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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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 organizations 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

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning <u>JAN 1</u> 2009, and ending <u>DEC. 31</u>, 2009	
B Check if applicable	C Name of organization
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	GEORGE F. BAYAN Post 613 VFW
	D Employer identification number 042 042 163
	E Telephone number (617) 479-2254
	F Group Exemption Number ► 501C (23) (19)
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	

I Website: ► NONE
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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 ► \$

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 8,144
	2 Program service revenue including government fees and contracts	2 -0-
	3 Membership dues and assessments	3 410
	4 Investment income	4 -0-
	5a Gross amount from sale of assets other than inventory	5a -0-
	b Less: cost or other basis and sales expenses	5b -0-
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c -0-
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c 4096
	a Gross revenue (not including \$ 8144) of contributions reported on line 1	6a 4660
b Less: direct expenses other than fundraising expenses	6b 564	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a 34,289	
7a Gross sales of inventory, less returns and allowances	7b 16,638	
b Less: cost of goods sold	7c 17,651	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 -0-	
8 Other revenue (describe ► LOAN REPAYMENT - WHITMAN POST VFW)	9 30,301	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 30,301		
Expenses	10 Grants and similar amounts paid (attach schedule)	10 -0-
	11 Benefits paid to or for members	11 -0-
	12 Salaries, other compensation, and employee benefits	12 -0-
	13 Professional fees and other payments to independent contractors	13 -0-
	14 Occupancy, rent, utilities, and maintenance	14 27,061
	15 Printing, publications, postage, and shipping	15 -0-
	16 Other expenses (describe ► LOAN REPAYMENT - WHITMAN POST VFW)	16 2,250
	17 Total expenses. Add lines 10 through 16 ► 29,311	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 990
	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 4,557,43
	20 Other changes in net assets or fund balances (attach explanation)	20 25,018
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 4,80,725	
	22 Excess or (deficit) for the year (Subtract line 17 from line 9)	22 509

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.)	
22 Cash, savings, and investments	(A) Beginning of year 1743 (B) End of year 22 509
23 Land and buildings	520,000 23 510,216
24 Other assets (describe ► ANNE)	-0- 24 -0-
25 Total assets	521,743 25 510,725
26 Total liabilities (describe ► BACK REAL ESTATE TAXES)	66,000 26 60,000
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	455,743 27 480,725

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

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

What is the organization's primary exempt purpose? FRATERNAL, CHARITABLE, PATRIOTIC, HISTORICAL, EDUCATIONAL
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	(Grants \$ <u>- 0 -</u>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a <u>- 0 -</u>
29	(Grants \$ <u>- 0 -</u>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a <u>- 0 -</u>
30	(Grants \$ <u>- 0 -</u>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a <u>- 0 -</u>
31	Other program services (attach schedule)		31a <u>- 0 -</u>
	(Grants \$ <u>- 0 -</u>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) -0-	(d) Contributions to employee benefit plans & deferred compensation -0-	(e) Expense account and other allowances N/A
JEREMIAH HANLON	PART TIME 4hrs	-0-	-0-	N/A
4A MAYPOLE RD QUINCY	COMMANDER			
LEIF THORSTON	PART TIME 1hr	-0-	-0-	N/A
5R VERNON ST QUINCY	SERVICE COMMANDR			
JOHN Mc DONOUGH - CLERK 8AM	PART TIME 12hrs	-0-	-0-	N/A
16 VERCHIARD ST QUINCY	PART TIME 2hrs	-0-	-0-	N/A
FRANK CONNOLLY DIRECTOR	PART TIME 2hrs	-0-	-0-	N/A
HAMMOND CIRCLE QUINCY	PART TIME 2hrs	-0-	-0-	N/A
DAVID KENNEDY DIRECTOR	PART TIME 2hrs	-0-	-0-	N/A
PALMER ST QUINCY	PART TIME 2hrs	-0-	-0-	N/A
JOHN MARRE DIRECTOR	PART TIME 2hrs	-0-	-0-	N/A
FARRINGTON ST QUINCY	PART TIME 8 hrs	-0-	-0-	N/A
JOHN PISKEREL PRESIDENT	PART TIME	-0-	-0-	N/A
MAYFLOWER RD BLAINTREE				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

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

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 section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

39a

39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

b Section 501(c)(3) and (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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____

d Enter amount of tax on line 40c reimbursed by the organization ► _____

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.

41 List the states with which a copy of this return is filed. ► _____

42a The books are in care of ► QUARTERMASTER Telephone no. ► (617) 479-2254
Located at ► 24 BROAD STREET QUINCY MA ZIP + 4 ► 02169

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

	Yes	No
33		✓
34		✓
35a		✓
35b		
36		✓
37b	✓	✓
38a		✓
39a		
39b		
40b		
40e		

	Yes	No
42b		✓
42c		✓

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

	Yes	No
44		✓
45		✓

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.

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	Yes	No
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 & deferred compensation	(e) Expense account and other allowances
NONB				
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
None		

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

**Sign
Here**

John McDonough Quartermaster 1/22/10

Date

Signature of officer
John F. McDonough
Type or print name and title

QUATERNARY

1/22/10

Signature of officer
John F. I.

Type or print name and title		Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Paid Preparer's Use Only	Preparer's signature 			
	Firm's name (or yours if self-employed), address, and ZIP + 4 		EIN 	⋮
			Phone no. 	()

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

VETERANS OF FOREIGN WARS

042-042-163

George F. Bryan ♦ VFW POST 613

24 Broad Street

Quincy, MA 02169

1-21-2010

Form 990-EZ

LINe 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

REAL ESTATE LOSS OF VALUE DUE TO CONDITION OF BUILDING
AND RECENTLY DISCOVERED CITY "RIGHT OF REVERSION" ON DEED
COUPLED WITH ADDITIONAL UNPAID CITY TAXES

signed

John McDonough
Clerk / QUARTERMASTER
George F. Bryan Post #613 V.F.W.