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Return of Organization Exempt From Income Tax

2013

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

<u>A</u> _	For the	e 2013 calend	lar year, or tax year beginning 07 - 01 , 2013, and endir	ng 0	6-30 ,2014			
В	Check if	applicable	C Name of organization VETERANS OF FOREIGN WARS-POST 392		D Employer Identification no.			
\Box	Address	change	Doing Business As	_	54-1119242			
$\overline{\Box}$	Name ch	-			E Telephone number			
	Initial ret	=	· · · · · · · · · · · · · · · · · · ·					
H			2408 BOWLAND PARKWAY		(757)486-5875			
H	Terminal		City or town, state or province, country, and ZIP or foreign postal code		1,105,101			
님	Amende		VIRGINIA BEACH, VA 23454-5207		G Gross receipts \$			
Ш	Applicati	on pending	F Name and address of principal officer STEVEN C WILLIAMS	M/a) le this a amiin i	return for			
			1829 STAPLE INN DRIVE, Virginia Beach, VA 23456	H(a) Is this a group is subordinates?	Yes 🗓 No			
<u></u>	Tax-exer	nates included? Yes No						
J	Website	nates included? Yes No a list (see instructions) on number 1135						
ĸ	Form of	egal domicile VA						
P	art I	Summai	ν					
L	1		ribe the organization's mission or most significant activities SEE STMT 2 ATTACHE					
		,						
ಶ್	- 1							
٦ac								
ē	1 _	Oh 1. 4b : - 1						
ő	2		ox ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its	1	. 1			
- ಪ	3		oting members of the governing body (Part VI, line 1a)		12			
<u>ies</u>	4		ndependent voting members of the governing body (Part VI, line 1b)		11			
₹	5	Total number	r of individuals employed in calendar year 2013 (Part V, line 2a)	5	5 7			
Activities & Governance	6	Total number	r of volunteers (estimate if necessary)	6	<u>5_ </u>			
•	7a	Total unrela	ed business revenue from Part VIII, column (C), line 12	7	a 0			
	b	Net unrelate	d business taxable income from Form 990-T, line 34	7	b 0			
				Prior Year	Current Year			
	8	Contribution	s and grants (Part VIII, line 1h)	23,9				
Revenue	9		vice revenue (Part VIII, line 2g)		0			
	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	1	26 12			
ě	111		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,7				
_	12		re - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,8				
	13		similar amounts paid (Part IX, column (A), lines 1-3)					
	14			34,6				
			d to or for members (Part IX, column (A), line 4)		0			
es S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		0			
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)		0			
ğ	. 6		ising expenses (Part IX, column (D), line 25) ▶ 4,553					
ш	'''		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	158,3	54 147,679			
	18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), line RECEIVED	193,0				
	19	Revenue les	sa expenses. Subtract line to nonthine 12 [(15,2	03) 950			
Net Assets or	ğ			Inning of Current Yea	r End of Year			
set	뚫 20	Total assets	(Part X, line 16)	623,5	61 623,683			
a A	힡 21	Total liabilitie	es (Part X, line 26)		0			
Ž,	로 22	Net assets of	or fund balances. Subtract line 21 from line 20	623,5	61 623,683			
P	art II	Signatu	ire Block					
Unde	er penalti	es of penury, I dec	lare that I have examined this return, including accompanying schedules and statements, and to the best of my know claration of preparer (other than officer) is based on all information of which preparer has any knowledge	dedge and belief, it is				
	CONCCI, C	The complete Bet	A COLOR TO Prepare Tourier tright Officer) is based of all information of which prepare has any knowledge					
		1	In Helly					
Sig	gn	Signatu	re of officer	D	ale			
He	re	JOHN	H PHILLIPS, QUARTERMASTER					
		Type or	print name and title					
		Pnnt/Type pr	eparer's name Preparer's signature 🔥 Date	Check If	PTIN			
Pa	id		M THOMA JR CPA Su M. Ibban & CPA 10-23-2014	self-employed				
	epare			rm's EIN	1			
	e On			none no				
			Virginia Beach VA 23451		-428-1787			
Mar	v the IR	S discuss this	return with the preparer shown above? (see instructions)	, , , ,	🛛 Yes 🗌 No			
1419	, 4.0 11		Telem in the property enterin above, (eco mendedone)	<u> </u>	· · · · ⊼71 1€2 □ 140			

Form 990 (2013)

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	990 (2013) VETERANS OF FOREIGN WARS-POST 392	54-1119242	Page 2
Pal	rt III Statement of Program Service Accomplishments	· · ·	
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	SEE STMT 2 ATTACHED		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	∐ Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported		
		- -	
4a	(Code) (Expenses \$36,598 including grants of \$) (Revenue	\$)
	SEE STMT 2 ATTACHED		
		<u></u> .	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		<u></u>	-
			
			
	(Onder 1) (Farmers 1)		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
			<u> </u>
		 	
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses ► 36,598		
EEA		For	m 990 (2013)
			- ,/

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I 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? If "Yes," complete Schedule C, Part II 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. 5 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 Х 6 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 X Did the organization maintain collections of works of art, historical treasures, or other sımılar assets? If "Yes," Х 8 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 Х 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 X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII Х 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 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 Х 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 Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2013) VETERANS OF FOREIGN WARS-PO
Part IV Checklist of Required Schedules (continued)

L			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or 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		Х
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		Х
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
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		X
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		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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		X
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		X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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	_	<u> </u>
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		X
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	X	<u> </u>

1 (41)	Observed Cabadyla O contains a security of the Cabbin Darky			П
	Check it Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and 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?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		х
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.	Ī		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 11
6a	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a	•	х
b	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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	l	

Pal	Governance, wiamagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			-
	Check if Schedule O contains a response or note to any line in the Part VI	• • •	· · ·	. X
<u>Sec</u>	tion 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 1a 12			
	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 1b 11			
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		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	-
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-11	
	the year by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ا م ا		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		_X
060	Titori D. Forties (This Section B requests information about policies not required by the internal Revenue Code.)			
10a	Did the organization have legal charters, branches, or offlicates?	400	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	ا ا		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	_X_	_
13	Did the organization have a written whistleblower policy?	13		_X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	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			
	organization's exempt status with respect to such arrangements?	16b	•	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule O)			
19	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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	▶JOHN H PHILLIPS (757)486-5875, 1405 DALSBURY LANE, Virginia Beach, VA 23456			
	Transfer Tra			

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

Check if Schedule O contains a response or note to any line 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 tax year.
- 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, and 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.

