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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)

OMB No 1545-0047

2009

Open to Public

	nt of the Treasury evenue Service	▶	The organization may have	to use a copy of this retu	rn to satisfy state re	porting re	equirements		nspection
	_	dar year,	or tax year beginning	07	-01 , 2009, and e	ending	. 0	6-30 , 2	0 10
B Check	k if applicable	Please	C Name of organizationVetera	ns of Foreign Wa	rs Post 149			D Employ	er identification no.
Addre	ess change	use IRS label or	Doing Business As					06-07	56421
Name	change	print or type.	Number and street (or P O box	if mail is not delivered to street	address)	Room	n/suite	E Telepho	ne number
Initial	return	See	5 Byron Street						
Termi	nated	Specific Instruc-	City or town, state or country, an	nd ZIP + 4				G Gross re	•
Amen	ded return	tions	Danbury, CT 06810					\$	124,842
Applic	cation pending	F Name	e and address of principal officer			H(a)	Is this a group i	eturn for	
			10 4			_	Is this a group i		Yes X No
		X 501(c) (19) ◀ (insert no) 4947	7(a)(1) or 527			Are all affiliates	list (see ins	Yes No ±ructions)
	inte NA	1_			1		Group exemption	on number	
	of organization X		n Trust Association Ot	ther P	L Year of formation	1919	M State of le	gal domicile	CT
Part I			rganization's mission or most s	eignificant activities	Supporting mi	litari	. wotoran	c and t	
	communit		ganization's mission of most s	significant activities	Supporting Mi	LICAL	veteran	s and t	ie
A G	COMMUNITE	<u> </u>							
0									
v e 2	Check this b	ox ▶☐ı	f the organization discontinued	d its operations or dispos	sed of more than 25%	% of its n	et assets		
r 3 a 4 c 5			nbers of the governing body (f				1	1	417
a 4		•	nt voting members of the gove	•			<u> </u>	1	417
			oyees (Part V, line 2a) · · · ·	• • •	•			1	0
e 6			teers (estimate if necessary)						
	7a Total gross	unrelated	business revenue from Part V	/III, column (C), line 12	. 		7a	1	955
	b Net unrelate	d busines	s taxable income from Form 9	990-T, line 34	. 		7b)	0
				RECEIVED		Pi	nor Year	Cı	лтепt Year
R e gent de la companya de la compan	3 Contribution	s and gra	nts (Part VIII, line 1h)		ာပ္တု		58,48	2	122,932
v g	Program sei	vice revei	nue (Part VIII, line 2g) 🕠 🚾	0.000 2 5. 2010.	· 8 · · · · ·				0
n 10	0 Investment	ncome (P	art VIII, column (A), lines 3,	(and 7d) . 4 9. 2010.			90	2	1,910
e 11			/III, column (A), lines 5, 6d, 8c		ا ۱۰۰۰ اعتران				0
12	2 Total revenu	e - add lir	nes 8 through 11 (must equal l	Part Old Group (A) In	12)		59,38	4	124,842
13	3 Grants and	sımılar am	nounts paid (Part IX, column (A	4), lines 1-3)					0
E 14	•		members (Part IX, column (A	•	<u>-</u>				0
x 15			ensation, employee benefits (P		´ ⊢				0
e 10			ng fees (Part IX, column (A), I	·	<u> </u>				0
SI			enses (Part IX, column (D), line	·	20,819				
s I			IX, column (A), lines 11a-11d.		• • • • • • • • • • •		45,82		142,230
18			lines 13-17 (must equal Part I		<u></u>		45,82		142,230
19	Hevenue les	s expens	es Subtract line 18 from line	12 · · · · · · · · · · · · · · · · · · ·	• • • • • • • •		13,56	-	(17,388)
let ssets 20	n Total assats	(Dort V. I	ino 16)		}-	Beginning	of Current Year		nd of Year
r 20 und 21			,				140,19	-	113,304
a⊦		•	lances Subtract line 21 from	line 20			148,19	2	113,304
nces 24 Part II	, 			line 20 · · · · · · · · ·	**********		140,19		
ait II			y, I declare that I have examined this	return, including accompanyir	g schedules and stateme	ents and to	the best of my l	knowledge	
	and belief, it	is true corre	ect and complete Declaration of prep	parer (other than officer) is bas	ed on all information of w	hich prepa	rer has any knov	wledge	
Sign		us of	Mm				1		
lere	Signatu	re of officer		0			D	ate ,	
	TI.	MOTA	y h WINKILK	1006T QUA	Jerus K5/m		10	1/19/10)
	Type or	print name	and title	<u> </u>			7	, , , , , , , , , , , , , , , , , , , 	
	Preparer's			Date	1000	k ıf		dentifying nu	mber
Paid	signature	7 /	7 M		self- emplo	oyed ►	(see instruc	tions)	
reparer	r's		(10		19-2010				
Jse Only		(or yours	LaForte Financial			EIN	>		
	if self-employ	red).	2505 Main Street,			<u> </u>			
	address, and	2 LIP + 4	Stratford, CT 066	15		Phone n	o ►203-38	36-0297	
			th the preparer shown above?	<u> </u>					Yes No
or Priva	acy Act and Pa	perwork	Reduction Act Notice, see the	he separate instruction	s		EEA	F	orm 990 (2009)
									' }'

