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**Short Form**

**Return of Organization Exempt From Income Tax**

**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

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

**C** Name of organization: VVA Chapter 822  
 Number and street (or P O box, if mail is not delivered to street address): P.O. Box 1812 Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code: MARION, OH.

**D** Employer identification number: 87-0365322

**E** Telephone number

**F** Group Exemption Number ▶

**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) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other BRANCH CHAPTER

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

**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

SCANNED NOV 07 2014

Line	Description	Amount	Amount
1	Contributions, gifts, grants, and similar amounts received		1 <input checked="" type="checkbox"/>
2	Program service revenue including government fees and contracts		2 <input checked="" type="checkbox"/>
3	Membership dues and assessments		3 3
4	Investment income		4 <input checked="" type="checkbox"/>
5a	Gross amount from sale of assets other than inventory	5a <input checked="" type="checkbox"/>	
b	Less: cost or other basis and sales expenses	5b <input checked="" type="checkbox"/>	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <input checked="" type="checkbox"/>	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <input checked="" type="checkbox"/>	
b	Gross income from fundraising events (not including \$ <input checked="" type="checkbox"/> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b <input checked="" type="checkbox"/>	
c	Less: direct expenses from gaming and fundraising events	6c <input checked="" type="checkbox"/>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d <input checked="" type="checkbox"/>	
7a	Gross sales of inventory, less returns and allowances	7a <input checked="" type="checkbox"/>	
b	Less: cost of goods sold	7b <input checked="" type="checkbox"/>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c <input checked="" type="checkbox"/>	
8	Other revenue (describe in Schedule O)	8 <input checked="" type="checkbox"/>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <input checked="" type="checkbox"/>	3
10	Grants and similar amounts paid (list in Schedule O)	10 <input checked="" type="checkbox"/>	
11	Benefits paid to or for members	11 <input checked="" type="checkbox"/>	
12	Salaries, other compensation, and employee benefits	12 <input checked="" type="checkbox"/>	
13	Professional fees and other payments to independent contractors	13 <input checked="" type="checkbox"/>	
14	Occupancy, rent, utilities, and maintenance	14 <input checked="" type="checkbox"/>	
15	Printing, publications, postage, and shipping	15 <input checked="" type="checkbox"/>	
16	Other expenses (describe in Schedule O)	16 <input checked="" type="checkbox"/>	689.73
17	<b>Total expenses.</b> Add lines 10 through 16	17 <input checked="" type="checkbox"/>	689.73
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <input checked="" type="checkbox"/>	(-) 686.73
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 <input checked="" type="checkbox"/>	4104.41
20	Other changes in net assets or fund balances (explain in Schedule O)	20 <input checked="" type="checkbox"/>	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21 <input checked="" type="checkbox"/>	3433.68

INTERNAL REVENUE SERVICE  
 318 RECEIVED  
 OCT 10 2014  
 BATCHING UNIT  
 COVINGTON, KY



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 . . . . .		<input checked="" type="checkbox"/>
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) . . . . .		<input checked="" type="checkbox"/>
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)? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> <u>0</u>		
b	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	<u>39a</u>	<u>3</u>
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	<u>39b</u>	<u>0</u>
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . . ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
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 . . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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.	<u>42b</u>	<input checked="" type="checkbox"/>
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: ▶ _____	<u>42c</u>	<input checked="" type="checkbox"/>
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 . . . . . ▶ <u>43</u> <u>0</u>		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<u>44a</u>	<input checked="" type="checkbox"/>
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 . . . . .	<u>44b</u>	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<u>44c</u>	<input checked="" type="checkbox"/>
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 . . . . .	<u>44d</u>	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<u>45a</u>	<input checked="" type="checkbox"/>
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) . . . . .	<u>45b</u>	<input checked="" type="checkbox"/>

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 . . . . .

Table with 2 columns: Yes, No. Row 46: Yes [ ], No [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 . . . . .

Table with 2 columns: Yes, No. Row 47: Yes [ ], No [x]

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

Table with 2 columns: Yes, No. Row 48: Yes [ ], No [x]

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

Table with 2 columns: Yes, No. Row 49a: Yes [ ], No [x]

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

Table with 2 columns: Yes, No. Row 49b: Yes [ ], No [x]

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."

Table with 5 columns: (a) Name and title of each employee, (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. Row 1: N/A

f Total number of other employees paid over \$100,000 . . . . . N/A

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: N/A

d Total number of other independent contractors each receiving over \$100,000 . . . . . N/A

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 [x] 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: Signature of officer: T. Bihl, Date: Timothy Bihl, PRESIDENT

Paid Preparer Use Only: Preparer's name, signature, date, firm's name, address, EIN, phone no.