C Name and Title	Check this box if neither the organization nor any related	organization	comp	ens	ated	any	curre	nt of	fficer, director, or tr	ustee.		
Consideration of the compensation from the	(A)	(B)	(B) (C)						(D)	(E)	(F)	
Companies Comp	Name and Title		• 1						· ·			
Dobustic for related organizations Dobustic			i too not check more t				an one		-	-		
Organizations Organization			box, u	nless	perso	on is l	both an					
Comparison Com		Į.	officer	and a	a direc	ctor/tr	rustee)		-	(W-2/1099-MISC)		
(1) STEVEN C WILLIAMS			or o	Ins	Qf	Ke	wə SıH	For	(W-2/1099-MISC)			
(1) STEVEN C WILLIAMS	•		irec	tutio	cer	em	hest	mer				
(1) STEVEN C WILLIAMS			tor to	onal		ploy	ее					
(1) STEVEN C WILLIAMS			stee	trust		æ	pen					
(1) STEVEN C WILLIAMS			. "	ee			sate					
POST CDR							a					
POST CDR				L.								
C DOUGLAS M ILES		20.00										
SR V CDR			X		X				0	0	0	
3 STEVEN E GRAVES	(2) DOUGLAS M ILES	10.00										
JR V CDR	SR V CDR		X		X				0	0	0	
(4) JOHN H PHILLIPS 30.00 X X 10,800 0 0 (5) GORDON C WAITE X 0 0 0 0 1 YR TRUSTEE X 0 0 0 (6) WILLIAM R SOWERS X 0 0 0 2 YR TRUSTEE X 0 0 0 (7) MARK A DEFILIPPO X 0 0 0 3 YR TRUSTEE X 0 0 0 (8) PETER A GEBELEIN X 0 0 0 4 YR HOUSE COMMITTEE MBR (CHAIRMAN) X 0 0 0 (9) THERESA J DECHAMPLAIN X 0 0 0 3 YR HOUSE COMMITTEE MEMBER X 0 0 0 5 YR HOUSE COMMITTE MEMBER X 0 0 0 (11)RALPH D STEPHENS X 0 0 0 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN X 0 0 0	(3) STEVEN E GRAVES	10.00										
QUARTERMASTER X X 10,800 0 0 (5) GORDON C WAITE X 0 0 0 1 YR TRUSTEE X 0 0 0 (6) WILLIAM R SOWERS X 0 0 0 2 YR TRUSTEE X 0 0 0 (8) PETER A GEBELEIN X 0 0 0 4 YR HOUSE COMMITTEE MBR (CHAIRMAN) X 0 0 0 (9) THERESA J DECHAMPLAIN X 0 0 0 3 YR HOUSE COMMITTEE MEMBER X 0 0 0 5 YR HOUSE COMMITTEE MEMBER X 0 0 0 (11)RALPH D STEPHENS 0 0 0 0 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN 0 0 0 0	JR V CDR		X		X				0	0	0	
S GORDON C WAITE	(4) JOHN H PHILLIPS	30.00						İ				
1 YR TRUSTEE	QUARTERMASTER		X		X				10,800	0	0	
(6) WILLIAM R SOWERS	(5) GORDON C WAITE											
2 YR TRUSTEE	1 YR TRUSTEE		X						0	0	0	
(7) MARK A DEFILIPPO	(6) WILLIAM R SOWERS											
3 YR TRUSTEE	2 YR TRUSTEE		Х						0	0	0	
(8) PETER A GEBELEIN 4 YR HOUSE COMMITTEE MBR (CHAIRMAN) X 0 0 0 (9) THERESA J DECHAMPLAIN 3 YR HOUSE COMMITTEE MEMBER X 0 0 0 (10)RONALD C JONES 5 YR HOUSE COMMITTE MEMBER X 0 0 0 (11)RALPH D STEPHENS 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN	(7) MARK A DEFILIPPO											
4 YR HOUSE COMMITTEE MBR (CHAIRMAN) X 0 0 0 (9) THERESA J DECHAMPLAIN 3 YR HOUSE COMMITTEE MEMBER X 0 0 0 (10)RONALD C JONES 5 YR HOUSE COMMITTE MEMBER X 0 0 0 0 (11)RALPH D STEPHENS 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 0 (12)JONATHAN HARNDEN	3 YR TRUSTEE		Х						0	0	0	
(9) THERESA J DECHAMPLAIN X 0 0 0 3 YR HOUSE COMMITTEE MEMBER X 0 0 0 (10)RONALD C JONES 0 0 0 0 5 YR HOUSE COMMITTE MEMBER X 0 0 0 (11)RALPH D STEPHENS X 0 0 0 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN 0 0 0	(8) PETER A GEBELEIN											
3 YR HOUSE COMMITTEE MEMBER X 0 0 0 0 (10)RONALD C JONES 5 YR HOUSE COMMITTE MEMBER X 0 0 0 0 (11)RALPH D STEPHENS 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 0 (12)JONATHAN HARNDEN	4 YR HOUSE COMMITTEE MBR (CHAIRMAN)		X						0	0	0	
(10)RONALD C JONES 5 YR HOUSE COMMITTE MEMBER X 0 0 0 (11)RALPH D STEPHENS 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN	(9) THERESA J DECHAMPLAIN	L										
5 YR HOUSE COMMITTE MEMBER X 0 0 0 (11)RALPH D STEPHENS 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN	3 YR HOUSE COMMITTEE MEMBER		X						0	0	0	
(11)RALPH D STEPHENS 2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN	(10)RONALD C JONES						ļ				-	
2 YR HOUSE COMMITTEE MEMBER X 0 0 0 (12)JONATHAN HARNDEN	5 YR HOUSE COMMITTE MEMBER		X	L.					0	0	0	
(12)JONATHAN HARNDEN	(11)RALPH D STEPHENS							1				
	2 YR HOUSE COMMITTEE MEMBER		X						0	0	0	
	(12)JONATHAN HARNDEN											
1 YR HOUSE COMMITTEE MEMBER X 0 0 0	1 YR HOUSE COMMITTEE MEMBER		X			L			0	0	0	
(13)MICHAEL T MARUSHIA SR 2.00	(13)MICHAEL T MARUSHIA SR	2.00										
ADJUTANT	ADJUTANT				X					o	0	
(14)MARK K WINN	(14)MARK K WINN											
JUDGE ADVOCATE X 0 0 0	JUDGE ADVOCATE				X				<u> </u>	0	0	

