

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

Department of the Treasury

### 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

➤ 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

No 1545-1150 2009

> Open to Public Inspection

|             | Inter                                   | nal Rever   | nue Service     |                   | ► The        | organization may   | have to use a cop     | y of this return to                      | satisfy state                           | reportu       | ng requirem | ents.          |              |             |                    |
|-------------|---|---|-----------------|-------------------|--------------|--------------------|-----------------------|--|---|---------------|-------------|----------------|--------------|-------------|--------------------|
|             | A F                                     | or the  | 2009 calenda    | ar year,          | or tax ye    | ear beginning      |                       | 07-01                                    | , 2009, a                               | nd en         | ding        |                | 06-3         | 0,201       | 0                  |
|             | <b>B</b> c                              | heck If a   | pplicable:      |                   | C Name       | of organization    |                       |  |   |               |             | D Emplo        | yer id       | entificatio | on number          |
|             | □ A                                     | ddress c  | hange           | Please<br>use IRS | VETERA       | NS OF FOR          | EIGN WARS             | DEPT OF                                  |   |               |             | 43             | -1047        | 7974        |                    |
|             | □ N                                     | lame cha  | nge             | label or          | Number a     | and street (or P O | box, if mail is not   | delivered to stree                       | et address)                             | Rooi          | m/suite     | E Telepi       | none ni      | ımber       |                    |
|             | [ ] Ir                                  | ntial retu  | rn              | print or type.    |              |                    |                       |  |   |               |             |                |              |             |                    |
|             | ≍                                       | erminate  |                 | See<br>Specific   | 12810        | E KENTUCK          | Y RD                  |  |   |               | ļ           |                |              |             |                    |
|             | Ξ                                       | mended  |                 | Instruc-          |              | wn, state or cour  |                       |  |   |               |             | F Group        | Exem         | otion       |                    |
|             | =                                       |   |                 | tions.            | TNDEPE       | ENDENCE. M         | iO 64050              |  |   |               | ľ           | Numb           |              |             | 1504               |
|             |   | Application pending INDEPENDENCE, MO 64050 Number  Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Mo |                 |                   |              |                    |                       |  | X Cas                                   |               |             |                |              |             |                    |
|             |   | - Jec.  | 1011 30 1(0)(3) | -                 |              |                    | orm 990 or 99         |  | <i></i>                                 |               | 1           | ther (specify  |              | <u> </u>    |                    |
|             |   |   |                 | 4 001             | iipicica .   | ocheddie A (i      | 330 01 00             | <u> </u>                                 |   |               |             | neck ▶ 🏻       |              | organizat   | tion is <b>not</b> |
| <u>~</u> ∩1 |   | Vebsite   |                 |                   |              |                    |                       |  |   |               |             |                |              | -           | 3 (Form 990,       |
| SOL         | -                                       |   |                 |                   | \            | ▼ E01/a\/ ·        | 19 ) <b>◀</b> (insert | DO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | (a)(1) or 1                             | 527           | - E         | 90-EZ, or 9    |              |             | , (i Oiiii 330,    |
|             |   |   |                 |                   |              |                    | (a)(3) supportin      |  |   |               |             |                |              |             | 000 4              |
|             |   |   |                 |                   |              |                    |                       |  |   |               |             |                |              |             | ,000 A             |
| <b>8</b>    |   |   |                 |                   |              |                    | if the organiza       |  |   |               |             |                |              |             | 240 010            |
|             |   |   |                 |                   |              |                    | s receipts, if \$5    |  |   |               |             |                |              |             | 249,010            |
| $\approx$   | Pa                                      | irt I   |                 |                   |              |                    | ges in Net            |  |   |               |             |                | 7            | Parti)      |                    |
|             |   | 1   |                 |                   |              |                    | unts received         |  |   |               |             |                | 1            |             | 963                |
| <u> </u>    |   | 2   |                 |                   |              |                    | ment fees and o       |  |   |               |             |                | 2            |             | 2,988              |
| SCANNED     |   | 3   |                 |                   | nd asses     |                    | • • • • • • •         |  |   |               |             |                | 3            |             | 705                |
|             |   | 4   | Investment i    |                   |              |                    |                       |  | 1                                       | - 1           | • • • •     |                | 4            |             |                    |
|             |   | ſ   |                 |                   |              |                    | n inventory .         |  | _                                       | $\overline{}$ |             |                | -            |             |                    |
| ₩.          |   | 1   |                 |                   |              |                    | es                    |  | -                                       |               |             |                | - }          |             |                    |
|             | R                                       | C   |                 | •                 |              |                    | n inventory (Sul      |  |   |               | _           |                | 5c           |             |                    |
|             | e                                       | 6   |                 |                   |              |                    | arts of Schedule C    |  |   | j, check      | here 🕨 📙    | XI.            |              |             |                    |
