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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Open to Public

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 \$500,000 and total assets less than \$1,250,000 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

Inspection

| Α | For t | he 2009 calendar year, or tax year beginning , 2009, and en | dina | | | |
|-------------------|---------|---|-------------------------------------|------------|---------------------------------------|--|
| В | | if applicable C | | Employer | identification number | |
| Ī | | Please PTWYN NORDIGON DOGT THOS WITH | | 22-2511904 | | |
| _ | | change label or DO BOY 725 | | Telephone | | |
| | Initial | return type BATH, ME 04530 | - | • | | |
| | Termin | ation Specific Specific | | 207- | 522-4166 | |
| \vdash | | led return tions Instruc- | | | Exemption | |
| | Applic | ation pending | | 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 met Other (specify) | | Cash Accrual | |
| | | mast ditasir d compreted contaction (, offin coo of coo asy. | | | rganization is not | |
| ı | Web | site: N/A | required to atta | ch Sche | edule B (Form 990, | |
| J | Tax-e | xempt status (check only one) — X 501(c) (19) ◄ (insert no) 4947(a)(1) or 527 | 990-EZ, or 990- | • | | |
| K | Chec | | oss receipts are no | maily n | ot more than | |
| | | 000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses | | sure to | file a complete return | |
| L | Add | lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file For ad of Form 990-EZ | m 990 | ► Ś | 105 015 | |
| P: | irt I | Revenue, Expenses, and Changes in Net Assets or Fund Balan | cas (See the in | - т | 100/010: | |
| | 1 | Contributions, gifts, grants, and similar amounts received | ces (See the III | 1 | l lorraiti.) | |
| | 2 | Program service revenue including government fees and contracts | | 2 | 183,119. | |
| | 3 | Membership dues and assessments | | 3 | 243. | |
| | 4 | Investment income | | 4 | 2,453. | |
| | 5 a | Gross amount from sale of assets other than inventory 5a | | | , | |
| 0 | t | Less cost or other basis and sales expenses 5b | | | | |
| F | 0 | Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) | | 5c | | |
| ~E | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, chec | k here | | | |
| 1 3 2010 | a | Gross revenue (not including \$of contributions | | | | |
| | | reported on line 1) 6a | | _ | | |
| 立 | | Less. direct expenses other than fundraising expenses 6b | | -} | | |
| ク - | | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | | |
| 7 | | Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b | | - | | |
| Ž | | Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| Z | 8 | Other revenue (describe > | , | 7c | · | |
| SCANNED SEP | 9 | Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | ▶ 9 | 105 015 | |
| <u>r</u> | 10 | Create and available and deltails and deltails and deltails | DAMENATINE 1 | | 185,815. | |
| | 11 | Benefits paid to or for members | ED 1 | 10 | 28,483. | |
| E | 12 | Salaries, other compensation, and employee benefits | ၂၀ | 11 | | |
| P | 13 | Professional fees and other payments to independent contractor | 181 | 13 | | |
| E X P E N S E | 14 | Professional fees and other payments to independent contracto Coccupancy, rent, utilities, and maintenance AUG 1 6 2 | 010 | 14 | 6,150. | |
| E S | 15 | Printing, publications, postage, and shipping | 181 | 15 | 234. | |
| - | 16 | Other expenses (describe ► SEE STATEMENT 2 OGDEN. | | 16 | 172,336. | |
| | 17 | Total expenses. Add lines 10 through 16 | | ▶ 17 | 207,203. | |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -21,388. | |
| N S | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr | ree with end-of-vear | | | |
| N S E S T E | | figure reported on prior year's return) | | 19 | 147,681. | |
| Š | 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 | 126,293. | |
| 12 | irt II | Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mor | | | · - | |
| 22 | · C- | (See the instructions for Part II) | (A) Beginning of | | (B) End of year | |
| 22 | | sh, savings, and investments id and buildings | 147,68 | | 126,293. | |
| 24 | | ner assets (describe ►) | | 23 24 | | |
| 25 | | ial assets | 147,68 | | 126,293. | |
| 26 | | ral liabilities (describe ►) | 141,00 | 0. 26 | | |
| 27 | | assets or fund balances (line 27 of column (B) must agree with line 21) | 147,68 | | 126,293. | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