Fair VII Section A. Officers, Directors, Trustees,	T	/ees, a	na r			Comp	ens			
(A) Name and title	(B)			(C Posi				(D)	(E)	(F)
Name and the	Average hours per			eck mo	ore th	an one		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box, u				both an		from	related	other
	hours for related	_			_	<u> </u>	Ţ	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Highest complements of the compl					Former	(W-2/1099-MISC)		organization
	below dotted line)	ual t	lona		nplo	yee co	٦,	!		and related organizations
		Individual trustee or director	trust		ée	Highest compensatemployee				
		e	tee			ısated				
						-				
	ļ .									
(15)ROBERT G DUVALL				,,				_	_	
CHAPLAIN (16)PAYMOND I CTRAWRRIDGE	ļ			X				0	0_	0
(16)RAYMOND J STRAWBRIDGE SURGEON				x				o	٥	
(17)	+			1						-
22/										
(18)									-	
		ļ								
<u>(19)</u>										
(00)										
(20)										
(21)										
<u> </u>										
(22)										
(23)								1		
	-									
(24)										
(25)	 			Н					<u> </u>	
<u> </u>	 -									
1b Sub-total							<u> </u>			
c Total from continuation sheets to Part VII, Secti	on A .						•			
d Total (add lines 1b and 1c)							•	10,800	0	0
2 Total number of individuals (including but not limited	d to those list	ed abo	ve) v	who	rece	eived n	nore	than \$100,000 of	_	
reportable compensation from the organization								*****	0	Vec Ne
3 Did the organization list any former officer, director	r ortnistee k	ev em	nlov	ee c	or he	ahest a	comi	nensated		Yes No
employee on line 1a? If "Yes," complete Schedule		•		-		_				3 X
4 For any individual listed on line 1a, is the sum of re				and c	othe	r comp	ens	ation from the		
organization and related organizations greater than				•						
ındividual										4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	•		•			•				
Section B. Independent Contractors	complete sci	ledule	J 10	Suc	атр	erson		<u> </u>		5 X
Complete this table for your five highest compensa	ted independ	ent cor	ntrac	tors	that	receiv	ed r	nore than \$100,00	0 of	
compensation from the organization. Report compe										
year.						_				
(A)								(B)		(C)
Name and business address	i.	-						Description of	services	Compensation
								-		
								+		
Total number of independent contractors (including				liste	d ab	ove) w	vho			
received more than \$100,000 of compensation from	n the organiza	ation	<u> </u>							

Form 990 (2013)
- Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	te to any line in this	s Part VIII			<u></u>
		·	5	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
ran	b	Membership dues 1b	14,609				
ַם, בּ	С	Fundraising events 1c	9,419				
ifts ar A	d	Related organizations 1d					
a, Biii	e	Government grants (contributions) 1e			1		
Sig	f	All other contributions, gifts, grants,	-		1		
i Peri		and similar amounts not included above 1f			1		
ĘĎ	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		24,028			*
			Business Code				
ă.	2a]	Ť		
evel	ь					-	
Program Service Revenue	С						
	d						
	е				- "		
	f	All other program service revenue					
ď		Total. Add lines 2a-2f					
	i	Investment income (including dividends, interest,			** ,*		
		and other similar amounts)		12	12		
		Income from investment of tax-exempt bond proce					 -
	ı	Royalties	1				
		(i) Real	(ii) Personal	······································		······································	
	6a	Gross rents		:	1		
	ı	Less rental expenses					
	ı	Rental income or (loss) 11,010		:	<u> </u>		
		Net rental income or (loss)		11,010	11,010		
	Ì	Gross amount from sales of (i) Securities	(II) Other		22,020	······································	
		assets other than inventory	(1) 0 11101	:	1		
ĺ		Less: cost or other basis					
		and sales expenses			ļ		
		Gain or (loss)		:			
		Net gain or (loss)		ĺ	Ī		
enne	ı	Gross income from fundraising					
Ven		events (not including \$ 9,419					
Re	ı	of contributions reported on line 1c).					
Other Rev		See Part IV, line 18 a	25,682				
ᅙ	l	Less direct expenses b			1		
	l			25,682			25,682
	l	Gross income from gaming activities.				· · · · · · · · · · · · · · · · · · ·	
	ı	See Part IV, line 19 a	830,341				
	b	Less direct expenses b	693,484				
	С	Net income or (loss) from gaming activities		136,857	136,857		1
		Gross sales of inventory, less		,			
		returns and allowances a	205,882				
	l	Less: cost of goods sold b	226,390	; ;			
	ı	Net income or (loss) from sales of inventory		(20,508)	(20,508)	Ì
		Miscellaneous Revenue	Business Code		· · · · · · · · · · · · · · · · · · ·		
	11a	AMUSEMENT & OTHER	900099	5,213	5,213		
	b	RECOVERED BAD DEBT	900099	1,465	1,465		
	С	ATM RECEIPTS	900099	1,468	1,468		1
	d	All other revenue					
	е	Total. Add lines 11a-11d		8,146			
	12	Total revenue. See instructions	<u></u> ▶	185,227	135,517	(25,682

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all col				
	Check if Schedule O contains a response or note to an			· · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9l	o, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	32,299	32,299		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	4,299	4,299		
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) Other employee benefits				
9	Other employee benefits				·
10	Fees for services (non-employees):				
11	Management				
a b	Legal	150		150	
C	Accounting	1,525		1,525	
d	Lobbying	2,020			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	4,553			4,553
12	Advertising and promotion				
13	Office expenses	7,051		7,051	
14	Information technology	1,898		1,898	
15	Royalties				
16	Occupancy	112,273		112,273	
17	Travel	2,558		2,558	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	344		344	
20	Interest			ļ <u>. </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			<u> </u>	
24	Other expenses. Itemize expenses not covered			1	
	above (List miscellaneous expenses in line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			1 0 000	
а	NEWSLETTER	2,261		2,261	
b	DUES-NATL, DEPT, DISTRICT	7,804		7,804	
C	FLAGS-CEMETARY, FIELD, OTH	722_		722	
d	BAD DEBT EXPENSE	1,240		1,240	
e 25	All other expenses	5,300	36,598	5,300 143,126	4,553
25 26	Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the	184,277	30,338	123,120	1,333
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here If if				
	IOHOWING OUT BOY (MOC BOOT ZU)		L.,,_	<u> </u>	<u> </u>

