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**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ 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.

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Inspection**

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

A For the 2010 calendar year, or tax year beginning JUNE 01, 2010, and ending MAY 31, 20 11

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Veterans of Foreign Wars of the US Post 2494</u>	D Employer identification number <u>75-1366247</u>
	Number & street (or P.O. box, if mail is not delivered to street addr) <u>P.O. BOX 153646</u>	E Telephone number <u>(972) 790-1611</u>
	City or town, state or country, and ZIP + 4 <u>Irving TX 75015-3646</u>	F Group Exemption Number... ▶

G Accounting Method: Cash Accrual Other (specify) ▶ Cash Hybrid **H** Check if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ vfw2494@attglobal.net

J Tax-exempt status (check only one) -- 501(c)(3) 501(c)(19) (insert no.) 4947(a)(1) or 527

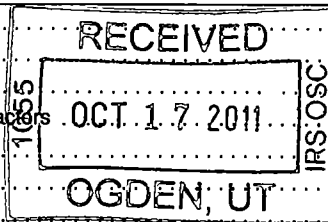
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ... ▶ \$ 196,636

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

Check if the organization used Schedule O to respond to any question in this Part I.

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	51,742
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	133
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$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 and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	144,761	
b Less: cost of goods sold	7b	75,542	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	69,219	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	121,094	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	59,391
	13 Professional fees and other payments to independent contractors	13	275
	14 Occupancy, rent, utilities, and maintenance	14	14,176
	15 Printing, publications, postage, and shipping	15	669
	16 Other expenses (describe in Schedule O)	16	61,768
17 Total expenses. Add lines 10 through 16	17	136,279	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,185
	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	29,042
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	221
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,078



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Part V 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

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
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
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.
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. NONE
42a The organization's books are in care of See attachment #3 Telephone no. Located at ZIP + 4
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:
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.
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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

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

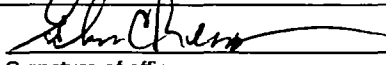
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

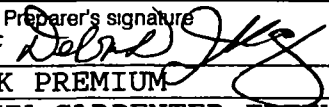
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  10/12/2011
 Signature of officer Date
GLEN RENO **QUARTERMASTER**
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEBORAH J. HENNING 		10/12/2011		
	Firm's name ▶ H&R BLOCK PREMIUM	Firm's EIN ▶		Phone no.	
Firm's address ▶ 925 W JOHN CARPENTER FREEWAY STE 1 IRVING TX 75039			972-910-8310		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Veterans of Foreign Wars of the US Post 2494

Employer identification number

75-1366247

PART 1, LINE 16, OTHER EXPENSES

POST EXPENSES 48,826

TAXES 9,258

BANK SERVICE CHARGES 419

MISCELLANEOUS EXPENSES 3,265

PART II, BALANCE SHEET, LINE 24, TOTAL 3,239

OTHER ASSETS INCLUDE:

ACCOUNTS RECEIVABLE 1,717

INVENTORY 1,522

PART II, BALANCE SHEET, LINE 26, TOTAL 63,721

TOTAL LIABILITIES INCLUDE:

ACCOUNTS PAYABLE (314)

CREDIT CARD PAYABLE 335

PAYROLL LIABILITIES 63,700

PART I, NET ASSETS, LINE 20

ADJUSTMENT MADE FOR ACCRUED EXPENSES

OF 157 THAT WERE PREVIOUSLY ADJUSTED AND

VARIANCES OF 64

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	06-01	, and ending	05-31-2011.
Name of Organization	Veterans of Foreign Wars of the US Post 2494			Employer Identification Number 75-1366247

Primary Purpose

SOCIAL SERVICES FOR FOREIGN WARS VETS

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning 06-01-2010 , and ending 05-31-2011 .
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Name of Organization Veterans of Foreign Wars of the US Post 2494	Employer Identification Number 75-1366247
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
SPENCER D. NEWELL P.O. Box 153646 Irving, TX 75015	Commander 10.00	0	0	0
JOHN A. ROSE P.O. Box 153646 Irving, TX 75015	Sr Vice Commander 10.00	0	0	0
JERRY WHITEHEAD P.O. Box 153646 Irving, TX 75015	Jr Vice Commander 10.00	0	0	0
Glen Reno P.O. Box 153646 Irving, TX 75015-3646	Quartermaster 10.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning 06-01, and ending 05-31-2011.
Name of Organization Veterans of Foreign Wars of the US Post 2494	Employer Identification Number 75-1366247

Part V - Line 42a

Individual Name GLEN RENO
 or
 Business Name:

Street Address P.O. BOX 153646

U.S. Address:

Zip code 75015 City Irving State TX
 or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (972) 790-1611

Fax Number (972) 790-6501