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Form **990**

Return of Organization Exempt From Income Tax

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.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury

inten	iai ive	venue Service														
Α	For 1	the 2013 cale	ndar y	ear, or ta	ıx year be	eginnir	ng 7/	01	, 2	2013,	and endir	i g 6/	/30		, 2014	
В	Check	k if applicable	С										D Emp	oloyer Ident	ification Nu	mber
	\Box	Address change	Vet	terans	of Fo	reic	ın War	٠.					1 86	-0076	886	
	\vdash	Name change		07 E T			,ur							phone numi		
	\vdash	-		ottsda			51							•		
	Н"	nitial return	100	, c coaa.	10, 110		.01						48	30-941	-5258	
	ГЦ	Terminated	I													
	4	Amended return	1										G Gros	ss receipts	\$	551,516.
	\square	Application pending	F	Name and ad	dress of prii	ncipal of	ficer					H(a) Is this	s a group re	eturn for sub	oordinates?	Yes X No
			Sar	ne As (C Abov	70						H(b) Are a	II subordina	ates include list (see ins	d2	Yes No
$\overline{}$	Tay	x-exempt status		01(c)(3)	X 501(c)) 4 ((insert no)	4947(a)	(1) or	527	lf 'No	' attach a l	list (see ins	structions) -	
÷				01(0)(3)	[A] 301(c)	(19		(1113011110)		(1) 01	327				1.07	. 3
<u>J</u>			<u>/A</u>			11		, , , , , , , , , , , , , , , , , , , 		٠.				n number		
K		m of organization		Corporation	Trust	X A	ssociation	Other •		LY	ear of format	ion 193	31	VI State of I	egal domicil	e AZ
Pa	rtΙ	Summa	ry													
	1	Briefly desci	ribe th	e organiz	zation's m	nission	or most	significa	nt activities	Pr	ovides	Arizo	ona st	tatewi	de as:	<u>sistance</u>
اہ																
ဋ	to Veterans of Foreign Wars.															
밀																
ě	2	Check this b	oox ►		e organiz	ation o	discontin	ued its or	perations or	dispo	osed of me	ore than 2	25% of i	ts net as	sets	-
පි	3	Number of v												3		8
∞ ব	4	Number of I								l. line	1b)			4		0
es	5	Total number												5		Ŏ
Activities & Governance	6	Total number						•	(,	•			6		0
퓽	7:	a Total unrela					-		line 12					7 a		0.
~		Net unrelate												7 b		0.
-		o Net amelate	-u Du5	11000 (07)	4510 11100			330 1,					Prior Ye		Curr	rent Year
		Contribution	c 224	aranta (E	20rt \/III	lino 1h									Cuii	
e e	8	Contribution											434	,731.		444,215.
Revenue	9	Program sei					e 29) A), lines 3, 4, and 7d)									107 201
ě	10			•												107,301.
E	11									10						
	12									A), lir	ne 12)		434	,731.		551,516.
	13	Grants and similar amounts paid (Part 1x, Column (A) Tines (3)														
	14	Benefits pai	Benefits paid to or for members (Part IX, column (A), line 42													
	15	Salaries, oth	alaries, other compensation employee benefits (Bart X, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)								5-10)		201	,275.	-	204,302.
es	16															
Expenses					N ==				/E	_						
ğ	t	b Total fundra			II X			n Colu		2	<u>4,333.</u>	.				
ш	17	Other exper	ises (l	⊃art IX, c	olu ma (A	+) , lin e	s 11a-11	å, 111 -24	e) '' '				171	,930.		192,795.
	18	Total expens	ses A	dd lines	13-17 (m	ust eq	ual Part	IX, colum	nn (A), line 2	25)			373	,205.		397,097.
	19	Revenue les	s exp	enses S	ubtract lir	ne 18 f	rom line	12					61	,526.		154,419.
Not Assets or Fund Balances			<u>_</u>									Beginn	ıng of Cur		End	of Year
la r	20	Total assets	(Part	X. line 1	6)								1,559			631,326.
A B	21	Total liabiliti	•		•							-	1,000	0.		0.
No.			`	•	,		01.7					-				
		Net assets of			s Subtra	ict line	21 from	line 20					1,559	,206.	Ι,	631,326.
Pa	rt II	Signatu	re B	<u>lock</u>				_								
Unde	r pen	alties of perjury Declaration of per	declare	that I have e	examined thi	is return.	including a	ccompanyir	ng schedules an	d stater	ments, and to	the best of	my knowle	edge and be	lief, it is true	e, correct, and
com	orete i	Declaration of prep	parer (o	ther than on	icer) is base	d on all	mornation	or which pre	eparer nas any	KIIOWIEL	uge		-125	~~~		
		<u> </u>	7-	-2 2		<u> </u>							-/O	<u>-24-</u>	-	
Sig	ın	Signa	ture of c	officer	\mathcal{L}		_					D	Date	-	ţ	
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				name and tit												
		Print/Type	prepare	er's name		P	reparer's si	gnature			Date		Check	X if	PTIN	
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US	e O	nly Firm's add	lress	6847	<u>E. Th</u>	omas	Rd.						Firm's E	IN ► 86	<u>-07704</u>	
		<u> </u>		Scott	tsdale	<u>, A</u> Z	8525	1					Phone n	o (486		3421
May	tho	IBS discuss t	his ro	turn with	the prep	arer ch	nown abo	WAZ (SAG	instructions	c)					X Ye	s No