Part X

Balance Sheet

(A) (B) Beginning of year End of year 1 225,340 1 225,462 2 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary 7 R 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a Less: accumulated depreciation 10b b 398,221 10c 398,221 11 Investments - publicly traded securities $\dots \dots \dots \dots \dots \dots \dots \dots$ 11 12 12 13 13 14 14 15 15 16 623,561 16 623,683 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 0 26 Organizations that follow SFAS 117 (ASC 958), check here

and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗓 and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 398,221 31 398,221 Retained earnings, endowment, accumulated income, or other funds 32 225,340 32 225,462 33 623,561 33 623,683 34 623,561 623,683

Form	990 (2013) VETERANS OF FOREIGN WARS-POST 392	1-111924	2	Pa	age 12
Par	Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·		<u>. 🗆 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	85,2	227_
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	84,2	277
3	Revenue less expenses. Subtract line 2 from line 1	3		9	950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	23,	561
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(1	828)
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	6	23,	683
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			<u>. 🗆</u>
				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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		_2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		1
	the Single Audit Act and OMB Circular A-133?		3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b_		
EEA			Form	990 ((2013)

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STATEMENT 1

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

Inspection Employer identification number Name of the organization 54-1119242 VETERANS OF FOREIGN WARS-POST 392 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	ule D (Form 990) 2013 VETERANS OF FOI			1 70	- 011	54-11192		Pag	
	t III Organizations Maintaining (ets (con	tinued	<u>) </u>
3	Using the organization's acquisition, accession,	and other records, c	heck any of the fo	ollowing that are	a significa	ant use of its			
_	collection items (check all that apply):	. 🗆 .							
a	Public exhibition	_	n or exchange pr	ograms					
b	Scholarly research	e 📙 Oth	er			<u>. </u>			
C	Preservation for future generations								
4	Provide a description of the organization's collect XIII.	ctions and explain ho	w they further the	e organization's e	xempt pu	irpose in Part			
_			4 5 - 4 14						
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be			•			□ v -		N
Da	TIV Escrow and Custodial Arran		or the organization	n's collection?	• • •	<u> </u>		s	No
T G	Complete if the organization ar		Form 000 B	ort IV line O	or rong	rtod on omoun	t on For	~	
	990, Part X, line 21.	isweieu res ic	7 FORIT 990, F	artiv, line 9,	or repo	nteu an amoun	t on Fon	11	
1a	Is the organization an agent, trustee, custodian	or other intermedian	for contributions	or other accete r	not.			·	
la		· · · · · · · · · · · · · · · · · · ·					. 🗌 Ye		NI.
b	If "Yes," explain the arrangement in Part XIII and							s 📙	NO
-	in res, explain the arrangement in rare XIII and	a complete the follow	ing table.			Amo	unt		
c	Beginning balance				1c	Allo	<u> </u>		—
d	Additions during the year								
e	Distributions during the year								
f	Ending balance				-	 	·		
2a	Did the organization include an amount on Form						Ye	s \sqcap	No
b	If "Yes," explain the arrangement in Part XIII. Ch							_	
	t V Endowment Funds.	<u> </u>						<u>· · и</u>	
	Complete if the organization ar	swered "Yes" to	Form 990, P	art IV, line 10).				
		(a) Current year	(b) Pnor year	(c) Two years	T	(d) Three years back	(e) Four y	ears back	_
1a	Beginning of year balance								_
b	Contributions			-					_
C	Net investment earnings, gains, and		<u> </u>						
	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 current	year end balance (li	ne 1g, column (a))) heid as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possession	on of the organization	that are held an	d administered fo	r the		Г-		
	organization by:							res N	0
	(i) unrelated organizations	• • • • • • • • • •		• • • • • • • •		• • • • • • • • •	3a(i)		
1	(ii) related organizations			• • • • • • • •		• • • • • • • • •	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations lis					• • • • • • • • •	3b		
1000	Describe in Part XIII the intended uses of the original Land, Buildings, and Equipm		ient tunas.	*					
ra	Land, Buildings, and Equipn Complete if the organization ar		Form 000 B	ort IV line 11	lo 800	Form 000 Day	4 V 1:n-	40	
	Description of property								—
	Description of property	(a) Cost or oth (investme	1 ' '	Cost or other basis (other)		ccumulated preciation	(d) Book	/alue	
1a	Land	, 35 an	- ,	(,					—
b	Buildings						· · · · · ·		
C	Leasehold improvements	• • •	 -		<u> </u>	_			—
d	Equipment		· - ·						_
e	Other STMD1:	R 30	08,221				20	8,221	_
	I. Add lines 1a through 1e. (Column (d) must equ			10(c).)				8.22	

			Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial d	erivatives		
(2) Closely-he	ld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	must equal Form 990, Part X, col (B) line 12)	•	
Part VIII	Investments - Program Relate		<u> </u>
[1 201 7 111]			Part IV, line 11c. See Form 990, Part X, line 13.
_	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col (B) line 13)	•	
Part IX	Other Assets.		<u> </u>
		swered "Yes" to Form 990. I	Part IV, line 11d. See Form 990, Part X, line 15
	Complete it the organization and	(a) Description	(b) Book value
(1)			
(2)			
(2)			
(3)			
(3)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	The most again from 000 Part V and (P)	line 45)	
(3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B)	line 15.)	
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization an		Part IV, line 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization an line 25.	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization an line 25. (a) Description of liability		<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Liabilities. Complete if the organization an line 25.	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" to Form 990, I	<u> </u>

Schedule D (Form 990) 2013

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	si Netuili,
Total revenue, gains, and other support per audited financial statements	1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
Net unrealized gains on investments	
Donated services and use of facilities	
Recoveries of prior year grants	
1 Other (Describe in Part XIII)	
Add lines 2a through 2d	
Subtract line 2e from line 1	3
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
Investment expenses not included on Form 990, Part VIII, line 7b	
Other (Describe in Part XIII.)	7 1
Add lines 4a and 4b	4c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
art XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	•
Total expenses and losses per audited financial statements	1
Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Donated services and use of facilities	
Prior year adjustments	
Other losses	7
d Other (Describe in Part XIII.)	
Add lines 2a through 2d	
Subtract line 2e from line 1	3
Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
Other (Describe in Part XIII.)	
Add lines 4a and 4b	4c
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
ovide 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; Feart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	art X, line

