See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 6/01 , **2008, and ending** 5/31 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instruc- tions.

C
Veterans of Foreign Wars 1332
137 North Street
Bennington, VT 05201

D **Employer identification number** 03-0270257

E Telephone number

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ► N/A

J **Organization type** (check only one) — ☒ 501(c) (4) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 926,490.

SCANNED MAY 07 2010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	1,674.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	15,774.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ► ☒			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 762,058.		
	b	Less: direct expenses other than fundraising expenses	6b 622,128.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	139,930.
	7a	Gross sales of inventory, less returns and allowances	7a 146,984.		
	b	Less: cost of goods sold	7b 102,694.		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	44,290.
	8	Other revenue (describe ► _____)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	201,668.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See Statement 1		10	10,111.
	11	Benefits paid to or for members		11	6,272.
	12	Salaries, other compensation, and employee benefits		12	94,570.
	13	Professional fees and other payments to independent contractors		13	4,985.
	14	*Occupancy, rent, utilities, and maintenance*		14	16,016.
	15	Printing, publications, postage, and shipping		15	432.
	16	Other expenses (describe ► See Statement 2)		16	70,963.
	17	**Total expenses** (add lines 10 through 16) ►		17	203,349.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,681.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	695,695.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	694,014.

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OGDEN, UT

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	425,755.	22	432,913.
23	Land and buildings	253,798.	23	246,918.
24	Other assets (describe ► See Statement 3)	17,337.	24	15,469.
25	**Total assets**	696,890.	25	695,300.
26	**Total liabilities** (describe ► See Statement 4)	1,195.	26	1,286.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	695,695.	27	694,014.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	See Statement 6 (Grants $) If this amount includes foreign grants, check here ► ☐	28a	190,173.
29	See Statement 7 (Grants $) If this amount includes foreign grants, check here ► ☐	29a	10,111.
30	Transport veterans to VA hospitals in White River Junction, Vermont and Albany, New York. Also transported members to and from the club when there is no other means of transportation. (Grants $) If this amount includes foreign grants, check here ► ☐	30a	3,065.
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	203,349.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jack Moxley 327 Safford Street Bennington, VT 05201	Commander 5.00	5,800.	0.	0.
Milt Hattat 1127 US Route 7 Bennington, VT 05201	Chaplin 0	0.	0.	0.
Douglas Gerity White Birches Trlr. PK#60 Bennington, VT 05201	1-YR Trustee 0	0.	0.	0.
Anthony I Palazzo, Jr. 135 Elm Street Apt. 1 Bennington, VT 05201	Quartermaster 20.00	18,200.	0.	0.
Jim Doin 3881 State Rt. 7 Hoosick Falls, NY 12090	Sr.Vice Comndr 0	0.	0.	0.
Steve Doin 18 Washington Ave. Scotia, NY	Jr. Vice Comndr 0	0.	0.	0.
Henry A. Pinsonneault 266 Union Street Bennington, VT 05201	Surgeon 0	0.	0.	0.
Michael Mumsley PO Box 1076 Bennington, VT 05201	3-YR Trustee 0	0.	0.	0.
Roy Beardsley RD 2 Box 138 C2 Hoosick Falls, NY 12090	Post Judge Advo 0	0.	0.	0.
Brian Vesper 224 Beech Street Bennington, VT 05201	Adjutant 0	0.	0.	0.
Chris James 300 Pleasant Street Apt. 5 Bennington, VT 05201	Service Officer 0	0.	0.	0.
Thomas Stone RR 2 Box 147 Shaftsbury, VT 05262	2-YR Trustee 0	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► None			

42a The books are in care of ► Commander/Quarter Master Telephone no. ► 802-442-9857

Located at ► 137 North Street, Bennington, VT ZIP + 4 ► 05201

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46 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	46		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000. . . ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None.'