orm	990 (2009) Veterans of Foreign Wars Post 149	06-0766421	Page 2
Par			
1	Briefly describe the organization's mission		
	Supporting military veterans and the community		
2	Did the organization undertake any significant program services during the year which were not listed		
	the prior Form 990 or 990-EZ?	• • • • • • • • • • • • • • Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	• • • • • • • • • • • • • Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program servi		
	Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to report the	amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Patriotic observances through parades, funerals and hospital visits	Also educational	
	scholarships.		
			 -
41-	/O-d-		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶		

Pai	rt IV Checklist of Required Schedules			
			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?	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		Χ
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II · · · · · · · · · · · · · · · · · ·	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III • • • • • • • • • • • • • • • • •	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ū				
	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		X
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		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Χ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	4		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	,		
•	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			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
Ŭ	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,	
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional- · · · · · · · · · · · · · · · · · · ·			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	- 13	1	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
~	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I · · · · · · · · · · · · · · · · · ·	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		X
13	- · · · · · · · · · · · · · · · · · · ·	15		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	13		X
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	46		٠,
17		16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا _ ا		• •
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		<u>X</u>
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			ĺ
	in the United States 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 and 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	-		ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			f
	employees? If "Yes," complete Schedule J	23		X
24a	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	ļ		1
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
b	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		ĺ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		-
20		26		
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		.,
20	If "Yes," complete Schedule L, Part III · · · · · · · · · · · · · · · · ·	27	`	Х ** *
28	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			ĺ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
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	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		Х
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,			1
	Part VI · · · · · · · · · · · · · · · · · ·	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		- 21
	19? Note . All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	x	1
	The second secon	<u> </u>	000 /	

-	rt V Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			'
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable • • • • • • • • • 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return · · · · · 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	_X	_
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
L	this return? · · · · · · · · · · · · · · · · · · ·	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		
4a	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-		
L	If "Yes," enter the name of the foreign country	4a		X
D				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	35		
Ŭ	Prohibited Tax Shelter Transaction?	5c		
6a	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c)	,		
а	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?	7a	-~-	X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	,	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract? • • • • • • • • • • • • • • • • • • •	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7 g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? • • • • • • • • • • • • • • • • • • •	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_	-	
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
a 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · 12b			
-	· · · · · · · · · · · · · · · · · · ·			

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Pa	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			
Sec	tion A. Governing Body and Management		_	
<u> </u>	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • • •	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body? • • • • • • • • • • • • • • • • • • •	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			,
	the year by the following		-	
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	_8b		X
9	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		v
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal			X
	enue Code)			
	7.100 0000 /		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	10a	163	X
b				
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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? The organization's CEO, Executive Director, or top management official	45-		,
a b	Other officers or key employees of the organization	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130		X
16a			i !	1
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			A
	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?	16b		
Sec	tion C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed			
18	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			
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > Tim Winkler (203) 792-6332			

7 Patricia Lane Danbury, CT 06810

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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. Use Schedule J-2 if additional space is needed.