EEA

SCHEDULE G . (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2013

OMB No 1545-0047

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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

arrie or the organization						Employer lue	nuncation number
ETERANS OF FOREIGN WARS-PO	ST 392					54-11	19242
Eundraining Activities		the organ	ization an	swered "Yes" to I	Form 99	0. Part IV.	line 17.
Form 990-EZ filers are no						, ,	
1 Indicate whether the organization rais				ities. Check all that an	oply.	_	
a Mail solicitations				of non-government gra			
b Internet and email solicitations				of government grants			
c Phone solicitations				draising events			
d In-person solicitations		9 🗆	Special fund	araising events			
2a Did the organization have a written or							П
or key employees listed in Form 990,	•		·-	•		∐ Y	_
b If "Yes," list the ten highest paid indiv		fundraisers)	pursuant to	agreements under wh	ich the fun	idraiser is to t	oe e
compensated at least \$5,000 by the o	organization						
(i) Name and address of individual		(fii) Did fun	draiser have	(h) Grace receipts		ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity		etained by) ser listed in	(or retained by)
or orms, (randrales),		contrib	outions?	"o" courty		ol (i)	organization
		Yes	No				
1							
2			 				
-							
3		 	 				
•							
4	 						
4							
	 						
5							
	<u> </u>						
6							
	ļ <u></u>						
7							
8							
				_			
9		İ					
10							
•							
Гotal			▶ ┆				
3 List all states in which the organization	n is registered or I	censed to so	olicit contribu	itions or has been noti	fied it is ex	xempt from	
registration or licensing.	-					•	
		-					
						•	
						,	
					<u>.</u>		
						_	<u> </u>
···-							
				· · · · · · · · · · · · · · · · · · ·			

			ERANS OF FOREIGN			1119242 Page 2
Pa	rt	-				
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6	b. List events with
	·	gross receipts greater than	\$5,000.	· · · · · · · · · · · · · · · · · · ·		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BUDDY POPPY	GOLF TURNMNT	None	(add col (a) through col (c))
•			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	28,575	6,526		35,101
œ						
	2		9,419			9,419
	3	((10 156	6 506		05 600
	-	line 2)	19,156	6,526		25,682
	١,	Cook prizes				
	4	Cash prizes				
	5	Noncash prizes				
	٦	Noncasii prizes				
δί	6	Rent/facility costs				
Su	ľ	Terroracinty costs				
Direct Expenses	7	Food and beverages				
벙		, coo and conoraged a re-				·
Ë	8	Entertainment				
_						
	9	Other direct expenses				
	10	•			1	
	11	*				25,682
Pŧ	<u>irt</u>	Gaming. Complete if the	_	"Yes" to Form 990, Part	IV, line 19, or reported	more
	_	than \$15,000 on Form 990	0-EZ, line 6a.	ı ı		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				biligo/progressive biligo		cor (a) through cor (c))
æ	۱.	Cross revenue		920 241		920 241
	1	Gross revenue		830,341		830,341
	2	Cash prizes		623,344		623,344
Ses	2	Cash prizes		023,344		023,344
penses	₃	Noncash prizes				
찣		Horiodon prizos				
Direct Ex	4	Rent/facility costs				
₫						
	5	Other direct expenses		70,140		70,140
		·	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No		☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			693,484
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	nn (d)		136,857
9		inter the state(s) in which the organiza				
ŧ		s the organization licensed to operate of	gaming activities in each of	these states?		🗌 Yes 🗓 No
ŀ		f "No," explain:		-		
	E	XEMPT				
40-		Vere any of the organization's gaming	licenses revoked suspend	ad or terminated during the t	2V VP3r?	Yes 🛛 No
10a		rere any of the organization's garning in "Yes," explain:	iioeriaea revokeu, auapenu	od or terrimiated during the t	an year	⊔ ies ⊠ NO
	٠,١					

Sched	ule G (Form 990 or 990-EZ) 2013	VETERANS OF FO	OREIGN WARS-POST 392	54-1119	242	_ F	age 3
11	Does the organization operate ga	ming activities with non	members?		Ye	s X	No
12	Is the organization a grantor, bene	eficiary or trustee of a ti	rust or a member of a partnership or other entity				
	formed to administer charitable ga	aming?			□ Ye	s X	No
13	Indicate the percentage of gaming	_			_	_	
а				13a	100	.000	%
b							 %
14	<u>-</u>		the organization's gaming/special events books and	[]			
• •	records:	o person who properes	vale organization organism gropostal overlab books and				
	Name► JOSEPH P HALZ	ACK					
	Address ► 1106 SNOWBIRD	LANE, Virginis	a Beach, VA 23454				
15a	Does the organization have a con	itract with a third party f	from whom the organization receives gaming				
	-	•			□ Ye	s 🛚	No
b			y the organization > \$ and the			- 25	
-	amount of gaming revenue retained	ed by the third party	• \$				
С	If "Yes," enter name and address		· · · · · · · · · · · · · · · · · · ·				
	,						
	Name ►						
							
	Address ▶						
16	Gaming manager information						
	Name ► JOSEPH P HALZ.	ACK					
	Gaming manager compensation	> \$	_				
	Description of services provided	GENERAL CAN	NTEEN AND GAMING MGMT	<u> </u>			
	☐ Director/officer	X Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	·		ntable distributions from the gaming proceeds to				
					□ Ye	es 🗓	No
b	Enter the amount of distributions	required under state lav	w to be distributed to other exempt organizations or				
	spent in the organization's own ex						
Pa			e the explanations required by Part I, line 2b, o				
		, 10b, 15b, 15c, 16	6, and 17b, as applicable. Also provide any ad	ditional inf	ormati	on (s	ee
	instructions).						
	·						
		·					

•	ns , OMB No 1545-0047	ates 2013 ·	or 22.	v/form990. Inspection	Employer Identification number	54-1119242	
		Governments, and Individuals in the United States		Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	lon	/ETERANS OF FOREIGN WARS-POST 392	Part i General Information on Grants and Assistance
	SCHEDULE	(Form 990)	Department of the Treasury	Internal Revenue Service	Name of the organization	VETERANS OF	Part i Ge

Describ (a) Nam (b) NonB (c) NonB (d) Nam (d) Nam (e) NonB (e) Nam (f) NonB (f) NonB (g) Nam (g) Nam (h) NonB (g) Nam (h) NonB (h)	United
	ents and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, dept. d more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (d) Amount of cash assistance are assistance of ass
(a) Name and address of organization or government or government shows over \$5000	IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of applicable grant cash assistance other) other)
l i i	
3 Enter total number of other organizations listed in the line 1 table	990.

