



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****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 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning <u>7/1/2009</u> , and ending <u>6/30/2010</u>	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization <u>Veterans of Foreign Wars of the US</u>
	D Employer identification number <u>71-0454395</u>
	E Telephone number <u>(479) 968-4864</u>
	F Group Exemption Number ☐
Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 812</u> City, town, or country State ZIP + 4 <u>Russellville AR 72811</u>	

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ☐

I Website: N/A

J Tax-exempt status (check only one)— ☒ 501(c) (19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$** 420,670

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,265
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,976
	4	Investment income	4	1,840
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☒		
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	282,904
	b	Less direct expenses other than fundraising expenses	6b	229,310
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	53,594	
7a	Gross sales of inventory, less returns and allowances	7a	132,168	
b	Less cost of goods sold	7b	142,632	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-10,464	
8	Other revenue (describe <u>Miscellaneous sales and reimbursements</u>)	8	517	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	48,728	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,500
	14	Occupancy, rent, utilities, and maintenance	14	5,179
	15	Printing, publications, postage, and shipping	15	18,731
	16	Other expenses (describe <u>See Attached Statement</u>)	16	35,238
	17	Total expenses. Add lines 10 through 16	17	60,648
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,920
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	210,827
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	198,907

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

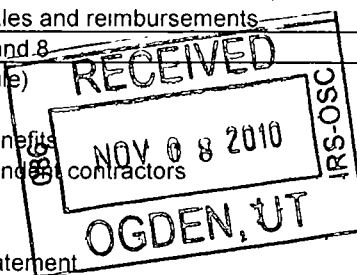
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	211,802	22 200,191
23 Land and buildings		23
24 Other assets (describe <u>Payroll Liabilities</u>)	0	24 0
25 Total assets	211,802	25 200,191
26 Total liabilities (describe <u>Payroll Liabilities</u>)	975	26 1,284
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	210,827	27 198,907

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

Form **990-EZ** 2009

(HTA)

SCANNED NOV 29 2010



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

What is the organization's primary exempt purpose? Fraternal, patriotic, historical, charitable and educational
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Providing social and recreational activities for members

(Grants \$ 0) If this amount includes foreign grants, check here

29 Sponsoring or participating in patriotic activities

(Grants \$ 0) If this amount includes foreign grants, check here

30 Perpetuating the memory of veterans and comforting their survivors

(Grants \$ 0) If this amount includes foreign grants, check here

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here

32 **Total program service expenses.** (add lines 28a through 31a)

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

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in 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 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		
41 List the states with which a copy of this return is filed 41 AR		
42 a The organization's books are in care of 42a A M Armstrong Telephone no 42a (479) 968-4864 Located at 42a 4162 N Arkansas Avenue City, Russellville ST, AR ZIP + 4 42a 72802		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____ 00	0	0	0

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

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

Sign Here	Under penalties of perjury, I declare: I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	SIGN HERE Signature of officer <u>A M Armstrong</u> Type or print name and title <u>Quatermaster</u>		Date <u>09/10/10</u>	
Paid Preparer's Use Only	Preparer's signature <u>Hugh Davis</u>	Date <u>9/10/2010</u>	Check if self-employed ☒	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Hugh F Davis, CPA</u> <u>402 Fair Oaks Lane, Russellville, AR 72801</u>		EIN <u> </u> Phone no <u>(479) 968-1777</u>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

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

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

Veterans of Foreign Wars of the US

Employer identification number

71-0454395

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total .				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	0	0	0	0
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	0	0	0	0
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d)				(0)
	11 Net income summary Combine line 3, column (d), and line 10				0

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue	282,904			282,904
Direct Expenses	2 Cash prizes	218,722		218,722
	3 Noncash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses	229,310		229,310
6 Volunteer labor	☒ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d)				(448,032)
8 Net gaming income summary Combine line 1, column d, and line 7				(165,128)

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities <u>AR</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** 100.00%**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ A M Armstrong

Address ▶ PO Box 812 Russellville, AR 72811

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

X

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ A M Armstrong

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Supervision

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a**

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 53,594

Line 7a		Total:	132,168
1	Buddy Poppies	1	1,097
2	Bar Sales	2	131,071
3		3	
4		4	
5		5	

Line 7b		Total:	142,632
1	Buddy Poppies	1	823
2	Bar Expenses	2	141,809
3		3	
4		4	
5		5	

Part I, Line 16 (990-EZ) - Other Expenses

35,238

1	Travel	1	
2	Meals and entertainment	2	580
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	782
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	1,462
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Advertising	13	140
14	Awards	14	323
15	Bank Charges	15	94
16	Bibles	16	518
17	Brick Paver	17	100
18	Donations	18	9,700
19	Dues & Memberships	19	1,345
20	Easter Activities	20	325
21	Expense Reimbursements	21	416
22	Fire Inspection	22	311
23	Flags	23	1,461
24	Flowers	24	81
25	Gasoline	25	63
26	Honor Guard Expenses	26	4,261
27	Insurance	27	6,644
28	Office Expense	28	4,232
29	Prizes	29	150
30	Relief	30	700
31	Scholarships	31	1,500
32	Taxes	32	50
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	
39		39	
40		40	
41		41	
42		42	

Part II, Line 26 (990-EZ) - Liabilities

975

1,284

Description		Beginning	End
1	Payroll Liabilities	975	1,284
2			
3			
4			
5			
6			
7			
8			
9			
10			