| Form 990-EZ (2009) PITMAN MORRISON | POST 7738 VFW | | 22 | 2-251 | .1904 Page 2 |
|--|---|--|----------------------|-------------------------|--|
| Part III Statement of Program Ser | rvice Accomplishments | (See the instructi | ons.) | | Expenses |
| What is the organization's primary exempt purpose? FR | ATERNAL ORGANIZATI | ON | | (Regi | uired for section (3) and (4) |
| Describe what was achieved in carrying out the describe the services provided, the number of program title | e organization's exempt purpo persons benefited, or other re | oses. In a clear and concelevant information for e | cise manner, each | orgar 4947 for of | (a)(1) trusts, optional hizations and section (a)(1) trusts, optional hers) |
| 28 THE ORGANIZATION OF A FRA | | | | | |
| EDUCATIONAL ORGANIZATION | | | | | |
| AMONG ITS MEMBERS AND CAR | E FOR VETERANS AND | THEIR FAMILIES | <u>S</u> | ก | |
| (Grants \$) If the | is amount includes foreign gra | ants, check here | > | 28 a | 157,445. |
| 29 | | | |] | |
| | | | | _ | |
| | | | | _ | |
| (Grants \$) If th | is amount includes foreign gra | ants, check here | <u> </u> | 29 a | |
| 30 | | | |] | |
| | | | | _ | |
| 70 | | | | 1 | |
| (Grants \$) If th 31 Other program services (attach schedule | is amount includes foreign gra | ants, check here | | 30 a | |
| |) is amount includes foreign gra | ants shack here | ▶ □ |] 31 a | |
| 32 Total program service expenses (add lin | | ants, check here | | | 157,445. |
| Part IV List of Officers, Directors | | plovees. List each o | ne even if not co | | |
| | (b) Title and average hours | (c) Compensation (if | (d) Contribution | s to | (e) Expense account |
| (a) Name and address | per week devoted to position | not paid, enter -0) | employee benefit pl | | and other allowances |
| THOMAS S RAINEY | ADJUTANT | 0. | deferred compens | 0. | 0. |
| 65 ADAMS LANDING RD | U DOUTHI | 0. | | 0. | 0. |
| TOPSHAM, ME 04086 | | | | | |
| MICHAEL E BROCKETT | COMMANDER | 0. | | 0. | 0. |
| 37 ABENAKI ROAD | COMMANDER | 0. | | 0. | 0. |
| HARPSWELL, ME 04079 | 9 | | | | |
| ROBERT A MEADE | VICE COMMANDER | 0. | | 0. | 0. |
| PO BOX 201 | O OF THE COMMITTEE | 0. | | 0. | 0. |
| WOOLWICH, ME 04579 | J | | | | |
| JOHN A KENNEDY | TRUSTEE | 0. | | 0. | 0. |
| 45 JOHN WALKER FARM RD | 0 | 0. | | ٥. | · · |
| WOOLWICH, ME 04579 | 9 | | | | |
| HARVEY J GAGNON | TRUSTEE | 0. | | 0. | 0. |
| 376 MAIN RD | 0 | | | 0. | · · |
| PHIPPSBURG, ME 04562 | | | | | |
| 1111100110, 111 01000 | - | | - | | |
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| BAA | TEEA0812L 0 | 01/30/10 | | | Form 990-EZ (2009) |

TEEA0812L 01/30/10

Form **990-EZ** (2009)

| Pa | Ift V Other Information (Note the statement requirements in the instrs for Part V.) | E STATEM | ENT | 3 |
|-----|---|-------------------|------------|------------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description each activity | of 33 | | Х |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the change | es 34 | | Χ |
| 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 attach a statement explaining why the organization did not report the income on Form 990-T. | -T, | | |
| i | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) no reporting, and proxy tax requirements? | otice, 35a | | x |
| I | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | |
| | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | х |
| | b Did the organization file Form 1120-POL for this year? | 0. 37 b | | х_ |
| 38 | la Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | Х |
| | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b | N/A | | |
| | Section 501(c)(7) organizations Enter | | l | |
| | a Initiation fees and capital contributions included on line 9 5. Cross recently included on line 9. Cross recently included on line 9. | N/A | | |
| | b Gross receipts, included on line 9, for public use of club facilities. 39b a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | N/A | | |
| 70, | 3.5 (a) | N/A | | |
| l | b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in 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 | in a f | | |
| (| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 0. | | |
| (| d Section 501(c)(3) and 501(c)(4) organizations. 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 | 40 e | | Х_ |
| 41 | List the states with which a copy of this return is filed NONE | | | |
| | ta The organization's books are in care of ► THOMAS S RAINEY Located at ► 65 ADAMS LANDING ROAD BATH ME 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. Telephone no ► 20 ZIP + 4 ► 00 | 4530 | 166 Yes | No 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 and enter the amount of tax-exempt interest received or accrued during the tax year | | | N/A N/A |
| 44 | | | Yes | No |
| ΛE | of Form 990-EZ | 44 | | X |
| 40 | 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 | | <u>X</u> |