|             | ~e<br>n                                 | a   |                 |                   |              | \$                 |                       | of contributions                         |   | . 1           |             |                |              |             |                    |
|             | ü                                       | 1   | •               |                   |              |                    |                       |  |   | ia            |             | 5,707          | ન; ઃ         |             |                    |
|             | е                                       |   |                 |                   |              |                    | g expenses .          |  |   | ) di          |             | 576            | 4            |             |                    |
|             |   | 1   |                 |                   |              |                    | nd activities (Su     |  |   |               |             |                | 6c           |             | 5,131              |
|             | •                                       |   |                 |                   |              |                    | llowances             |  |   |               |             | 238,647        | <b>-</b> † : |             |                    |
|             | }                                       |   |                 |                   |              |                    | · • • • • • • •       |  |   | 7b            |             | 157,536        | ਜ            |             |                    |
|             | )                                       | C   |                 |                   |              | les of inventory   | (Subtract line        | 7b from line 7a                          | a)                                      | • • • •       | • • • • •   |                | 7c_          |             | 81,111             |
|             |   | 8   | Other reven     | •                 | -            |                    |                       |  |   |               |             | )              | 8            |             |                    |
|             |   | 9   |                 |                   |              |                    | 7c, and 8             |  |   |               |             |                | 9            |             | 90,898             |
|             |   | 10  |                 |                   |              |                    | hedule)               |  |   |               |             |                | 10           |             |                    |
|             | E                                       | 11  | •               |                   |              |                    |                       |  | , |               |             | . — —          | 11           |             | <del></del>        |
|             | X                                       | 12  |                 | •                 |              |                    | e benefits            |  | ,                                       |               | CEIV        |                | 12           | L           | 57,049             |
|             | P                                       | 13  |                 |                   |              |                    | dependent con         |  |   | <del></del>   |             |                | 13           |             | <del></del>        |
|             | n<br>s                                  | 14  | Occupancy,      | rent, uti         | ilities, and | d maintenance      | • • • • • • •         |  | · · ·   (25) ·                          | i in          | NIA         | 2012 - 16      | 3 14         |             | 20,070             |
|             | e                                       | 15  | Printing, pub   | olication         | s, postag    | e, and shippin     | g                     |  | 5                                       | 40            | 119.2.4     | (              | 15           |             | 142                |
|             | •                                       | 16  | Other expen     |                   |              |                    |                       |  |   |               | · ·         |                | 16           |             | 6,828              |
|             |   | 17  |                 |                   |              |                    | • • • • • •           |  |   |               |             |                | 17           |             | 84,089             |
|             | Δ                                       | 18  |                 |                   |              |                    | 17 from line 9        |  |   |               |             |                | 18           |             | 6,809              |
|             | NS                                      | 19  |                 |                   |              |                    | f year (from line     |  |   |               |             |                |              |             |                    |
|             | A S S S S S S S S S S S S S S S S S S S |   | -               | -                 |              |                    | return)               |  |   |               |             |                | 19           |             | 375,514            |
|             | 't                                      | - 20  |                 |                   |              |                    | es (attach expl       |  |   |               |             |                | 20           |             |                    |
|             |   | 21  |                 |                   |              |                    | Combine lines         |  |   |               |             |                | 21           |             | 382,323            |
|             | Pa                                      | urt II  | Balance         |                   |              |                    | line 25, colum        | n (B) are \$1,25                         | 0,000 or m                              | ore, file     | e Form 99   | 0 instead o    | f Form       | 990-EZ.     |                    |
|             |   |   |                 |                   | -            | instructions fo    |                       |  |   |               | (A) B       | leginning of y |              |             | nd of year         |
|             | 22                                      |   |                 |                   |              |                    |                       |  |   |               |             |                | 124 2        |             | 88,883             |
|             | 23                                      |   |                 |                   |              |                    | • • • • • •           |  |   | • •           |             | 405,           | 222 2        | <del></del> | 411,735            |
|             | 24                                      |   | assets (desc    |                   |              |                    |                       |  |   | )             | ļ           |                | 2            |             |                    |
|             | 25                                      |   |                 |                   |              |                    | • • • • • •           |  |   | • •           | <u> </u>    |                | 346 2        |             | 500,618            |
|             | 26                                      |   | liabilities (d  |                   |              | STM132             |                       |  |   | )             |             |                | 832 2        |             | 118,295            |
|             | 27                                      | Net a   | ssets or fun    | d balan           | ces (line    | 27 of column (     | (B) <b>must</b> agree | with line 21)                            |   |               |             | 375,           | 514 2        | 7           | 382,323            |