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**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

*PART 1 - 16 - EXPENSES WERE FOR OFFICE SUPPLIES, MOVE  
NIGHT AND DONATION.*



**Vietnam Veterans of America  
Annual Financial Report**

Complete and forward this form to:

**Vietnam Veterans of America  
Buckeye State Council  
35 E Chestnut Street  
5<sup>th</sup> Floor, Suite 501  
Columbus, Ohio 43215**

**Phone: 614-228-0188 - Fax: 614-228-2711**

**ANNUAL FINANCIAL REPORT INSTRUCTIONS**

By July 15<sup>th</sup> of each year, all VVA State Councils and Chapters (including incarcerated Chapters) must file a VVA Financial Report with the VVA National Office, Membership Department. All VVA State Councils and Chapters must also file the appropriate tax form with the Internal Revenue Service. Verification of the IRS filing must accompany the VVA Financial Report for it to be considered complete. Chapters must file a copy of their VVA Financial Report with their State Council. State Councils and Chapters may need to file an annual report with their state; please check on your state requirements.

IRS filing requirements are:

<b>Gross Income/Assets</b>	<b>Form to File</b>
Less than \$50,000 Note: Organizations eligible to file the e-Postcard 990-N may choose to file a full return	990-N, 990-EZ, or 990
Less than \$200,000 and total assets less than \$500,000	990-EZ or 990
More than \$200,000 or total assets more than \$500,000	990
Gross income of \$1,000 or more from a regularly carried on unrelated trade or business	990-1

There is now only one format for the VVA Annual Report. The form is self-explanatory.

. If for some reason the State Council/Chapter has filed an extension with the IRS for filing Form 990, you must send a copy of the extension request to VVA to extend your time for complying with the VVA filing deadline. Completed returns must be filed with VVA by the end of the extension period.

**FAILURE TO FILE BY JULY 15<sup>th</sup> WILL RESULT IN SUSPENSION OF THE STATE COUNCIL/CHAPTER.**



### VVA ANNUAL FINANCIAL REPORT

FY 20 ( 3 / 1 / 13 Thru 2 / 28 / 14 )  
Membership Fax: 301-585-3019

Complete the following:

STATE COUNCIL: \_\_\_\_\_ OR Chapter # 822

State Council / Chapter name used: HAROLD F. LYONS CHAPTER 822

Official Street Address: 670 Marion Williamsport Rd. PO Box: 1812

City: State: Zip: Marion Ohio 43302  
CITY STATE ZIP

State Council/Chapter Phone No: 740 387 7040 Fax: 740 387 5575

Please indicate whose phones these are: NCCC

State Council/Chapter e-mail address: kevin.woods@mtctrains.com

**\*\* FEDERAL EMPLOYER ID NUMBER (FEIN): 87-0365322 \*\***

Your State Council/Chapter must have its own FEIN. It must not use the FEIN of another organization (e.g., chapter using the state council's; state council using the national organizations).

ATTACH A COPY OF THE  990EZ  990  990-T, OR  990-N Confirmation Letter, Verifying Submission   
Click Inside ONE Of The Above Four Boxes

Complete the following section only if filing a 990-N.

1. TOTAL REVENUE	\$	_____
2. TOTAL EXPENSES	\$	_____
3. Excess (or deficit) for the year (line 1 less line 2)	\$	_____

	Beginning of Year End of Year	
4. Total Assets	\$	\$
5. Total Liabilities	\$	\$
6. Net Assets or Funds Balance (line 4 less line 5)	\$	\$

The figure at the beginning of the year, plus or minus line 3, should equal end of year. )



### VERIFICATION and CERTIFICATION

The undersigned officers of Vietnam Veterans of America State Council of Ohio, Chapter # : 822 certify that we have each read the foregoing State Council / Chapter Annual Financial Report, and to the best of our knowledge and belief, certify that the information contained herewith, is true, correct, and complete.

The books are in the care of ROBYN BODEN FINANCE MANAGER Phone : 740 387 7640  
NAME TITLE

Located At: NCCC

City : Marion

State : OHIO Zip: 43302

PRESIDENT: T. Bihl  
President's Signature

Current :  Past :   
Click Inside Box

President's E-mail Address: n/a

Name Printed: TIMOTHY BIHL Member Number: 202475

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: OHIO Zip: \_\_\_\_\_

Home Phone: N/A Cell: N/A Fax: \_\_\_\_\_

TREASURER: Donald Robinson  
Treasurer's Signature

Current :  Past :

Treasurer's E-mail Address: n/a

Name Printed: DONALD ROBINSON Member Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: OHIO Zip: \_\_\_\_\_

Home Phone: N/A Cell: N/A Fax: \_\_\_\_\_

**BOTH THE PRESIDENT AND THE TREASURER OF THE STATE COUNCIL / CHAPTER MUST SIGN THIS FORM  
CHAPTERS MUST SEND A COPY OF THIS REPORT TO THEIR STATE COUNCIL AS WELL**