Page Z (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 54-1119242 (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed. VETERANS OF FOREIGN WARS-POST 392 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

01. Monitoring procedures (Part I, line 2)

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THE OFFICE STAFF MAINTAIN THE RECORDS OF THE GRANTS. EACH TIME AN INITIAL GRANT IS MADE, THEIR PROPOSAL IS PRESENTED TO THE

FLOOR FOR A MEMBERSHIP VOTE. THE VOTE IS LARGELY BASED ON THE PROPOSAL, THE AMOUNT REQUESTED, AND IT'S APPLICABILITY TO THE

EXEMPT PURPOSE AND MISSION OF THE POST.

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.

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

2013

Open to Public Inspection

Name of the organization Employer Identification number VETERANS OF FOREIGN WARS-POST 392 54-1119242 01. Members or stockholder classes and rights (Part VI, line 6) THIS ORGANIZATION IS A VETERANS ORGANIZATION CREATED AS A TAX EXEMPT CORPORATION WITH A MEMBERSHIP BASED ON THE QUALIFICATIONS IN THEIR CHARTER. 02. Member election for additional members (Part VI, line 7a) ALL MEMBERS VOTE ANNUALLY ON WHO IS TO SERVE AS THE ORGANIZATION'S GOVERNING BODY. 03. Governing body decisions (Part VI, line 7b) THIS ORGANIZATION MAKES ALL MAJOR DECISIONS BASED ON A FLOOR VOTE OF IT'S MEMBERS. THE GOVERNING BODY OF OFFICERS CAN MAKE DECISIONS IN AN EMERGENCY SITUATION AND CAN LATER PRESENT IT'S EMERGENCY DECISION TO IT'S MEMBERS IF EVER NECESSARY. 04. Form 990 governing body review (Part VI, line 11) BEFORE A FORM 990 TAX RETURN IS MAILED TO IRS, THE QUARTERMASTER DOES A DETAILED REVIEW AND SATISFIES HIS QUESTIONS, IF ANY, WITH THE CPA. IT'S THEN PRESENTED BY THE QUARTERMASTER TO THE OFFICERS AND TRUSTEES OF THE POST AT A POST MEETING. AFTER ALL HAVE REVIEWED THE RETURN, THE POST COMMANDER AND THREE TRUSTEES SIGN AS REVIEWERS, THE QUARTERMASTER SIGNS THE ACTUAL RETURN, AND IT'S THEN MAILED. 05. Conflict of interest policy compliance (Part VI, line 12c) CONFLICT OF INTEREST POLICIES ARE DETERMINED AT THE HEADQUARTERS LEVEL. EACH MAJOR ECONOMIC DECISION IS TAKEN TO THE FLOOR FOR A MEMBERSHIP VOTE AND ANY CONFLICT OF INTERESTS ARE THEN DETERMINED AT THAT TIME.

06. Governing documents, etc, available to public (Part VI, line 19)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization		Page 2
Name of the organization	Employer identification number	
VETERANS OF FOREIGN WARS-POST 392	54-1119242	
GENERAL OFFICE AREA. THEY ARE AVAILABLE TO ANY INTERESTED PARTY UPON REQU	EST.	
		
	 	
		
		
		_
	- -	
		
EEA	Schedule O (Form 990 or 990-	EZ) (2013)

VFW Post 392

	•			10000	4425	^							Sacial (1)		STATE S	COME CO	22 UST. ST.	73, 70==														
			PAKT VIII		(10A) GROSS MAS (\ \ \(\alpha\/\)			C45 527	(9B) 613, 373.00 ///Em	((98) 70, 134,72 DIMEG	(1)	TOTAL (46) 673, 48-2														
					\$205,882.14						\$8,146.1	\$1,105,101.97		`\	\sim	(\$693,483.52														
\$9,404.65	\$8,924.72	\$1,437.73	\$590.15	\$2,928.44		\$2,383.25	\$2,760.25	\$69.38	\$1,465.00	\$1,468.25	\$0.00			\$611,163.60	\$12,180.00	\$0.00	\$70,139.92		\$1,742.25	\$3,768.73	\$1,083.51	\$2,106.01	\$2,139.27	\$8,880.00	\$490.00	\$4,160.11	\$62,846.14	\$35,193.34	\$9,412.15	\$33,904.67	\$17,518.00	\$4,297.89
									\$130.00												\$1,083.51					\$4,160.11						
\$9,404.65	\$8,924.72	\$1,437.73	\$590.15	\$2,928.44		\$2,383.25	\$2,760.25	\$69.38	\$765.00	\$1,468.25										\$3,768.73		\$2,106.01	\$2,139.27	\$8,880.00	\$340.00		\$62,846.14	\$35,193.34	\$9,412.15	\$33,904.67	\$17,518.00	\$4,297.89
									\$570.00					\$611,163.60	\$12,180.00		\$70,139.92		\$1,742.25						\$150.00							
Sales - cigarettes	Sales	Sales - soda / juice S/H	Sales - wine S/H	Sales - draft beer S/H		Amusement Machine Receipts	MWR Receipts		11b Recovered Bad Debt	11c ATM Receipts		Total Revenues	Cost of Sales	_	1	1	$\overline{}$	1	Admin supplies -	Bar Supplies -	Buddy Poppy Supplies		10b Consumable paper products -	Entertainment Expense	10b License expense	10b Memorabilia Purchases	10b Payroll -	Purchase - Bottle Beer	Purchase - Cigarettes	Purchase - Food	Purchase - Keg Beer	10b Purchase - Soda / Juice
10a	10a	10a	10a	10a				Part VIII 11d	₩	110				Part VIII 9b	₩	96	96		Part VIII 10b	-	10b	10b	10b	10b	10b	10b	10b	10b	10b	10b	10b	10b