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

| Part III Statement of Program Service Acco                    | mplishments (See the           |                                       |                    | /5       | Expenses                              |
|---|--------------------------------|---------------------------------------|--------------------|----------|---------------------------------------|
| What is the organization's primary exempt purpose? PATRIO!    | FIC EDUCATIONAL FA             | ATERNAL                               |                    |          | uired for section                     |
| Describe what was achieved in carrying out the organization's | exempt purposes. In a clea     | ar and concise                        |                    |          | (3) and 501(c)(4)                     |
| manner, describe the services provided, the number of person  |                                |                                       |                    | organ    | nizations and section                 |
| •   | is beliefited, of other releve | and information for                   |                    |          | (a)(1) trusts, optional               |
| each program title.   |                                |                                       |                    | tor of   | hers)                                 |
| 28 VETERANS PROGRAMS  |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    | 1        |                                       |
|   |                                | ·                                     |                    |          |                                       |
| (C  | west maked on foreign grant    | s shock hare                          |                    | 28a      | 450                                   |
|   | ount includes foreign grant    | s, check here                         | · · · · • • 📙      | 204      | 450                                   |
| 29 COMMUNITY PROGRAMS   |                                |                                       |                    | }        |                                       |
|   |                                |                                       |                    | ] :      |                                       |
|   |                                |                                       |                    |          |                                       |
| (Grants \$ ) If this amo                                      | ount includes foreign grant    | s check here                          |                    | 29a      | 550                                   |
|   | Jane Indiades for eight grant  | .,                                    |                    |          |                                       |
| 30  |                                |                                       |                    | 1        |                                       |
|   |                                | · · · · · · · · · · · · · · · · · · · |                    | j        |                                       |
|   |                                |                                       |                    | 1 !      |                                       |
| (Grants \$ ) If this amo                                      | ount includes foreign grant    | s. check here                         | 🕨 🗍                | 30a      |                                       |
| 31 Other program services (attach schedule)                   |                                |                                       |                    | 1000     |                                       |
| ·   |                                |                                       |                    |          |                                       |
| (Grants \$ ) If this amo                                      | ount includes foreign grant    | s, check here                         | <b>▶</b> ∐         | 31a      |                                       |
| 32 Total program service expenses (add lines 28a through 3    | 31a)                           |                                       |                    | 32       | 1,000                                 |
| Part IV List of Officers, Directors, Trustees, and Key        |                                |                                       |                    | truction |                                       |
| List of Cincols, Birotion, Francisco, and Key                 | (b) Title and average          | (c) Compensation                      | (d) Contribution   |          | (e) Expense                           |
| (a) Name and address  | hours per week                 | (If not paid,                         | employee benefit p | olans &  | account and                           |
|   | devoted to position            | enter -0)                             | deferred compen    | sation   | other allowances                      |
| LEON KELSEY   | COMMANDER                      |                                       |                    |          |                                       |
| 645 LAKE DR INDEP MO, 64053                                   | 10                             | o                                     |                    | o        | 0                                     |
| DUANE SCHMITT   | ADJUTANT                       |                                       |                    |          | · · · · · · · · · · · · · · · · · · · |
|   |                                | _                                     |                    |          | •                                     |
| 12810 KENTUCKY RD INDEPENDENCE MO, 64050                      | 10                             | 0                                     |                    | 0        | 0                                     |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    | - 1      |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    | ł        |                                       |
|   |                                |                                       |                    |          | <del></del>                           |
|   | 1                              |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          | <del></del>                           |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   | l                              |                                       |                    | J        |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       | <del></del>        |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   | !                              |                                       |                    | ł        |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    | 1        |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                | ·                                     |                    | - [      |                                       |
|   |                                |                                       |                    | 1        |                                       |
|   |                                |                                       |                    |          |                                       |
|   | ļ                              |                                       |                    | ļ        |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
| -   |                                | 1                                     |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    | 1        |                                       |
|   |                                |                                       | <del></del>        |          |                                       |
| •   |                                |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   | ····                           |                                       |                    |          |                                       |
|   |                                |                                       |                    |          |                                       |
|   | <del> </del>                   |                                       |                    |          |                                       |
|   |                                | 1                                     |                    | ſ        |                                       |
|   |                                | i                                     |                    |          |                                       |