- 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. 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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	I t d nrı dur ı se v t c ı e t de o u r a o i r	1 n u s t t e	0	K	employee Compensated	Forme	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Paul Schlemmer										
Commander	14.00			Х				ļ ·	0	
Tim Winkler										
Quartermaster	10.00			Х					o	,
Al Hultgren										
Senior Vice Commander				X					o o	ı
Tommy Presnell										
Junior Vice Commander				x					0	
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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)	(B) (C) (D) (E)							(E)		(F)	
	Name and Title	Average	-		7		nat appl		Reportable	Reportable		stimated	
		hours per week	l t d	n r	f	K	Hce i om	F	compensation from	compensation from related	ar	nount o	f
			d u r	lt s	1	y e	g mp h p i	r m	the	organizations	1	pensat	
			v t c	l t e	е	m	e e o s n y	e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	3	rom the janizatio	
	1		deo u r	l t	r	р О	t s e a e		(17 2.1000 100)		an	id relate	ed
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1b	Total		'	• •	• •	••	• • •	•	0	0	-		0
2	Total number of individuals (including but not limited t	o those liste	d abov	ve) v	vho	гесе	ived n	nore	than \$100,000 in	L	L		
	reportable compensation from the organization			ŕ						0			
												Yes	No
3	Did the organization list any former officer, director or	r trustee, ke	y emp	loye	e, o	r hıg	hest c	ompe	ensated				
	employee on line 1a? If "Yes," complete Schedule J for	or such indiv	vidual					• •			3		Х
4	For any individual listed on line 1a, is the sum of repo	rtable comp	ensati	on a	nd c	the	comp	ensa	ation from				
	the organization and related organizations greater that											_	_
	ındıvıdual									• • • • • • •	4		X
5	Did any person listed on line 1a receive or accrue cor												_
	services rendered to the organization? If "Yes," comp	lete Schedu	le J fo	rsu	ch p	erso	n · ·	• •	• • • • • • • •	• • • • • • • •	5		X
	tion B. Independent Contractors												
1	Complete this table for your five highest compensated	independe	nt con	tract	ors	that	receiv	ed m	nore than \$100,00	O of			
	compensation from the organization												
	(A) (B)								(C)				
	Name and business address Description of services							services	Comp	ensatio	<u> </u>		
									+				
									 			_	
								—	 				
2	Total number of independent contractors (including bi	ut not limited	to the	se l	liste	d ab	ove) w	/ho r	eceived				
	more than \$100,000 in compensation from the organi						•						

Part \	VIII	· Statement of Revenue					
*	•	*		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campaigns · · · · · · 1a			revenue		512, 513, or 514
	_		1 617				
Contn-	b	Membership dues · · · · · · 1b Fundraising events · · · · · 1c	1,617				
butions, gifts,	d	Related organizations · · · · · · · 1d					
grants	۵	Government grants (contributions) - 1e					
and							
other similar amounts	Ŧ	All other contributions, gifts, grants, and similar amounts not included above 1f	121,315				
ankants	g	Noncash contributions included in lines 1a-1f \$					I
	h	Total. Add lines 1a-1f	· · · · · • •	122,932	i		
			Business Code				1
	2a						
Program	b						
Service	С		· · · · · · · · · · · · · · · · · · ·				
Revenue	d						
	е						
	l	All other program service revenue · · · · · ·					
	g	Total. Add lines 2a-2f	• • • • • •				
		Investment income (including dividends, interest, a					
	1	other similar amounts)		1,910	955	955	
	•	Income from investment of tax-exempt bond proces	L				
	5	Royalties					
	<u></u>	(i) Real	(II) Personal		x² .		* !
		Gross Rents					
	ł	Less rental expenses · · · ·			•		•
	i	Rental income or (loss)			m		*
]	Net rental income or (loss)					
	l .	Gross amount from sales of (i) Securities assets other than inventory	(II) Other				
_	l	Less cost or other basis and sales expenses					•
t	С	Gain or (loss)					
h	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	· · · · · >	:	-		
e r	8a	Gross income from fundraising					
_		events (not including \$		ı			ļ.
R e		of contributions reported on line 1c)		•			ı.
v		See Part IV, line 18 · · · · · · · a					
e n	ь	Less direct expenses · · · · · · b					
ü	С	Net income or (loss) from fundraising events	· · · · · • •				
е		Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · a					i c
		Less direct expenses · · · · · · · b					
	С	Net income or (loss) from gaming activities · · ·	• • • • • •				
	10a	Gross sales of inventory, less returns and allowances · · · · · · · · a					
	b	Less cost of goods sold · · · · · · · b					
	С	Net income or (loss) from sales of inventory · · ·	· · · · · >				
		Miscellaneous Revenue	Business Code				
	11a					1	
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d · · · · · · · · · ·	· · · · · • •				
	12	Total revenue. See instructions · · · · · · ·	· · <u>· · · ·</u> ▶	124,842	955	955	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	' All other organizations must complete colu	-	-		D)
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII	rotar expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members • • • • • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · · ·				
9	Other employee benefits • • • • • • • • • • • • • • • • • • •				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •				
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
C	Accounting	300		300	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
e	Professional fundraising services See Part IV, line 17 ·				
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g 12	Other				
12 13	Advertising and promotion				
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties · · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	71,560		71,560	
17	Travel · · · · · · · · · · · · · · · · · · ·	,000		,1,500	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest	-			
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				·
22	Depreciation, depletion, and amortization • • • • • • •				
23	Insurance · · · · · · · · · · · · · · · · · · ·	20,316		20,316	·
24	Other expenses Itemize expenses not				· · · · · · · · · · · · · · · · · · ·
	covered above (Expenses grouped together				e
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Bingo expenses	20,084			20,084
b	Per capita tax	83		83	
С	Delegate fee	45		45	
d	Poppy expenses	410			410
е	Picnic tickets and food	325			325
f	All other expenses · · · · · · · · · · · · · · · · · ·	29,107		29,107	
25	Total functional expenses. Add lines 1 through 24f • •	142,230	0	121,411	20,819
26	Joint Costs. Check here Inf following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·				