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

	n 990 (2013) Veterans of Foreign Wars	86-0076	886	Р	age 2
Pai	t III Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III			_	
1	Briefly describe the organization's mission	-			
	Provides Arizona statewide assistance to Veterans of Foreign War:	s			
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or			-
	Form 990 or 990-EZ?	Г	Yes	X	No
	If 'Yes,' describe these new services on Schedule O	<u> </u>	J		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes	X	No
_	If 'Yes,' describe these changes on Schedule O	_	,	11	
4	Describe the organization's program service accomplishments for each of its three largest program service.	uces as meas	ured by e	vnens	200
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants and allo	cations to)	,03
	others, the total expenses, and revenue, if any, for each program service reported				
4 a		Revenue \$)
	Provides Arizona statewide counseling, assistance to veterans in		g bene	fis,	<u></u>
	medical care, provides burial squad assistance for veterans need	s			
	(Code) (Expenses \$ including grants of \$) (F	Revenue \$			
-4 L	(Code) (Expenses \(\frac{1}{2} \) [Including grants of \(\frac{1}{2} \) [Including grant	.evenue —			—′
		·			
		-			
40	: (Code) (Expenses \$ including grants of \$) (F	≀evenue \$)
			- -		
			_ .		
	1011				
4 0	1 Other program services (Describe in Schedule O)				
_	(Expenses \$ including grants of \$) (Revenue \$)	
	e Total program service expenses ► 0.		E	900 /	(2013)
BAA	TEEA0102L 07/02/13		COLU	23U ((دانع

Form 990 (2013) Veterans of Foreign Wars Part IV Checklist of Required Schedules

			1.4	
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	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	4		
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, Part III	5		Х
6	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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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	9		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	10		Х
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	11 a	Х	
t	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	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	_	Х
	I 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	11 d		X
€	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	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	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_ X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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	14b		Х
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	15		Х
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	16		Х
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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ŀ	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

Form 990 (2013) Veterans of Foreign Wars

Part IV | Checklist of Required Schedules (continued)

•		1	162	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule 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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a 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		х
t	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
t	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
	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)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
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		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	o 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		
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		
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		Х
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		Х
BAA		Form	990 ((2013)

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Part V Statements Regarding Other IRS Filings and Tax Compliance			-
, Check if Schedule O contains a response or note to any line in this Part V		,	<u>, L</u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		ļ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1.5	 	
ments, filed for the calendar year ending with or within the year covered by this return	0	ļ	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	<u> </u>	├
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		.,
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		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	3 b		ļ
4 a 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)?	4 a		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			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	tion 6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	0.0		
not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).	6 b) 	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	,	Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	ud the		-
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dissupporting 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.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a 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			
a 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	ı	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		1
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		1	
which the organization is licensed to issue qualified health plans 13b		1	
c Enter the amount of reserves on hand		<u> </u>	L
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 b	,	

Form 990 (2013) Veterans of Foreign Wars 86-0076886 Page 6 Part VI Governance, Management 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 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 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X 6 Did the organization have members or stockholders? 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? X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х **7** b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х Яh b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a \overline{X} **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 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? a The organization's CEO, Executive Director, or top management official 15 a X X b Other officers of key employees of the organization 15_b 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 Х taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Own website Upon request Other (explain in Schedule O)

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 6907 E Thomas Rd. Scottsdale AZ 85251 480-941-5258