| Did ti                     | and complete the tables for lines 50 and 51.  ne organization engage in direct or indirect poli  | tical campaign activities of   | n behalf of or in oppo                              | sition to   |  | Yes        | N   |
|----------------------------|--|--|---|---|--|------------|-----|
|                            | idates for public office? If "Yes," complete Sch   |  |   |   | 46   | - 33       |     |
|                            | ne organization engage in lobbying activities?   |  |   |   | L - 1  |            |     |
|                            | organization a school as described in section  | •  |   |   |  |            | _   |
|                            | he organization make any transfers to an exem  |  | •   |   | 1 1  |            |     |
|                            | s," was the related organization a section 527   |  |   |   |  | -          | _   |
|                            | plete this table for the organization's five higher  |  |   |   |  |            |     |
|                            | oyees) who each received more than \$100,000   |  |   |   | -,   |            |     |
|                            | <u> </u>   | (b) Title and average  | (c) Compensation                                    | (d) Contributions to  |  | pense      |     |
| (a)                        | Name and address of each employee paid more than \$100,000   | hours per week devoted to position   |   | employee benefit plans &<br>deferred compensation                           | accou  | int and    |     |
|                            |  |  |   |   |  |            |     |
|                            |  |  |   |   |  |            |     |
|                            |  |  |   |   |  |            | _   |
|                            |  |  |   |   |  |            |     |
|                            |  |  |   |   | +  |            | _   |
|                            |  | :  |   |   |  |            |     |
|                            |  |  | -   |   | <del>-                                    </del> |            |     |
|                            |  |  |   |   |  |            |     |
|                            |  |  |   |   |  |            |     |
|                            |  |  |   |   |  |            |     |
| Total                      | number of other employees paid over \$100,00   | 0 ▶  | •   | · · · · · · · · · · · · · · · · · · ·                                       |  |            | _   |
| Com                        | olete this table for the organization's five highes  | st compensated independe   |   | ach received more than  |  |            |     |
| Com                        | , - ,  | st compensated independe   |   | ach received more than  |  |            |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes  | st compensated independent<br>there is none, enter "None   | ə."<br>   | ach received more than  | (c) Compen                                       | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Com <sub>F</sub><br>\$100, | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Comp<br>\$100,             | olete this table for the organization's five highes 000 of compensation from the organization If   | st compensated independent<br>there is none, enter "None<br>lead more than \$100,000   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Comp<br>\$100,             | plete this table for the organization's five highes 000 of compensation from the organization of law in the organization of law i | st compensated independent<br>there is none, enter "None<br>lead more than \$100,000   | ə."<br>   |   | (c) Compens                                      | sation     |     |
| Comp<br>\$100,             | polete this table for the organization's five highes 000 of compensation from the organization. If  (a) Name and address of each independent contractor polytopens. In the contractor of the contractors of the contractors of the contractors of the contractors. In the contractors of the contractors of the contractors of the contractors of the contractors. In the contractors of the contractors of the contractors of the contractors of the contractors.   | st compensated independent there is none, enter "None lead more than \$100,000 areceiving over \$100,000 examined this return, including                                     | (b) Typ   | e of service  | set of my knowle                                 | odae       |     |
| Comp<br>\$100,             | plete this table for the organization's five highes 000 of compensation from the organization. If  (a) Name and address of each independent contractor process. The second | st compensated independent there is none, enter "None lead more than \$100,000 areceiving over \$100,000 examined this return, including                                     | (b) Typ   | e of service  | set of my knowle                                 | odae       |     |
| Comp<br>\$100,             | number of other independent contractors each  Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete.   | st compensated independent there is none, enter "None lead more than \$100,000 areceiving over \$100,000 examined this return, including                                     | (b) Typ   | e of service  | set of my knowle                                 | odae       |     |
| Comp<br>\$100,             | polete this table for the organization's five highes 000 of compensation from the organization. If  (a) Name and address of each independent contractor polytopens. In the contractor of the contractors of the contractors of the contractors of the contractors. In the contractors of the contractors of the contractors of the contractors of the contractors. In the contractors of the contractors of the contractors of the contractors of the contractors.   | st compensated independent there is none, enter "None lead more than \$100,000 areceiving over \$100,000 examined this return, including                                     | (b) Typ   | e of service  | set of my knowle                                 | odae       |     |
| Comp<br>\$100,             | number of other independent contractors each  Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete.   | st compensated independent there is none, enter "None lead more than \$100,000 areceiving over \$100,000 examined this return, including                                     | (b) Typ   | and statements, and to the be   | set of my knowle                                 | odae       |     |
| Comp<br>\$100,             | number of other independent contractors each  Under penalties of perjury, I declare that I have and belies, it is true, correct, and complete. Dec   | st compensated independent there is none, enter "None lead more than \$100,000 areceiving over \$100,000 examined this return, including                                     | (b) Typ   | and statements, and to the be   | set of my knowle                                 | odae       |     |
| Comp<br>\$100,             | number of other independent contractors each  Under penalties of perjury, I declare that I have and belies, it is true, correct, and complete Declared the LEON KELSEY, COMMANDER  | at compensated independent there is none, enter "None lead more than \$100,000 are receiving over \$100,000 examined this return, including laration of preparer (other than | accompanying schedules officer) is based on all inf | and statements, and to the beormation of which preparer h                   | set of my knowle                                 | edge<br>ge | st) |
| Total                      | number of other independent contractors each  Under penalties of perjury, I declare that I have and belies, it is true, correct, and complete Declared the LEON KELSEY, COMMANDER Type or print name and title   | at compensated independent there is none, enter "None lead more than \$100,000 are receiving over \$100,000 examined this return, including laration of preparer (other than | accompanying schedules officer) is based on all inf | and statements, and to the be ormation of which preparer h                  | est of my knowled                                | edge<br>ge | st) |
| Comp<br>\$100,             | number of other independent contractors each  Under penalties of perjury, I declare that I have and belies, it is true, correct, and complete Declared in the complete Decl | at compensated independent there is none, enter "None lead more than \$100,000 are receiving over \$100,000 examined this return, including laration of preparer (other than | accompanying schedules officer) is based on all inf | and statements, and to the beormation of which preparer h                   | est of my knowled                                | edge<br>ge | st) |
| Total                      | number of other independent contractors each  Under penalties of perjury, I declare that I have and belies, it is true, correct, and complete Declared to the contractor of the contractor of the contractors.  LEON KELSEY, COMMANDER Type or print name and title  Preparer's signature  PAUL E CONNORS  | at compensated independent there is none, enter "None lead more than \$100,000 areceiving over \$100,000 examined this return, including laration of preparer (other than    | accompanying schedules officer) is based on all inf | and statements, and to the beormation of which preparer h  Date  Preparer's | est of my knowled                                | edge<br>ge | st) |

