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Form 990-EZ

Department of the Treasury Internal Revenue Service

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 tung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No. 1545-1150

2010

Open to Public Inspection

Α	For the	2010 calendar year, or tax year beginning , 20		, 20										
В	Check if a			D Empl	oyer ide	ntification number								
	Address	change Vtw of US tost 2148		1 7	4-	1021450								
	Name ch		Room/sulte	E Telep	hone nu	mber								
	Initial retu	m 110 Box 483												
	Terminate	Church town state or newster and ZID . A		E Grou	n Evan	notion								
닏	Amended	iretum — ()			F Group Exemption Number ▶									
Ц														
		ting Method: ☐ Cash ☐ Accrual Other (specify) ►				the organization is not								
	Websi			•		ich Schedule B								
<u>J 1</u>	ax-exer	npt status (check only one) — ☐ 501(c)(3)	.,	<u>` </u>	<u> </u>	-EZ, or 990-PF).								
	Check I													
		90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re	equired (see instruc	ctions). E	But if th	e organization chooses								
		return, be sure to file a complete return.												
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m												
line	25, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$									
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bal	ances (see the	instruc	ctions	for Part I.)								
		Check if the organization used Schedule O to respond to any quest	tion in this Part I			🔲								
	1	Contributions, gifts, grants, and similar amounts received			1									
	2	Program service revenue including government fees and contracts .			2	_								
	3	Membership dues and assessments		_	3	930-								
	4	Investment income			4	1511								
	5a	Gross amount from sale of assets other than inventory	5a	• •	2.55	1 2 10								
	Ь	Less: cost or other basis and sales expenses	5b			-								
	1	•			\$550E									
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from and fundacining avents		5c										
	6	Gaming and fundraising events	Ş											
0	а	Gross income from gaming (attach Schedule G if greater than	- 1											
20∭. Revenue	_	\$15,000)	6a											
	b		of contribution	ns .										
	-	from fundraising events reported on line 1) (attach Schedule G if the	,,-											
₩	1	sum of such gross income and contributions exceeds \$15,000)	6b											
₩	C	Less: direct expenses from gaming and fundraising events	6c											
	d	Net income or (loss) from gaming and fundraising events (add lines 6a	a and 6b and su	btráct	認證									
JUN	j	line 6c)	· · · · · · · · ·	· · ·	6d									
<u> </u>	7a	Gross sales of inventory, less returns and allowances	7a 570	8										
	b	Less: cost of goods sold	76 22960	3 -		21100								
<u>iri</u>	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a	3)	- · ·	7c	34055								
SCANNED	8	Other revenue (describe in Schedule O)			8	18850-								
	9			. ▶	9	55347								
Q_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>, </u>		10	450 -								
Ø	11	Benefits paid to or for members			11	-								
ဖွ	12	Salaries, other compensation, and employee benefits			12	-								
Expenses	13	Professional fees and other payments to independent contractors			13	10961-								
Je.	14	Occupancy, rent, utilities, and maintenance			14	16207-								
X	15	Printing, publications, postage, and shipping			15									
_	16	Other expenses (describe in Schedule O)			16	30824-								
	17				17	58447								
_		Total expenses. Add lines 10 through 16		. –	 1	3095								
sts	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9)			18									
SSE	"פֿי	Net assets or fund balances at beginning of year (from line 27, column end-of-year figure reported on prior year's return)			25	43211								
Ä	00	• • • • • • • • • • • • • • • • • • • •			19									
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O) .			20	715154								
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		<u> </u>	21	40114								
For	Paperv	vork Reduction Act Notice, see the separate instructions.	Cat No. 10642I		Λ	Form 990-EZ (2010)								

Cat No. 10642I

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2010)					Page 2
Pa	Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.) O to respond to any gues	tion in this P	art II		
	One of the organization and contidue	o to respond to any ques) Beginning of year	<u> </u>	B) End of year
22	Cash, savings, and investments		🗁	35581-	22	33419-
23	Land and buildings			ガンショー	23	8027
24	Other assets (describe in Schedule O)			0.0	24	
25	Total assets		🗔	13608	25	40446
26	Total liabilities (describe in Schedule O)		$ abla$	397	26	398
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21) 🗀	13211	27	40048
_	Statement of Program Service Accompand Check if the organization used Schedule					Expenses ured for section (3) and 501(c)(4)
Desc	t is the organization's primary exempt purpose? ribe what was achieved in carrying out the organization' ervices provided, the number of persons benefited, and o				organ	nizations and section (a)(1) trusts; optional
28		<u> </u>				
	- AND ONC WEST	1 76 bene 1	1	4.0.2.}	-	58442
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ 🗆	28a	
29						
					00-	
30	(Grants \$) If this amount	includes foreign grants, cho	eck nere	P L	29a	
50					· '	
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ 🗆	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)	<u> </u>	<u>.</u>	32	58442
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				instruc	ctions for Part IV.)
	Check if the organization used Schedule	(b) Title and average	(c) Compensat		ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	
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Par	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			П
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		_
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		- -
37a				
b 38a	5	37b 38a		
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities	TANKS.		
70u	section 4911 ► ; section 4912 ► ; section 4955 ►			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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. ▶			
42a	The organization's books are in care of VIII London Telephone no. > 35		153	(17)
b	Located at ► 33		Yes	
	If "Yes," enter the name of the foreign country: ▶	42b	ALTERNACION DE	127 To 1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		ست ا
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. 1	▶ □
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		