106126	OTHER DIMECT	693, 483.5
623, 343.60	70, 134.92	693.
623,	70'1	(96)
(g)	(85)	1

VFW Post 392

							VIOLEK MED OF SALES																								
							\$226,389.82	\$919,873.34	\$185,228.63			\$0.00																			
\$3,481.16	\$199.14	\$5,476.44	\$302.43	\$24,997.04	\$3,765.07	\$338.08	\$288.39				\$0.00	\$0.00	\$0.00	\$500.00	\$471.78	\$0.00	\$70.00	\$392.00	\$0.00	\$200.00	\$0.00	\$6,391.49	\$24.70	\$200.00	\$0.00	\$200.00	\$0.00	\$200.00	\$270.30	\$440.00	\$0.00
															\$471.78		\$70.00	\$392.00				\$6,391.49									
\$3.481.16	\$199.14		\$302.43	\$24,997.04	\$3,765.07	\$338.08	\$288.39																								
		\$5,476.44												\$500.00						\$200.00			\$24.70	\$200.00		\$200.00		\$200.00	\$270.30	\$440.00	
Purchase - Wine	Purchase - Inventory Adjustment	Trash removal	10b Kitchen Supplies	10b Federal Payroll Tax Expense	10b Virginia Payroll Tax Expense	10b Virginia Employment Commission	Federal Unemployment Tax		Gross Profit	Expenses	Refund to patron		229th Military Police	Alexandria Harmonizers	Adopt-A-Unit	American Cancer Society	American Heart Association	Annual George Myers Bike	ANA- Flame of Hope	Armed Services YMCA	Boy Scout of America - Troop 392	Buddy Poppy share to Ladies Auxiliary	Christmas Decorations	Children's Wish Foundation	Children's Angel Tree	1	Children's Halloween party	Christmas Baskets	Community Awards Ceremony	CPO Association, NAS Oceana	\Box
105	10b	10b	10b	10b	10b	10b	10b						Part IX 1	┡	1	1	1	-	1	1	1	н	н	н	1	1	1	1	н	н	1

VFW Post 392

\$0.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	\$392.00	\$200.00	\$500.00	\$100.00	\$200.00	\$392.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$392.00	\$0.00	\$3,600.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$392.00	\$0.00	\$150.00	\$500.00	\$0.00	\$1,000.00	\$392.00	\$0.00
						\$392.00									\$1,000.00														\$500.00				
		\$200.00			\$200.00		\$200.00	\$500.00	\$100.00	\$200.00	\$392.00						\$392.00	i	\$3,600.00	\$2,000.00						\$392.00		\$150.00			\$1,000.00	\$392.00	
Cape Henry Collegiate High School	Dept of Virginia Fundraiser	Deputy Sheriff of the Year	Eagle Scout Awards	Easter Egg Hunt	EMT of the Year	Equi-Kids/Vets	Fireman of the Year	Fisher House Portsmouth	Golf Hole Sponsor	Hampton Rds Council of VA org	Faith Work Coaliation	Homecoming Events	Honor & Rememberance	Hope for the Warriors	Horton Wreath Society	Isaak Walton League	Joy Fund	Knights of Columbus/ Golf Sponsor	Ladies Auxiliary Donation	LAUX - Cancer Aid and Research	Hampton Rds Viper Softball Team	Muscular Distrophy Association	Make-A-Difference Day	Mercy Medical Airlift	Military Asst Prog. Dept of VA	Museum of Americans in Wartime	National MS Society	National Wheelchair Sports Fdtn	-	Navy/Marine Corps Relief	NJROTC	Ocean Lakes HS/PTSA	Operation PFP
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VFW Post 392

	Patriot Paws Service Dogs	3392.00		\$392.00
1	Paramedic of the Yea			\$0.00
1	1	\$350.00		\$350.00
1	Plaza Rescue Squad	\$200.00		\$200.00
1	Plaza Little League	\$392.00		\$392.00
1		\$200.00		\$200.00
1	Post Birthday			\$0.00
1	Post Christmas Dinner		\$373.31	\$373.31
1	Post Thanksgiving Dinner		-\$17.68	-\$17.68
1	Pungo Strawberry Festival	\$150.00		\$150.00
1				\$0.00
1	Salty Dawgs Bike Run(Fisher House)			\$0.00
1	Star of Sea Catholic School			\$0.00
1	SPCA			\$0.00
1	Special Olympics	\$175.00		\$175.00
1	Sun Wheelers			\$0.00
1	St. Juedo-Christian Outreach	\$282.12		\$282.12
1	Star of Sea Catholic School	\$250.00		\$250.00
1	Teacher of the Year	\$400.00		\$400.00
1	Travis Manion Foundation	\$250.00		\$250.00
[1	Thanksgiving Baskets	\$300.00		\$300.00
1				\$0.00
1	Tidewater Veterans Memorial	\$100.00		\$100.00
1	Shop with a VET	\$350.00	\$1,650.00	\$2,000.00
1	Toys For Tots	\$200.00		\$200.00
1	UDT/SEAL Association			\$0.00
1	US Association of Blind Athletes			\$0.00
1	USMC Ball			\$0.00
1	USO, Christmas	\$200.00		\$200.00
1	USS Forrestal Association			\$0.00
1	VA Hospital Functions		\$1,506.34	\$1,506.34
	VA Veterans Care Center - OHS		\$500.00	\$500.00
1	VFW National-Hurricane Sandy Relief	\$392.00		\$392.00
1	Vetshouse Inc.		\$500.00	\$500.00