Form **990-EZ** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

VETERANS OF FOREIGN WARS DEPT OF 43-1047974 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** Type !! e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s). h (ii) EIN (iv) Is the organization (vii) Amount of (i) Name of supported (iii) Type of organization (v) Did you notify (vi) Is the organization in col organization (described on lines 1-9 ın col (î) listed in your the organization in support col (i) of your above or IRC section governing document? (i) organized in the support? u.s? (see instructions)) Yes No Yes No Yes No

| Sche     |  |                     | EIGN WARS DE                          |               |                 | 43-10479                              |                   |
|----------|--|---------------------|---------------------------------------|---------------|-----------------|---------------------------------------|-------------------|
| Pa       | Support Schedule for Org (Complete only if you checked the   |                     |                                       | ections 170(b | )(1)(A)(iv) and | i 170(b)(1)(A)(v                      | i)                |
| 500      | tion A. Public Support   | DOX 011 11:10 3, 7, | or o or raitry                        | <del></del>   | <del></del>     |                                       |                   |
|          | ndar year (or fiscal year beginning in)  | (a) 2005            | ( <b>b</b> ) 2006                     | (c) 2007      | (d) 2008        | (e) 2009                              | (f) Total         |
| Calei    | idar year (or fiscal year beginning iii)   | (a) 2003            | (2) 2000                              | (6) 2007      | (4) 2000        | (6) 2003                              | (i) iotai         |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")                              |                     |                                       |               |                 |                                       |                   |
| 2        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                |                     |                                       |               |                 |                                       |                   |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge                        |                     |                                       |               |                 |                                       |                   |
| 4        | Total. Add lines 1 through 3   |                     |                                       |               |                 |                                       |                   |
| 5        | The portion of total contributions by each   |                     |                                       |               |                 |                                       |                   |
|          | person (other than a governmental unit or  |                     | 1                                     |               | <b>‡</b>        |                                       |                   |
|          | publicly supported organization) included  |                     | <b>‡</b>                              |               | I I             |                                       |                   |
|          | on line 1 that exceeds 2% of the amount  |                     | <b>‡</b>                              |               | Ŧ<br>±          |                                       |                   |
|          | shown on line 11, column (f)   |                     | <u> </u>                              |               |                 |                                       |                   |
| 6        | Public support. Subtract line 5 from ln 4  |                     |                                       |               | ļ , ,           |                                       |                   |
| Sec      | tion B. Total Support  |                     |                                       |               |                 |                                       |                   |
| Cale     | ndar year (or fiscal year beginning in) ▶  | (a) 2005            | ( <b>b</b> ) 2006                     | (c) 2007      | (d) 2008        | (e) 2009                              | (f) Total         |
| 7        | Amounts from line 4  |                     |                                       |               |                 |                                       |                   |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |                     |                                       |               |                 |                                       |                   |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on                             |                     |                                       |               |                 |                                       |                   |
| 10       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |                     |                                       |               |                 |                                       |                   |
| 11       | Total support. Add lines 7 through 10  | ····                | <u> </u>                              | <u> </u>      | <u> </u>        |                                       | <u> </u>          |
| 12       | Gross receipts from related activities, etc. (s  |                     |                                       |               |                 |                                       | <del></del>       |
| 13       | First five years. If the Form 990 is for the o   |                     |                                       |               |                 |                                       |                   |
| <u> </u> | organization, check this box and stop here tion C. Computation of Public Su  | nant Barea          | · · · · · · · · · · · · · · · · · · · |               |                 | · · · · · · · · · · · · · · · · · · · | <u></u> ▶ <u></u> |
|          | Public support percentage for 2009 (line 6,  |                     |                                       | (t))          |                 | 14                                    | %                 |
| 14       | Public support percentage from 2008 Sched  |                     |                                       |               |                 |                                       | <u></u> %         |
| 15       | 33 1/3% support test - 2009. If the organiz  |                     |                                       |               |                 |                                       | /0                |
| 16a      | and <b>stop here.</b> The organization qualifies a   |                     |                                       |               |                 |                                       | ▶□                |
| _        | 33 1/3% support test - 2008. If the organiz  |                     |                                       |               |                 |                                       |                   |
| D        |  |                     |                                       |               |                 |                                       | ▶ □               |
| 17~      | box and stop here. The organization qualifited 10%-facts-and-circumstances test - 200  |                     |                                       |               |                 |                                       | •••••             |
| ı ı d    | more, and if the organization meets the "fac   | -                   |                                       |               |                 |                                       |                   |
|          | organization meets the "facts-and-circumst   |                     |                                       |               |                 |                                       | ▶ 🗆               |
| ь        | 10%-facts-and-circumstances test - 200   |                     | •                                     | •             |                 |                                       | _                 |
|          | more, and if the organization meets the "fac   | _                   |                                       |               |                 |                                       |                   |
|          | organization meets the "facts-and-circumst   |                     |                                       |               |                 |                                       | . • •             |