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Anthony Palazzo, Jr. 4/13/10
Signature of officer Date

► ANTHONY PALAZZO, JR. QUARTERMASTER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Gail Mauricette	Date 4/12/10	Check if self-employed ► X	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Crossroads Accounting, LLC 311 North Street Bennington, VT 05201		EIN ► N/A Phone no ► (802) 442-8174	

May the IRS discuss this return with the preparer shown above? See instructions . ► X Yes No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Veterans of Foreign Wars 1332

Employer identification number

03-0270257

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Other Events (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col. (c))
REVENUE	1 Gross receipts	14,470.			14,470.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	14,470.			14,470.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	3,300.			3,300.
	8 Direct expense summary. Add lines 4- through 7 in column (d)			►	3,300.
	9 Net income summary Combine lines 3 and 8 in column (d)			►	11,170.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
REVENUE	1 Gross revenue		747,588.		747,588.
DIRECT EXPENSES	2 Cash prizes		598,071.		598,071.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		20,757.		20,757.
	6 Volunteer labor	☐ Yes 0 % ☒ No	☐ Yes 0 % ☒ No	☐ Yes 0 % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			►	618,828.
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	128,760.

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities VT			
a Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b If 'No,' Explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b If 'Yes,' Explain:			
11 Does the organization operate gaming activities with nonmembers?	11		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	100.0 %		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name: ► Anthony Palazzo				
Address: ► 137 North Street, Bennington, VT 05201				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a			X
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____.				
c If 'Yes,' enter name and address				
Name: ►				
Address: ►				
16 Gaming manager information				
Name: ►				
Gaming manager compensation ► $_____				
Description of services provided: ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $				

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
Veterans of Foreign Wars 1332	03-0270257

Number, street, and room or suite number If a P O box, see instructions
137 North Street

City, town or post office, state, and ZIP code For a foreign address, see instructions
Bennington, VT 05201

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► Commander/Quarter Master

Telephone No. ► 802-442-9857 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for:

► [ ] calendar year 20___ or

► [X] tax year beginning 6/01, 20 08, and ending 5/31, 20 09

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

	Name of Exempt Organization	Employer identification number
Type or print	Veterans of Foreign Wars 1332	03-0270257
File by the extended due date for filing the return See instructions	Number, street, and room or suite number If a P O box, see instructions Crossroads Accounting,LLC 311 North Street	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Bennington, VT 05201	

Check type of return to be filed (File a separate application for each return):

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Commander/Quarter Master
  Telephone No ► 802-442-9857 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 4/15 , 20 10

5 For calendar year ____ , or other tax year beginning 6/01 , 20 08 , and ending 5/31 , 20 09

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**8a**	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Title ► Date ►

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	Various Charities & Local Organizations	
Cash Amount Given:		$ 10,111.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion		$ 488.
Automobile Expenses		2,471.
Ceremonial Supplies		3,349.
Conferences, Conventions, and Meetings		1,461.
Depreciation		11,800.
Insurance		14,618.
Laundry		1,087.
Office Expenses		3,112.
Outside Services		4,519.
Permits		1,092.
Pest Control		225.
Repairs, Maintenance, Rubbish		16,874.
Telephone		1,333.
Transport Veterans to VA		3,065.
Travel		3,269.
V.O.D.		2,200.
	Total	$ 70,963.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Automobiles	$ 9,472.	$ 6,631.
Inventories	3,514.	3,514.
Machinery and Equipment	4,351.	5,324.
Total	$ 17,337.	$ 15,469.

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	$ 1,195.	$ 1,286.
Total	$ 1,195.	$ 1,286.

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To promote comradeship and the social well-being of veterans.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Provide and maintain a facility which promotes comradeship & the social well-being of members. There were over 300 post members during the year. Support is also provided to national and state organizations via dues.

Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

Various youth activities were supported and scholarships were given. Donations were made to the school football, soccer, softball and basketball teams, Special Olympics, Shriners Hospital, March of Dimes and various local community services. The post also provides flowers to veterans in hospitals and/or nursing homes.