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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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , **2009**, and ending

B Check if applicable: <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	C Please use IRS label or print or type. See Specific Instructions. Veterans of Foreign Wars #3917 P.O. Box 5355 Colorado Springs, CO 80931-5355	D Employer identification number 84-0677315
		E Telephone number 719-392-8677
		F Group Exemption Number
		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ N/A

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

J Tax-exempt status (check only one) — 501(c) (19) (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 268,808.

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	1,544.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	4,379.	
	4	Investment income	4	38.	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>	6		
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	149,890.	
6b	b Less: direct expenses other than fundraising expenses	6b	80,380.		
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	69,510.		
7a	Gross sales of inventory, less returns and allowances	7a	111,829.		
7b	b Less: cost of goods sold	7b	51,030.		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	60,799.		
8	Other revenue (describe ▶ See Statement 1)	8	1,128.		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	137,398.		
EXPENSES	10	Grants and similar amounts paid (attach schedule) See Statement 2	10	3,746.	
	11	Benefits paid to or for members	11	2,095.	
	12	Salaries, other compensation, and employee benefits	12	48,222.	
	13	Professional fees and other payments to independent contractors	13	7,550.	
	14	Occupancy, rent, utilities, and maintenance	14	16,535.	
	15	Printing, publications, postage, and shipping	15	17.	
	16	Other expenses (describe ▶ See Statement 3)	16	36,786.	
17	Total expenses Add lines 10 through 16	17	114,951.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,447.		
ASSETS	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	314,055.	
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	-3,500.	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	333,002.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	85,189.	94,395.
23	Land and buildings	80,853.	73,861.
24	Other assets (describe ▶ See Statement 5)	161,436.	166,934.
25	Total assets	327,478.	335,190.
26	Total liabilities (describe ▶ See Statement 6)	13,423.	2,188.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	314,055.	333,002.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 7

		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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		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 why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9		N/A
39b	Gross receipts, included on line 9, for public use of club facilities.		N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	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 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		
40c	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.		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ Speed & Company CPAs, PLLC Telephone no ▶ 719-590-9555
 Located at ▶ 4740 Flintridge Dr., Ste 222 Colorado Springs CO ZIP + 4 ▶ 80918

		Yes	No
42b	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: _____		X
42c	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. _____		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 ▶ **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		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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 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 a section 527 organization?	49b	

50 Complete this table for the organization's 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

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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
 Signature of officer: *Bob M. Linn* Date: 5/13/2010
 Type or print name and title: *Robert M. Kidd* Quartermaster

Paid Preparer's Use Only
 Preparer's signature: *Jerry D. Speed* Date: 5/13/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: SPEED & COMPANY CPAS PLLC
4740 FLINTRIDGE DR STE 222
COLORADO SPRINGS, CO 80918-4273
 Preparer's Identifying Number (See instructions): P00562090
 EIN: 20-0333562
 Phone no: (719) 590-9555

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

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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col (c))
		(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)			
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4- through 9 in column (d)			
	11	Net income summary. Combine lines 3, column (d) and line 10			

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
		1	Gross revenue	149,890.		
DIRECT EXPENSES	2	Cash prizes	28,150.			28,150.
	3	Non-cash prizes				
	4	Rent/facility costs	31,160.			31,160.
	5	Other direct expenses	21,070.			21,070.
	6	Volunteer labor	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				80,380.	
8	Net gaming income summary. Combine lines 1, column (d) and line 7				69,510.	

9 Enter the state(s) in which the organization operates gaming activities: CO

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

	YES	NO
9a	X	
10a		X
11	X	
12		X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
13b	100.0 %

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ Earl Havens, Jr.

Address: ▶ 4715 Clearview Drive, Colorado Springs, CO 80911

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a	YES	NO
		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 of the third party:

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	YES	NO
		X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Misc. Events		\$ 1,128.
	Total	<u>\$ 1,128.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Contributions-Variou	
Cash Amount Given:		\$ 3,746.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion		\$ 100.
Bank Fees		327.
Cable		276.
Conferences, Conventions, and Meetings		2,320.
Depreciation		6,993.
Dues & Subscriptions		93.
Insurance		12,425.
Laundry		713.
Less: Intercompany Exp		-12,854.
Licenses/Permits/Fees		1,713.
Membership Dues		152.
Office Expenses		1,320.
Repairs		3,546.
Special events		2,185.
Supplies		9,285.
Telephone		2,228.
Travel		4,875.
Workman's Comp Ins		1,089.
	Total	<u>\$ 36,786.</u>

Statement 4
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Account reported twice in prior period		\$ -3,500.
	Total	<u>\$ -3,500.</u>

Statement 5
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 2,118.	\$ 2,663.
Furniture and Fixtures	46,586.	46,586.
Inventories	1,242.	5,069.
Machinery and Equipment	111,490.	112,616.
Total	\$ <u>161,436.</u>	\$ <u>166,934.</u>

Statement 6
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 13,423.	\$ 2,188.
Total	\$ <u>13,423.</u>	\$ <u>2,188.</u>

Statement 7
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No