See Schedule 0

the public during the tax year

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

Form 990	(2013)	Veterans	of	Foreign	Wars

86-0076886

Page **7**

Ranvill 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

- 1 a 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	T	(C)								
(A) Name and Title	(B) Average hours per week (list	one bo	er an	iless p id a di	perso	more to more to more to more to more to more the more than	h an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) Tony Mangine	6									
Commander	0						<u></u>	0.	0.	0.
(2) Gregory Kozakiewicz Sr. Vice Comdr.	6							0.	0.	0.
(3) Robert Hysko	6									
Jr. Vice Comdr.	0							0.	0.	0.
(4) Leonard Kuczynski Ouartermaster	60							0.	0.	0.
(5) Ray Thomas	0									<u>~_</u> _
Adjutant	0	İ						0.	0.	0.
(6) Roder Gowen	0									
Judge Advocate	0							0.	0.	0.
(7) Ken Marshall	0									
Surgeon	0							0.	0.	0.
(8) A. Janie Miller	0							0		0
State Chaplain (9)	0							0.	0.	0.
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)	-									
		L					L			

Part VII Section A. Officers, Directors, Trus	(B)	∧ey ∣	En		oye C)	es,	and	a Highest Con	ipensated Emp	loyee	S (continued)
(A) Name and title	Average hours per week	box offi	, unle cer a	check ess pend a	erson direct	than is bot or/trus	h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) Estimated ount of other mpensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099 MISC)	or	from the ganization nd related ganizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)	<u> </u>		-		-						
(21)											
(22)											
(23)											
(24)					-						
(25)											
1 b Sub-total	_	•			•	•		0.	0.		0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	1 A						•	0.	0.		0
2 Total number of individuals (including but not limited to from the organization ► 0	those I	sted	abo	ve) v	who	recen	ved	more than \$100,00		pensatio	
	- 1	-1			1 -						Yes No
3 Did the organization list any former officer, directo on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	ındıvıdu	al	-							3	X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	than \$1	50,00	003 mbe	If '\	riion 'es'	and com _i	plet	e Schedule J for	irom	4	x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	satio	n fr chec	om Iule	any <i>J fo</i>	unre r suc	late ch p	d organization or erson	ındıvıdual	5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ated ind	epen	den	t co	ntra	ctors	tha	it received more ti	nan \$100,000 of		
compensation from the organization Report compensa (A) Name and business addre		the c	alen	dar <u>y</u>	year	endii	ng w	vith or within the or (B) Description of		((C) ensation
realite and publicess addite								Description	,, 301 ¥1003	Comp	
											
2 Total number of independent contractors (including but		ted to	o the	se I	ıstec	abo	ve) v	who received more	than		_
\$100,000 of compensation from the organization	_ <u></u> -	TEE 00				_					990 (2013

	Check if Schedule O contains a response or note to a	any line in this Part V	'III		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	1 a Federated campaigns1 a 33,507b Membership dues1 b 165,976c Fundraising events.1 c 127,287d Related organizations1 d 81,922e Government grants (contributions)1 e 4,500f All other contributions, gifts, grants, and similar amounts not included above1 f 31,023				
NTR (D O)	g Noncash contributions included in lines 1a-1f \$	<u> </u>			
양폭	h Total. Add lines 1a-1f	444,215.			
SERVICE REVENUE	Business Code 2 a b c d				
AM	e				
PROGR	f All other program service revenue g Total. Add lines 2a-2f	>			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	106,804. 497.	106,804.		497.
	(i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)	•		-	
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)	•		† -	†
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
O	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses c Net income or (loss) from gaming activities	<u> </u>			
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b				
		=		} -	
ļ	Miscellaneous Revenue Business Code		-		
	11a			-	
	c		-		
	d All other revenue				-
	e Total. Add lines 11a-11d	<u> </u>			
	12 Total revenue. See instructions	551,516.	106,804.	0.	497.
D 4 4	· · · · · · · · · · · · · · · · · · ·				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0. 0 7 Other salaries and wages 66,527 184,797 118,270 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 19,505 12,483 7.022 11 Fees for services (non-employees) a Management **b** Legal c Accounting 1,095 1,095 **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 1,578 1,010 568 Advertising and promotion 31,964 24,932 7,032. 4,601 13 Office expenses 7,189 2,588 Information technology 14 15 Royalties 16 Occupancy 17 Travel 58,326 45,494 12,832. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,864 Conferences, conventions, and meetings 12,204 19 19,068 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 3,653. 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Awards _ _ _ _ _ 30,688 30,688 b Program Donations 16,697 16,697 c Supplies 7,589 1,411 1,709 4,469. d Repairs/Maintenance 2,623 7,286 4,663 7,662. 5,954. 1,708 e All other expenses 397,097. 90,704 25 Total functional expenses Add lines 1 through 24e 278,407. 24,333. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash - non-interest-bearing 288,931 352,203. 2 2 Savings and temporary cash investments 1,155,726 1,168,227. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 R Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 118,202 10b b Less accumulated depreciation 7.306 114.549 10 c 110,896. Investments - publicly traded securities. 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 1,559,206 16 16 1,631,326 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0 26 0. Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,559,206 27 27 1,631,326. Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 1,559,206. 1,631,326. 1,559,206 34 Total liabilities and net assets/fund balances 34 1,631,326. BAA Form 990 (2013)