| | 46-49b and complete the tables | s for lines 50 and 5 | 51. | ile trusts must answer | questions | • |
|--------------------------|---|---|--|--|--|-------------|
| 46 Did | the organization engage in direct or indirec | t political campaign acti | vities on behalf of or i | n opposition to candidates | Ye | s No |
| for p | oublic office? If 'Yes,' complete Schedule C | , Part I | The state of the s | opposition to carracter | 46 | |
| | the organization engage in lobbying activitie | • | • | | 47 | |
| | ne organization a school as described in sec | ,,,,,,, | • | dule E | 48 | |
| | the organization make any transfers to an e | • | elated organization? | | 49 a | |
| b If 'Y | es,' was the related organization a section | 527 organization? | | | 49 Ь | |
| 50 Con | plete this table for the organization's five h | ighest compensated en | nployees (other than o | fficers, directors, trustees a | nd key | |
| emp | oloyees) who each received more than \$100 | | | | | |
| (| 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 an other allowan | d |
| | more man \$100,000 | devoted to position | | deferred compensation | otner allowan | |
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| f Tota | al number of other employees paid over \$10 | | | | • | |
| com | nplete this table for the organization's five hippensation from the organization. If there is (a) Name and address of each independent contributions | | | (b) Type of service | an \$100,000 (c) Compensa | |
| | · · · · · · · · · · · · · · · · · · · | | | C-y type or connec | (+) companie | - |
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| d Tota | al number of other independent contractors | each receiving over \$1 | 00,000 | · | | |
| Sign Here | Under penalties of perjury, I declare that I have examined, correct, and complete. Declaration of prepare (**Down Signature of officer** **Down Signature of officer** | ined this return, including according than officer) is based on | ompanying schedules and sta all information of which prep | tements, and to the best of my know arer has any knowledge I 3 Awg Date | | , it is |
| | Type or print name and title | 10 DA | | | | |
| Paid | Preparer's Rule | Child | Date / | | rer's Identifying Instructions) | Number |
| Pre- | signature RICHARD A. CHAB | | \8//\/_ | | 001217 | |
| parer's Use | Firm's name (or NICHARD A CHABOT yours if self | CPA PC | | | | |
| Use | employed), - /95 MIDDLE ST | | | | -140218 | |
| Only | ZIP + 4 BATH, ME 04530 | | | Phone no ► (207) | <u>443-868</u> | 30 |
| May the II BAA | RS discuss this return with the preparer sho | wn above? See instruc | tions | | X Yes | No |
| $\kappa \Lambda \Lambda$ | | | | | Form 990-F7 | |

| 2009 | FEDERAL STATEMENTS | | PAGE 1 |
|---|-------------------------------|------|--|
| | PITMAN MORRISON POST 7738 VFW | | 22-2511904 |
| STATEMENT 1 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOU | 0 JNTS PAID | | |
| DONEE'S NAME: CASH AMOUNT GIVEN: | SEE ATTACHED LIST | . \$ | 28,483. |
| STATEMENT 2 | | | |
| FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES | 0 | | |
| ADVERTISING AND PROMOTICE BANK FEES BINGO PRIZES PAID BINGO SUPPLIES CONVENTION REGISTRATION DEPT ME VFW PINS DUES LICENSES | ON | \$ | 830. 505. 67,420. 4,052. 33. 39. 23. 1,536. |
| MEMBERSHIP MISCELLANEOUS QUARTERMASTER BOND RETURNED CHECK FEE RETURNED CHECKS | | | 191. 1,112. 152. 50. |

STATEMENT 3 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

SEALED TICKET PRIZES PAID

SEALED TICKETS

UNIFORMS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

90,052.

1,119. 172,336.

TOTAL \$