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

|          | (Complete only if you checked the   | box on line 9 of P                               | 'aπ ۱ )                                    |  |  |               |              |
|----------|---|--|--|--|--|---------------|--------------|
|          | ction A. Public Support   |  | <del></del>                                |  |  |               |              |
| Cal€     | endar year (or fiscal year Beginning in) ▶  | (a) 2005   | ( <b>b</b> ) 2006                          | (c) 2007                                     | ( <b>d</b> ) 2008                        | (e) 2009      | (f) Total    |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 1,123  | 5,963                                      | 3,446  | 1,000                                    | 3,951         | 15,483       |
| 2        | Gross receipts from admissions, merchandise sold or services performed, or factities furnished in any activity that is related to the organization's tax-exempt purpose | 259,716  | 122,525                                    | 245,393                                      | 263,883                                  | 244,354       | 1,135,871    |
| 3        | Gross receipts from activities that are not an unrelated trade or bus under sec 513   |  |  |  |  |               | <del></del>  |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |  |  |  |               |              |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |  |  |  |               |              |
| 6        | Total. Add lines 1 through 5  | 260,839  | 128,488                                    | 248,839                                      | 264,883                                  | 248,305       | 1,151,354    |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons  |  |  |  |  |               |              |
| b        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year          |  |  |  |  |               |              |
| c        | Add lines 7a and 7b   |  |  |  |  |               | <del> </del> |
|          | Public support (Subtract line 7c from line 6.)  |  |  |  |  |               | 1,151,354    |
|          | ction B. Total Support  |  |  |  |  |               |              |
| Cale     | endar year (or fiscal year beginning in) ▶  | (a) 2005   | ( <b>b</b> ) 2006                          | (c) 2007                                     | (d) 2008                                 | (e) 2009      | (f) Total    |
| 9<br>10a | Amounts from line 6   | 260,839  | 128,488                                    | 248,839                                      | 264,883                                  | 248,305       | 1,151,354    |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |  |  |  |  |               |              |
| с<br>11  | Add lines 10a and 10b   |  |  |  |  |               |              |
| 12       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |  |  |  |  |               |              |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12)  |  |  |  |  |               | 1,151,354    |
| 14       | First five years. If the Form 990 is for the or organization, check this box and stop here.   | <u> </u>   | · · · · · · · · · · · · · · · · · · ·      | h, or fifth tax year                         | as a section 501(c)                      | (3)<br>•••••• | ▶ 🗆          |
| Sec      | ction C. Computation of Public Su   |  |  |  |  |               |              |
| 15       | Public support percentage for 2009 (line 8, c   |  |  |  | F  |               | 100.00 %     |
|          | Public support percentage from 2008 Sched   |  |  | <u> </u>                                     |  | 16            | %            |
| Sec      | ction D. Computation of Investmen   |  |  | . (3)  |  | 4-1           |              |
| 17       | Investment income percentage for 2009 (line   |  |  |  |  | 17            | 0.00 %       |
| 18       | Investment income percentage from 2008 So   |  |  |  | _  | 18            | %            |
|          | 33 1/3% support tests - 2009. If the organiz 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2008. If the organiz                                   | and <b>stop here</b> . The<br>ation did not chec | he organization qua<br>ck a box on line 14 | alifies as a publich<br>or line 19a, and lii | / supported organi<br>ne 16 is more than | zation        | _            |
| 20       | line 18 is not more than 33 1/3%, check this <b>Private Foundation:</b> If the organization did it  |  |  |  |  |               |              |

#### SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

| •  | Section 501(c)(4), (5), or (6) organization | s <sup>.</sup> Complete Part III.         |                         |   |   |
|----|---|---|-------------------------|---|---|
|    | me of organization                          |   |                         | Employer i  | dentification number  |
| VI | TERANS OF FOREIGN WARS DEP                  | T OF                                      |                         | 43-104  | 7974  |
| Pa | rt I-A Complete if the organ                | nization is exempt under sec              | tion 501(c) or          | is a section 527 org  | anization.  |
| 1  | Provide a description of the organization   | n's direct and indirect political campai  | gn activities in Part   | IV.   |   |
| 2  | Political expenditures                      |   |                         | ▶ \$  |   |
| 3  | Volunteer hours                             |   | <i></i>                 |   |   |
|    |   |   |                         |   |   |
| Pa | ······································      | nization is exempt under sec              |                         |   |   |
| 1  | Enter the amount of any excise tax incu     |   |                         |   |   |
| 2  | Enter the amount of any excise tax incu     |   |                         |   |   |
| 3  | If the organization incurred a section 49   | 55 tax, did it file Form 4720 for this ye | ar?                     |   | . Yes No  |
| 4a | Was a correction made?                      |   | · · · · · · · · · · · · |   | . Yes No  |
| Ь  | If "Yes," describe in Part IV               | . ======                                  |                         | · · · · · · · · · · · · · · · · · · ·                                       |   |
| Pa |   | nization is exempt under sec              |                         | ccept section 501(c)(   | 3).   |
| 1  | Enter the amount directly expended by       | • •                                       |                         |   |   |
|    | activities                                  |   |                         | · · · · · · · • • • <u>- · · · · · · · · · · · · · · · · · · </u>           |   |
| 2  | Enter the amount of the filing organization | <del>-</del>                              |                         |   |   |
|    | 527 exempt function activities              |   |                         | · · · · · · · • • •   |   |
| 3  | Total exempt function expenditures Add      |   |                         |   |   |
|    | line 17b                                    |   |                         |   |   |
| 4  | Did the filing organization file Form 1120  | -   |                         |   |   |
| 5  | State the names, addresses and employ       |   | ·                       |   |   |
|    | were made For each organization listed      |   |                         | •   |   |
|    | contributions received that were prompt     |   | =                       | •   | regated   |
|    | fund or a political action committee (PAC   | if additional space is needed, prov       | ide information in I    | Part IV   | r   |
|    | (a) Name                                    | (b) Address                               | (c) EIN                 | (d) Amount paid from<br>filling organization's<br>funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|    |   |   |                         |   |   |
|    |   |   |                         |   |   |
|    |   |   |                         |   |   |
|    |   |   |                         |   |   |
|    |   |   |                         |   |   |
|    |   |   |                         |   |   |
|    |   |   |                         |   |   |