Form 9	90-EZ (2010)			Page 4
				Yes No
45 a	Is any related organization a controlled entity of the Did the organization receive any payment from or meaning of section 512(b)(13)? If "Yes," Form 9Form 990-EZ (see instructions)	r engage in any transactio	n with a controlled entity within the	
46	Did the organization engage, directly or indirectly to candidates for public office? If "Yes," complet			on Silver
Part		ection 4947(a)(1) none 7(a)(1) nonexempt char es 50 and 51.	exempt charitable trusts only itable trusts must answer que	y. All section stions 47–49b
47 48 49a b 50	Did the organization engage in lobbying activities is the organization a school as described in section Did the organization make any transfers to an exelf "Yes," was the related organization a section 52 Complete this table for the organization's five hig employees) who each received more than \$100,0	n 170(b)(1)(A)(ii)? If "Yes," o empt non-chantable relate 27 organization? phest compensated emplo	complete Schedule E	
	(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 employee benefit pli deferred compensation	ans & account and
	••••••			
f 51	Total number of other employees paid over \$100, Complete this table for the organization's five h	ighest compensated inde	ependent contractors who each	received more than
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor p		(b) Type of service	(c) Compensation
				
	Nf X			
				-
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	·			
d 52	Total number of other independent contractors ea Did the organization complete Schedule A? Note	: All section 501(c)(3) orga		
l Inder o	nonexempt charitable trusts must attach a compleonalities of perjury, I declare that I have examined this return, incl		and statements, and to the best of my key	Yes No
	rect, and complete Declaration of preparer (other than officer) is			Wilder and boiler, it is
Sign	Signature of officer Culculi		Date	-11
Here	Type or print name and title	Guertermi	rster	
Paid Prepa	arer VIX, Linthicum	er's signature	Date 5 1	
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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	Service File a sep	arate applic	cation for each return.				
• If you are	filing for an Automatic 3-Month Extension,	complete o	only Part I and check this box			. .	▶ 🗸
	filing for an Additional (Not Automatic) 3-Me						
	plete Part II unless you have already been g						m 8868.
	filing (e-file). You can electronically file Form						
	on required to file Form 990-T), or an addition						
	uest an extension of time to file any of the						
Return for	Transfers Associated With Certain Persona	iorris listet I Basafit C	Contracts which must be cont to	pilon or	FUIII C in	11 007U,	format (aca
instructions)	For more details on the electronic filing of the	io formatic	situates, which must be sent to	file for C	, poq	paper	lonnat (See
					, i iai i	lies & I	ioriproms.
Part !	Automatic 3-Month Extension of Time	o. Only sui	omit original (no copies needed). 	. 		
	on required to file Form 990-T and reque	sting an a			box	and o	
Part I only							▶ ⊔
	porations (including 1120-C filers), partnersh	ips, REMIC	Ss, and trusts must use Form 7004	to reque	est a	ın exter	nsion of time
	e tax returns.						
Type or	Name of exempt organization			Employe	er ide	entificat	tion number
print	VETERANS OF FOREIGN WARS				74	I-102145	55
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instr	uctions.				
due date for	301 TENNESSEE AVE.						
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instructions.				
instructions	WACO TX 76707-2455						
Enter the Re	turn code for the return that this application i	s for (file a	separate application for each retur	m)			. 0 1
	The second secon	J 101 (u	opalate application for each fortal	., .	•	• •	نــــــ
Application	1	Return	Application				Return
ls For		Code	Is For				Code
Form 990		01	Form 990-T (corporation)				07
Form 990-E	31	02	Form 1041-A				
Form 990-E					08		
		03	Form 4720				09
Form 990-F		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-1	(trust other than above)	06	Form 8870				12
 The books 	are in the care of ▶ VIKI LINTHICUM						
Telephone	No. ► 254-753-1779	F	AX No. ►				
• If the organ	nization does not have an office or place of b	usiness in t	the United States, check this box.				▶ □
	a Group Return, enter the organization's fou					. If th	his is
	group, check this box >				▶ [and a	ttach
	e names and EINs of all members the extensi			• • •	-		
	est an automatic 3-month (6 months for a co		required to file Form 990-T) extensi	on of tim			
until	AUGUST 15 , 20 11 , to file the exen	nnt organiz	ration return for the organization of	emed sh	OVA	The ev	toneion ie
	e organization's return for:	iipt oiguinz	ation retain for the organization ha	anica abi	JVC.	1110 02	terision is
	calendar year 20 10 or						
		00	and anding			00	
	tax year beginning	, 20	, and ending			, 20	·
2 If the	toy your entered in line 4 is for less than 40			•• 1 4			
	tax year entered in line 1 is for less than 12 n	nonths, che	eck reason: 🔲 initial return 🔝 F	ınaı retu	m		
□ Cn:	ange in accounting period						
0e H +L!	and limited in the Farm COO DI COO DE	T 1355		-			
3a If this	application is for Form 990-BL, 990-PF, 990)-1, 4720, (or 6069, enter the tentative tax, les				
	fundable credits. See instructions.				3a	\$	
b If this	application is for Form 990-PF, 990-T, 4	720, or 6	069, enter any refundable credit	s and			
	ated tax payments made. Include any prior y				3ь	\$	
	ce due. Subtract line 3b from line 3a. Include yo		with this form, if required, by using E	FTPS	\neg		
(Electr	onic Federal Tax Payment System). See instruct	tions.			3c	\$	0
Caution. If y	ou are going to make an electronic fund w	vithdrawal	with this Form 8868, see Form 8	453-EO	and	Form	
payment insti	ructions.					-,	

Form **8868** (Rev 1-2011)