VFW Post 392 Statement of Revenues and Expenses Year Ending 6/30/2014

	•									SUBJECT CORPORTIONS	Charts 12 chart	F 88 0			shounded of an inches	(SKANIS) LINE	2) FART 12		,	(1.C) CPA-19AT 13	,			719) TECAL - 1711 (211))							0/ /0
												\$32,299.36					\$4,299.07					\$1,525.00		\$150.00								
\$392.00	\$500.00	\$500.00	\$100.00	\$392.00	\$350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$4,225.71	\$0.00	\$73.36	\$0.00		_		\$1,525.00	\$0.00		\$150.00		\$1,403.18	\$1,050.30	\$259.22	\$31.92	\$1,293.33	\$899.02	\$184.00	\$216.01
	\$500.00												\$4,225.71		\$73.36								\$150.00		\$1,403.18	\$642.68		\$31.92	\$1,243.24		\$184.00	\$216.01
																													\$42.84			
\$392.00		\$500.00	\$100.00	\$392.00	\$350.00															\$1,525.00						\$407.62	\$259.22		\$7.25	\$899.02		
VEW Riders of Virginia	VFW National Military Service	VFW Soft Ball Team	Virginia War Memorial	Vietnam Veterans Assoc	VOD Scholarships	Naval Special Warfare Foundation	Korean War Ceremony	Fisher House	Tidewater Veterans Memorial	Juvenile Diabetes Foundation	Zachary Lamb Service Dogs		Veteran's Aid and Assistance	Veteran's In Distress	Veteran's Assistance Mileage	Veteran's Memorial Services				: 990 Tax Preparation	SSA W2/W3		Corporation Legal Fees		Award Supplies	Cdr's & Officers Hats & Tags	Cemetery Details for food/beverage	Community Services Book				Deceased/Life Members Board
	1 4	1	1	1	1	1	1	П	П	н	н		Part IX 2	2	2	2				Part IX 11c	11c		Part IX 11b		Part IX 13	13	13	13	13	13	13	13

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114		\$7,051.08		\$4,553.45			\$1,898.09																											
enues and Expenses Year Ending 6/30/2014	\$1,714.10		\$4,553.45		\$15.99	\$1,882.10		\$580.00	\$197.60	\$2,517.03	\$896.50	\$9,429.32	\$15,017.50	\$0.00	\$0.00	\$2,092.02	\$0.00	\$0.00	\$460.28	\$742.95	\$16,040.00	\$3,437.55	\$100.00	\$405.00	\$481.50	\$1,233.12	\$1,671.02	\$490.50	\$29,457.56	\$2,525.60	\$6,125.48	\$3,108.34	\$325.00	\$3,860.00
penses Year E					\$15.99			\$580.00																	\$185.50									
enues and Exp																\$2,013.58						\$3,437.55	\$100.00							\$132.49	\$2,101.04	\$359.75	\$325.00	\$3,860.00
Statement of Reve	\$1,714.10		\$4,553.45			\$1,882.10			\$197.60	\$2,517.03	\$896.50	\$9,429.32	\$15,017.50			\$78.44			\$460.28	\$742.95	\$16,040.00			\$405.00	\$296.00	\$1,233.12	\$1,671.02	\$490.50	\$29,457.56	\$2,393.11	\$4,024.44	\$2,748.59		
Statı	Memorial Functions		Fund raisers expense		Internet Services	Ť	_	Bonding of Officers			_	DirectTV	Dominion Virginia Power			Equipment Purchase,	T			HRSD	Insurance Expense	Laundry Expense	Sam's Club Membership	Pest Control	Recruiting Expense	Stanley Plant Security	Virginia Natural Gas				Maintenance - Equipment		Maintenance - Miscellaneous	Hall Rental Cleaning Deposit Refund
	13		Part IX		Part IX 14	14		Part IX 16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16

VFW Post 392

•	bill of	(16) Octoberly - Profit de	Jan Jorge - Parix	المع بالسحاء								(12) TRAVEL - 1121 (5)								K. Sandalan K.	(b) CONTINUED (b)				XI TOBO IN	(248) Dars = 1mi.		,	1 Jan - 1 Jan 17	(245) 1 445	•	P8/9
		\$112,273.47		\$2,261.28								\$2,558.49								/	\$343.97					\$7,803.50	:)	\$722.43		
\$7,350.00	\$3,729.60		\$2,261.28		\$1,800.00	\$0.00	\$406.71	\$351.78	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$280.32	\$0.00	\$45.00	\$18.65	\$0.00	\$0.00	\$0.00	\$1,453.50	\$893.50	\$2,746.50	\$2,710.00		\$0.00	\$482.33	\$240.10		\$0.00	\$1,909.36
			\$2,261.28				_								\$280.32		\$45.00	\$18.65				\$1,453.50	\$893.50	\$2,746.50	\$2,710.00			\$482.33	\$240.10			\$1,909.36
\$5,300.00					\$1,800.00																											
\$2,050.00	\$3,729.60						\$406.71	\$351.78																								
Floor - Main Bar Area	Cleaning Service		Newsletter Production & Distri		Managers Gasoline Expense	_	Commander's Expenses	Incoming Commander's Expenses	Quartermaster's Expenses	Safety Officer	Service Officer Expenses		Cdr to National Convention	Dept Convention - Hospitality Rm	District Meeting - Host	National Commander Visit	National Conv' Registration	School of Instruction	VFW National Campaign	_	_	24b Dues, Dept, Annual	Dues, District	Dues, National, Annual			Flags, Community Support	Flags, Flag Field	Flags, Cemetery		24d Parade Expenses	24d Annual Picnic Expense
16	16		IX 24a		IX 17	17	17	17	17	17	17		X 19	19	19	19	19	$\overline{}$	19	19	19	24b	24b	24b	24b		24c	24c	24c		┰	24d
			Part IX		Part IX								Part IX									Part IX					Part IX				Part IX	

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				:		\$5,299.88	\$1,240.00 ~	\$184,279.07	\$949.56		
4200 000	3230.00	\$915.17	\$476.35	\$1.00	\$1,700.00		\$1,240.00				
00 00	240.00	\$915.17	\$476.35				\$130.00				
4405.00	00.c01¢			\$1.00			\$610.00				
100 145	\$145.00				\$1,700.00		\$500.00				
	24d Bank Charges	24d Flowers, Fruit Baskets, Cards	24d Post Installation of Officer's	24d Reimburse member	24d Christmas Gifts to Employees		24e Bad Debt Expense	Total Expenses	Net Income		
	24d	24d	24d	24d	24d						
							Part IX				

VFW Post 392 July 1, 2013-June 30, 2014

PART III

Purpose: The purpose of this corporation shall be fraternal, patriotic, historical, and educational; to preserve and strengthen comradeship among it's members; to assist worthy comrades; to perpetuate the memory and history of our dead, and to assist their widows and orphans; to maintain true allegiance to the Government of the United States of America, and fidelity to it's Constitution and laws; to foster true patriotism; to maintain and extend the institutions of American freedom, and to preserve and defend the United States from all of her enemies, whomsoever.

All funds received and expended are in direct support of the corporation's purpose stated above and are detailed in the attached schedules.