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orr	n 990 (2013) Veterans of Foreign wars 86-	0076	886	٢	age 12			
Pa	Reconciliation of Net Assets							
٠,	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		551,	<u>516.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		397,	097.			
3	Revenue less expenses Subtract line 2 from line 1	3		154,	419.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,	559,	206.			
5	5 Net unrealized gains (losses) on investments 5							
6	6 Donated services and use of facilities 6							
7	Investment expenses	7						
8	Prior period adjustments	8		-82,	299.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10					206			
_	column (B))	10	1,	631,	<u>326.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				_Ц			
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X 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?								
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both	ed on a	,		,			
	Separate basis Consolidated basis Both consolidated and separate basis			Ī				
	b Were the organization's financial statements audited by an independent accountant?		2	b	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate						
	Separate basis Consolidated basis Both consolidated and separate basis			_				
	c 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?	,	2	c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			_				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	a	X			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	lit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3		\perp			
3A/	A		Foi	m 990	(2013)			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Veterans of Foreign Wars		86-0076886
	or Advised Funds or Other Similar Fur	
Complete if the organization ans	swered 'Yes' to Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	(4) 2 3 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(-)
2 Aggregate contributions to (during year).		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
,		
5 Did the organization inform all donors and do are the organization's property, subject to the	onor advisors in writing that the assets held in do e organization's exclusive legal control?	onor advised funds Yes No
	ors, and donor advisors in writing that grant fund it of the donor or donor advisor, or for any other	
Part II Conservation Easements.	awarad Wasi ta Farm 000 Port IV/ Ima	7
<u> </u>	swered 'Yes' to Form 990, Part IV, line	/.
1 Purpose(s) of conservation easements held to		
Preservation of land for public use (e g ,	, <u>U</u>	of an historically important land area
Protection of natural habitat	Preservation of	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contribution in the form	m of a conservation easement on the
last day of the tax year		Held at the End of the Tax Year
a Total number of conservation easements		2a
	omonte	2 b
b Total acreage restricted by conservation ease		
c Number of conservation easements on a cert	iffied historic structure included in (a)	2 c
structure listed in the National Register	in (c) acquired after 8/17/06, and not on a histor	2 d
3 Number of conservation easements modified, tra tax year ►	insferred, released, extinguished, or terminated by the	he organization during the
4 Number of states where property subject to cons	ervation easement is located ►	
5 Does the organization have a written policy r	egarding the periodic monitoring, inspection, hai	
and enforcement of the conservation easeme		Yes No
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the year
 7 Amount of expenses incurred in monitoring, insp ▶\$ 	ecting, and enforcing conservation easements durin	ng the year
8 Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expento the organization's financial statements that d	ise statement, and balance sheet, and describes the organization's accounting for
art III Organizations Maintaining Colle	ections of Art, Historical Treasures, or swered 'Yes' to Form 990, Part IV, line	
1a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in fu	
b If the organization elected, as permitted undo historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to report in its revenue for public exhibition, education, or research in further	statement and balance sheet works of art, erance of public service, provide the
(i) Revenues included in Form 990, Part VII	I, line 1	▶\$
(ii) Assets included in Form 990, Part X		▶\$
2 If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets for finant 116 (ASC 958) relating to these items	ncial gain, provide the following
a Revenues included in Form 990, Part VIII, lin		► \$
b Assets included in Form 990, Part X		▶ \$
,		