ÉEA

| Pa     |  | FOREIGN WARS  |  |   | 43-10479              |                |
|--------|--|---|--|---|-----------------------|----------------|
|        | rt II-A Complete if the organizatio  | n is exempt u   | nder section 50  | 1(c)(3) and file  | d Form 5768 (elec     | tion           |
|        | under section 501(h)).   | <del></del>   |  |   |                       |                |
|        | Check 🕨 📘 if the filing organization belongs t   | •   | •  |   |                       |                |
| _(     | Check 🕨 🔲 if the filing organization checked   |   |  | oply.   |                       |                |
|        |  | ying Expenditure  |  |   | (a) Filing            | (b) Affiliated |
|        | (The term "expenditures" i   |   |  |   | organization's totals | group totals   |
| a      | Total lobbying expenditures to influence public  | •   | • •  |   |                       |                |
| Þ      | Total lobbying expenditures to influence a legisl  |   | · •  |   |                       |                |
| C      | Total lobbying expenditures (add lines 1a and 1  |   |  |   |                       | <del></del>    |
| d      | Other exempt purpose expenditures  |   |  |   |                       |                |
| е      | Total exempt purpose expenditures (add lines 1   |   |  | • • • • • • • •   |                       |                |
| f      | Lobbying nontaxable amount. Enter the amount   | from the following  | table in both  |   |                       |                |
| _      | columns.   |   |  |   |                       |                |
|        | If the amount on line 1e, column (a) or (b) is:  | The lobbying  | g nontaxable amoun   | t is:   |                       |                |
|        | Not over \$500,000   | 20% of the a  | mount on line 1e   |   | 1                     |                |
| L      | Over \$500,000 but not over \$1,000,000  | \$100,000 plu   | s 15% of the excess of   | over \$500,000  |                       |                |
| L      | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plu   | s 10% of the excess of   | over \$1,000,000.   |                       |                |
|        | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plu   | s 5% of the excess ov  | er \$1,500,000  |                       |                |
| ╛      | Over \$17,000,000  | \$1,000,000   |  |   |                       |                |
| g      | Grassroots nontaxable amount (enter 25% of lin   | e 1f)   |  |   |                       |                |
| h      | Subtract line 1g from line 1a If zero or less, enti-   | er -0   |  |   |                       |                |
| i      | Subtract line 1f from line 1c. If zero or less, ente   | r -0  |  |   |                       |                |
| j      | If there is an amount other than zero on either li   | ne 1h or line 1i, di  | d the organization file  | Form 4720 reportin  | g                     |                |
|        | section 4911 tax for this year?  |   |  |   |                       |                |
|        |  |   |  |   |                       | YesI           |
|        | (Some organizations that columns below   | Year Averaging<br>made a section 5<br>w. See the instruc            | Period Under Section<br>01(h) election do not<br>ctions for lines 2a th              | n 501(h)<br>t have to complete<br>rough 2f on page 4                  | all of the five       | _Yes ∐ I       |
|        | (Some organizations that columns below   | Year Averaging<br>made a section 5<br>w. See the instruc            | Period Under Section<br>01(h) election do not  | n 501(h)<br>t have to complete<br>rough 2f on page 4                  | all of the five       | Yes [ ]        |
|        | (Some organizations that columns below   | Year Averaging<br>made a section 5<br>w. See the instruc            | Period Under Section<br>01(h) election do not<br>ctions for lines 2a th              | n 501(h)<br>t have to complete<br>rough 2f on page 4                  | all of the five       | Yes I          |
|        | (Some organizations that columns below Lobby  Calendar year (or fiscal year  | Year Averaging made a section 5 v. See the instructing Expenditures | Period Under Section 01(h) election do not tions for lines 2a the During 4-Year Aver | n 501(h)<br>t have to complete<br>rough 2f on page 4<br>raging Period | all of the five       |                |
| a<br>b | (Some organizations that columns below  Lobby  Calendar year (or fiscal year beginning in)   | Year Averaging made a section 5 v. See the instructing Expenditures | Period Under Section 01(h) election do not tions for lines 2a the During 4-Year Aver | n 501(h)<br>t have to complete<br>rough 2f on page 4<br>raging Period | all of the five       |                |
| b      | (Some organizations that columns below  Lobby  Calendar year (or fiscal year beginning in)  Lobbying non-taxable amount  Lobbying ceiling amount   | Year Averaging made a section 5 v. See the instructing Expenditures | Period Under Section 01(h) election do not tions for lines 2a the During 4-Year Aver | n 501(h)<br>t have to complete<br>rough 2f on page 4<br>raging Period | all of the five       |                |
| b<br>c | (Some organizations that columns below  Lobby  Calendar year (or fiscal year beginning in)  Lobbying non-taxable amount  Lobbying ceiling amount (150% of line 2a, column (e))                             | Year Averaging made a section 5 v. See the instructing Expenditures | Period Under Section 01(h) election do not tions for lines 2a the During 4-Year Aver | n 501(h)<br>t have to complete<br>rough 2f on page 4<br>raging Period | all of the five       |                |
|        | (Some organizations that columns below  Lobby Calendar year (or fiscal year beginning in)  Lobbying non-taxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures | Year Averaging made a section 5 v. See the instructing Expenditures | Period Under Section 01(h) election do not tions for lines 2a the During 4-Year Aver | n 501(h)<br>t have to complete<br>rough 2f on page 4<br>raging Period | all of the five       |                |