Part X	Balance Sheet	(A)	Т	(B)
•		Beginning of year		End of year
1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	28,192	1	4,840
2	Savings and temporary cash investments	120,000	2	108,464
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		 	
	employees, and highest compensated employees Complete Part II of			
	Schedule L · · · · · · · · · · · · · · · · · ·		5	- m
6	Receivables from other disqualified persons (as defined under section		 	
"	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
.	Part II of Schedule L · · · · · · · · · · · · · · · · · ·	***		-
. 7	Notes and loans receivable, net		7	
	Inventories for sale or use	 		
8			8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
Ι.	other basis Complete Part VI of Schedule D · · · · · 10a			
b	Less accumulated depreciation • • • • • • • 10b		10c	· · · · · · · · · · · · · · · · · · ·
11	Investments - publicly traded securities • • • • • • • • • • • • • • • • • • •		11	· · · · · · · · · · · · · · · · · · ·
12	Investments - other securities See Part IV, line 11 · · · · · · · · · · ·		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	148,192	16	113,30
17	Accounts payable and accrued expenses		17	
18	Grants payable · · · · · · · · · · · · · · · · · · ·	· 	18	
19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · · ·		21	
22	Payables to current and former officers, directors, trustees, 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 · · · · · · · ·		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	
	Organizations that follow SFAS 117, check here▶ and			-
F	complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •		27	
n d 28	Temporarily restricted net assets		28	-
29	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •		29	
В	Organizations that do not follow SFAS 117, check here ▶ 汉			
a I	and complete lines 30 through 34.			
a 30	Capital stock or trust principal, or current funds		30	
n 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	148,192	32	113,30
s 33	Total net assets or fund balances	148,192	33	113,30
34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	148,192	34	113,30

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06-0766421

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Part XI · Financial Statements and Reporting					
			Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in				
	Schedule O	İ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	İ	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х	
С	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?	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in			_	
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both			,	
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ		
3a	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?	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b			

EEA

Form 990 (2009)

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection
Employer identification number

Veterans of Foreign Wars Post 149	06-0766421					
01. Governing body meeting documentation (Part VI, line 8a)						
Meetings not documented						
02 Committee meeting documentation (Part VI, line 8b)						
Committes cannot act on behalf of geverning body						
03 Form 990 governing body review (Part VI, line 11)						
No documents are available for the public.						
04. Governing documents, etc, available to public (Part VI, line 19)						
No review was or will be conducted.						