gaming (attach Schedule G if greater than \$15,000)</p> <p>6b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</p> <p>6c Less: direct expenses from gaming and fundraising events</p> <p>6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>7b Less: cost of goods sold</p> <p>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe in Schedule O)</p> <p>9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</p> <p>10 Grants and similar amounts paid (list in Schedule O)</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe in Schedule O)</p> <p>17 <b>Total expenses.</b> Add lines 10 through 16</p> <p>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</p> <p>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)</p> <p>20 Other changes in net assets or fund balances (explain in Schedule O)</p> <p>21 Net assets or fund balances at end of year Combine lines 18 through 20</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td style="width: 90%;">500.</td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>1,699.</td> </tr> <tr> <td>4</td> <td></td> </tr> <tr> <td>5a</td> <td></td> </tr> <tr> <td>5b</td> <td></td> </tr> <tr> <td>5c</td> <td></td> </tr> <tr> <td>6a</td> <td></td> </tr> <tr> <td>6b</td> <td></td> </tr> <tr> <td>6c</td> <td></td> </tr> <tr> <td>6d</td> <td></td> </tr> <tr> <td>7a</td> <td>92,989.</td> </tr> <tr> <td>7b</td> <td>41,575.</td> </tr> <tr> <td>7c</td> <td>51,414.</td> </tr> <tr> <td>8</td> <td>1,198.</td> </tr> <tr> <td>9</td> <td>54,811.</td> </tr> <tr> <td>10</td> <td></td> </tr> <tr> <td>11</td> <td></td> </tr> <tr> <td>12</td> <td>21,096.</td> </tr> <tr> <td>13</td> <td></td> </tr> <tr> <td>14</td> <td>19,502.</td> </tr> <tr> <td>15</td> <td></td> </tr> <tr> <td>16</td> <td>7,711.</td> </tr> <tr> <td>17</td> <td>48,309.</td> </tr> <tr> <td>18</td> <td>6,502.</td> </tr> <tr> <td>19</td> <td>161,333.</td> </tr> <tr> <td>20</td> <td></td> </tr> <tr> <td>21</td> <td>167,835.</td> </tr> </table>	1	500.	2		3	1,699.	4		5a		5b		5c		6a		6b		6c		6d		7a	92,989.	7b	41,575.	7c	51,414.	8	1,198.	9	54,811.	10		11		12	21,096.	13		14	19,502.	15		16	7,711.	17	48,309.	18	6,502.	19	161,333.	20		21	167,835.
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See Form 990 EZ Part I, Line 16 Other Expenses

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

REVENUE SCANNED JAN 29 2014

EXPENSES

ASSETS



**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 Yes  No   
**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) Yes  No   
**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)? Yes  No   
**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 Yes  No   
**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 Yes  No   
**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 Yes  No   
**36**  **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes  No   
**37b**  **X**

b Did the organization file Form 1120-POL for this year? Yes  No   
**38a**  **X**

c 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? Yes  No   
**38b**

d If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes  No   
**39a**

e Section 501(c)(7) organizations Enter Yes  No   
**39b**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► Yes  No ; section 4912 ► Yes  No , section 4955 ► Yes  No   
**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 Yes  No   
**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 ► Yes  No   
**40d**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► Yes  No   
**40e**  **X**

41 List the states with which a copy of this return is filed ► Yes  No

42a The organization's books are in care of ► JJ HAFFNER CO Telephone no ► (203) 269-6682  
 Located at ► 151 NORTH COLONY ST ► WALLINGFORD CA ZIP + 4 ► 06492 Yes  No   
**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: ► Yes  No   
**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: ► Yes  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** Yes  No   
**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 Yes  No   
**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 Yes  No   
**44b**  **X**

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
**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 Yes  No   
**44d**

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes  No   
**45a**  **X**

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) Yes  No   
**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

	Yes	No
47		
48		
49 a		
49 b		

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

49 a 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
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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'

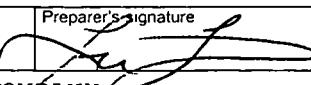
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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d Total number of other independent contractors each receiving over \$100,000 ►

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

<b>Sign Here</b>					
	Signature of officer <b>Carl Griffis</b>	Date <b>1/9/14</b>			
	Type or print name and title <b>Carl Griffis</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LEN FAZZINO</b>	Preparer's signature 	Date <b>01/02/14</b>	Check <input checked="" type="checkbox"/> if self-employed	PIN <b>P01204211</b>
	Firm's name ► <b>J J HAFFNER COMPANY</b>			Firm's EIN ► <b>06-0924514</b>	
	Firm's address ► <b>151 NORTH COLONY STREET WALLINGFORD</b>	CT 06492	Phone no (203) 269-6682		

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

►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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

OMB No 1545-0047

2012

**Open to Public  
Inspection**

**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.

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

VETERANS OF FOREIGN WARS POST 9965

**Employer identification number**

06-0763631

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

MISCELLANEOUS 1,198.

Total 1,198.

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)

ACCOUNTING 1,360.

BANK FEES 317.

DUES & LICENSES 446.

OFFICE EXPENSE 142.

PAYROLL TAXES 2,926.

TAXES MUNICIPAL 135.

POSTAGE 45.

CONTRACT LABOR 2,340.

Total 7,711.