.

|       | (election under section 501(h)).   | (a)     |      | (b)                                   |        |
|-------|--|---------|------|---------------------------------------|--------|
|       | Yes  | Ť       | No   | Amou                                  | <br>nt |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state or local  | +       |      | <u> </u>                              |        |
|       | legislation, including any attempt to influence public opinion on a legislative matter or  | 1       |      | 1                                     |        |
|       | referendum, through the use of:  | 1       |      | 1                                     |        |
| а     | Volunteers?  | ĺ       |      | 1                                     |        |
| Ь     | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | +       |      | 1                                     |        |
| С     | Media advertisements?  | 1       |      | 1                                     |        |
| d     | Mailings to members, legislators, or the public?   | 1       |      | <del> </del>                          |        |
| е     | Publications, or published or broadcast statements?  | Ť       |      | †                                     |        |
| f     | Grants to other organizations for lobbying purposes?   | 1       |      |                                       |        |
| g     | Direct contact with legislators, their staffs, government officials, or a legislative body?  | 1       |      |                                       |        |
| h     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  | Ť       |      |                                       |        |
| i     | Other activities? If "Yes," describe in Part IV  | ı       |      |                                       |        |
| j     | Total Add lines 1c through 1i  | 1       |      |                                       |        |
| 2a    | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | 1       |      | ,,,,,,,                               |        |
| Ь     | If "Yes," enter the amount of any tax incurred under section 4912  | T       |      | [                                     |        |
| c     | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |         |      |                                       |        |
| d     | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |         |      |                                       |        |
| Pai   | TIM-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),   | C       | r se | ection                                |        |
|       | 501(c)(6).   |         |      |                                       |        |
|       |  |         |      | Yes                                   | N      |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?   |         |      | 1                                     |        |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |         |      | 2                                     |        |
| 3     | Did the organization agree to carryover lobbying and political expenditures from the prior year?   |         |      | 3                                     |        |
| .1111 | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line "Yes." |         |      |                                       | d      |
| 1     | Dues, assessments and similar amounts from members   | L       | 1    |                                       |        |
| 2     | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political  |         | ,    |                                       |        |
|       | expenses for which the section 527(f) tax was paid).   |         | 1    | 1                                     |        |
| а     | Current year   | L       | 2a   |                                       |        |
| b     | Carryover from last year   | _       | 2b   |                                       |        |
| C     | Total  | L       | 2c   |                                       |        |
| 3     | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | L       | 3    |                                       |        |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the   |         |      |                                       |        |
|       | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying   | ĺ       | 1    | •                                     |        |
| _     | and political expenditure next year?   | L       | 4    |                                       |        |
| 5     | Taxable amount of lobbying and political expenditures (see instructions)   | $\perp$ | 5    |                                       |        |
|       | t IV Supplemental Information  |         |      | <u></u>                               |        |
|       | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i.   |         |      |                                       |        |
| ılso, | complete this part for any additional information  |         |      |                                       |        |
|       |  |         |      |                                       |        |
|       |  |         |      |                                       |        |
|       |  |         |      |                                       |        |
|       |  |         |      |                                       |        |
|       |  |         |      |                                       |        |
|       | •  |         |      |                                       |        |
| _     |  |         |      |                                       |        |
|       |  |         |      |                                       |        |
|       | •  |         |      |                                       |        |
|       |  |         |      |                                       |        |
|       |  | _       |      |                                       |        |
|       |  |         |      | · · · · · · · · · · · · · · · · · · · |        |
|       |  |         |      |                                       |        |

# Form **8868** (Rev April 2009)

# Application for Extension of Time to File an Exempt Organization Return

| Q N | n 1 | EA | ᆮ | 17 | ~ |
|-----|-----|----|---|----|---|

ogden. Ut

Department of the Treasury ▶ File a separate application for each return. Internal Revenue Service 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. 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 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. Employer identification number Type or Name of Exempt Organization print 43-1047974 VETERANS OF FOREIGN WARS EPT OF File by the Number, street, and room or suite no Pa P O. box, see instructions due date for 12810 E KENTUCKY RD filing your return See City, town or post office, state, and Arcolle. For a foreign address, see instructions instructions INDEPENDENCE, MO 64050 Check type of return to be filed (file a separate application for each return) Form 990-T (corporation) Form 990 Form 4720 Form 990-BL Form 980-T (sec 401(a) or 408(a) trust) Form 5227 X Form 990-EZ rm 990-T (trust other than aboye) Form 6069 Form 990-PF Form 8870 T041-A Forna • The books are in the care of ▶ DUANE SCHMETT 12810 KENTECKY RD, MO 64050 Telephone No ▶ 816-228-3841 FAX No. ▶ 816-228-4757 • 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 Éroup Exemption Number (GEN) 1504 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 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02-15, 20 11, 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 07-01 06-30 , 20 10. , 20 09, and ending 2 If this tax year is for less than 12 months, check reason. I 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 3а 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 3Ь 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. RECE • Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EQ-and-Form-8879-EQ-Form 8868 (Rev. 4-2009) For Privacy Act and Paperwork Reduction Act Notice, see Instructions. EEA