Schedule D (Form 990) 2013 Veter	ans of Forei	gn Wars s of Art. Hist o	orical Treasures, or	86-007 Other Similar Ass	6886 Page 2
3 Using the organization's acquisition,					
items (check all that apply).		معمداتا ب			
a Public exhibition) /	or exchange programs		
b Scholarly research		e Other	 		
c Preservation for future genera 4 Provide a description of the organiza		d explain how they	further the organization's	exempt purpose in	
Part XIII 5 During the year, did the organization	on solicit or receive	e donations of ar	t, historical treasures, or	other similar assets	∏Yes ∏No
to be sold to raise funds rather the					
line 9, or reported an a	mount on Form	990, Part X,	line 21.	swered res to For	
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian, or o	ther intermediary	for contributions or other	er assets not included	Yes No
${f b}$ If 'Yes,' explain the arrangement i	n Part XIII and con	nplete the follow	ng table	· · · · · · · · · · · · · · · · · · ·	
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an an				1	Yes No
b If 'Yes,' explain the arrangement in	n Part XIII Check	here if the explai	ntion has been provided	ın Part XIII	
Part V Endowment Funds. Co	implete if the o	raanization ar	swered 'Ves' to For	m 990 Part IV Jin	<u> </u>
manco - Endowment and s. Co	(a) Current year	(b) Prior yea		(d) Three years back	(e) Four years back
1 a Beginning of year balance.	(a) variant year	(2) ,	(0) 1110) 1210 2 2 2 1	(=)	(0) 1001 /0010 00011
b Contributions		†··			
c Net investment earnings, gains,					
and 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 ourrent year	and balance (lin	o 1a column (a)) hold s		J
. 9	-	end balance (iii	ie rg, column (a)) neid a	15	
a Board designated or quasi-endowme	- %	<u> </u>			
b Permanent endowment		Q.			
c Temporarily restricted endowment					
The percentages in lines 2a, 2b, a	ina 2c snoula equa	1 100%			
3a Are there endowment funds not in th	e possession of the	organization that a	are held and administered	for the	Yes No
organization by (i) unrelated organizations					
(ii) related organizations					3a(i) 3a(ii)
b If 'Yes' to 3a(ii), are the related or	applications listed :	as required on S	shadula D?		3b
4 Describe in Part XIII the intended	-	•			3n
		Zation's endowine			
Complete if the organization		I 'Yes' to Forn	n 990, Part IV, line	11a. See Form 990), Part X, line 10.
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			17,730.		17,730.
b Buildings			100,472.	7,306.	93,166.
c Leasehold improvements.					
d Equipment					
e Other					
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X,	column (B), line 10(c))	•	110,896.
BAA				Schedu	ule D (Form 990) 2013

Page 3

(a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	(B) Book Value	(C) Inclined of Valuation Cost of Cita-of-year market value
(2) Closely-held equity interests		
(3) Other	-	
A)	+	
B)		-
C)	-	
D)	-	
E)	-	
(F)	_	
G)	-	
	-	
	>	
Part VIII Investments - Program Related.	ed 'Yes' to Form 990	N/A 0, Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(5)	>	
Part IX Other Assets.	N/A	A 0, Part IV, line 11d. See Form 990, Part X, line 1
	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, column	(P) Ino 15)	•
Part X Other Liabilities.	(b), line 15)	
Complete if the organization answered 'Yes' to	Form 990. Part IV. line 1	11e or 11f. See Form 990. Part X. line 25
(a) Description of liability	(b) Book value	e
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
(11)		
	i	
	•	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	footnote to the organization's	financial statements that reports the organization's liability for incertain

Schedule D (Form 990) 2013 Veterans of Foreign Wars	86-0076886	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
b Other (Describe in Part XIII) 4b		
c Add lines 4a and 4b	-4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements	11	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	•	
a Donated services and use of facilities 2a		
b Prior year adjustments 2b	 	
c Other losses 2c	 	
· · · · · · · · · · · · · · · · · · ·		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 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. 4a b Other (Describe in Part XIII)	 	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII Supplemental Information.		
· · · · · · · · · · · · · · · · · · ·	- Dort 1/	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	ation
	·	
DAA	Sahadula D (Form	000\ 2012

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Veterans of Foreign Wars	86-0076886	
Form 990, Part VI, Line 11b - Form 990 Review Process		
No review was or will be conducted.		
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available		
No documents available to the public.		
	. – – – – – – – – – – – – – – – – – – –	
-		
	·	
	·	
	· 	