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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 lung 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

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning ,	, 2011, an	d ending		,	20	
В	Check if ap	f applicable C Name of organization			D Emplo	yer identifi	cation number		
	Address ch	ange	JOHN Q LONG VFW POST NO 4057	OST NO 4057		35	35-2463755		
	Name chan	Number and street (or PO box, if mail is not delivered to street address)			Room/suite	E Teleph	one number	<u> </u>	
X	Initial return	1							
	Terminated		POST OFFICE BOX 2511						
	Amended re	eturn	City or town, state or country, and ZIP + 4			F Group	Exemption		
X	Application	pending	TUPELO, MS 38803-2511			Numbe	er 🕨	8628	
G	Accoun	ting Method	Cash			H Check ►	if the or	ganization is not	
ı	Websit					required to	attach Sch	edule B	
J	Tax-exe	mpt status (check only one) - ☐ 501(c) (3) 💢 501(c)(4) ◀ (insert no)	4947(a)(1) c	r 527	(Form 990	, 990-EZ, or	990-PF)	
Κ	Check D	lf the o	rganization is not a section 509(a)(3) supporting organization or	section 5	27 organiza	tion and its gr	oss receipts	are normally	
	not more	e than \$50,00	00 A Form 990-EZ or Form 990 return is not required though Fo	orm 990-N	(e-postcare	d) may be requ	ııred (see ın	structions). But if	
	the orga	nization choo	ses to file a return, be sure to file a complete return.						
L			7b, to line 9 to determine gross receipts. If gross receipts are \$						
_			elow) are \$500,000 or more, file Form 990 instead of Form 990-					99,286	
P	artile:		e, Expenses, and Changes in Net Assets or Fun						
_			ne organization used Schedule O to respond to any question in				<u></u>	X	
	1		s, gifts, grants, and similar amounts received				1	2,736	
	2		vice revenue including government fees and contracts						
	3		dues and assessments					932	
	4		ncome			• • • • • • •	4		
R	I .		nt from sale of assets other than inventory	——		-			
			r other basis and sales expenses						
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
e	а		ne from gaming (attach Schedule G if greater than	ء ا	ı	- 044			
e				<u>6</u> a		5,044	- 30		
ü	l b	Gross income from fundraising events (not including \$ of contributions							
e			sing events reported on line 1) (attach Schedule G if the	ا م	1				
			gross income and contributions exceeds \$15,000)	<u> </u>	_				
	1		expenses from gaming and fundraising events						
	a		or (loss) from gaming and fundraising events (add lines 6a and		ibtract			5,044	
						86,424	6d	3,044	
		Less cost o	of inventory, less returns and allowances		_	58,229	-		
	1		f goods sold	ட		·	7c	28,195	
	l.		ue (describe in Schedule O)			• • • • • • •	8	4,150	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, 4nd 8			• • • • • • • • • • • • • • • • • • • •	9	41,057	
	10	Grants and	similar amounts paid (list in Schedule O)	$\supset \cdots \mid$	· · · · · ·	••••	10	12,001	
_	44		d to or for members	ပ္တ			11		
E			ner compensation, and employee benefits JAN. 3.8.201	3 			12		
p e			I fees and other payments to independent contractors	ွှဲ			13	2,016	
n			rent utilities and mointenance	≌			14	2,988	
s e	15		olications, postage, and shipping . I OGOEN, L				15	70	
S	16	•	ises (describe in Schedule O)				16	25,664	
	17	•	nses. Add lines 10 through 16				17	30,738	
	18						18	10,319	
	A		or fund balances at beginning of year (from line 27, column (A))				14.34		
N e			figure reported on prior year's return)				19	3,649	
t	s 9 1 20	-	ges in net assets or fund balances (explain in Schedule O)				20		
	s		or fund balances at end of year. Combine lines 18 through 20				21	13,968	



ĮP(alance Sheets. (see the instructions for Part II.)						
	Ch	eck if the organization used Schedule O to respond to	o any question in this F			· · · · · · · · · · · · · · · · · · ·	• • •	
		•			A) Beg	ginning of year	-	(B) End of year
		gs, and investments				1,534	22	11,852
	Land and be	•		<u> </u>		0	23	0
		s (describe in Schedule O)		—		2,115	24	2,116
	Total asset			<u> </u>		3,649	25	13,968
		ties (describe in Schedule O)				0	26	0
		or fund balances (line 27 of column (B) must agree				3,649	27	13,968
		tatement of Program Service Accomplis						Expenses
		heck if the organization used Schedule O to respond		Part III		<u>U</u>	┥`	quired for section
wh	at is the orga	anization's primary exempt purpose? TO SERVE VE	TERANS				1 '	(c)(3) and 501(c)(4)
De:	scribe the on	ganization's program service accomplishments for ea	ch of its three largest p	orogram servic	es,		1 -	anizations and section
		expenses. In a clear and concise manner, describe t		the number of	•		1	7(a)(1) trusts, optiona
		ed, and other relevant information for each program to					for o	others.)
28		VETERANCE BY PROVIDING A GATHERING		IAL		<u></u>	}	
	EVENTS E	OR MEMBERS, THEIR FAMILIES AND THEI	R GUESTS			 		
		· - -						
	(Grants \$) If this amount in	cludes foreign grants,	check here .	<u> </u>	<u> ▶ 📋</u>	28a	30,739
29		· · · · · · · · · · · · · · · · · · ·						
							1	
	(Grants \$) If this amount in	cludes foreign grants,	check here .		▶ 🔲	29a	
30								
	(Grants \$) If this amount in	cludes foreign grants,	check here .		▶ 🔲	30a	
31	Other progr	am services (describe in Schedule O)						
	(Grants \$) If this amount in	cludes foreign grants,	check here .		▶ 🗆	31a	
32	Total prog	ram service expenses (add lines 28a through 31a)				🕨	32	30,739
		ist of Officers, Directors, Trustees, and Key Emplo					tructi	ons for Part IV.)
	c	heck if the organization used Schedule O to respond	to any question in this	Part IV				
		· · · · · · · ·	(b) Title and average	(c) Reportable		(d) Health benefits		(e) Estimated amount of
		(a) Name and address	hours per week	(Form W-2/1099-		contributions to emp benefit plans, and		other compensation
			devoted to position	(if not paid, ent	-	deferred compensa		Other Compensation
TO	M GINN		COMMANDER			1		
PO	ST OFFIC	E BOX 2511, TUPELO MS 38803-2511	0			>	q	0
TE	RRY CARL	OCK	QUARTERMASTER					-
PO	ST OFFIC	E BOX 2511, TUPELO MS 38803-2511	0		(ή	þ	0
	· -							
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			1	1		1		

Form	990-EZ (2011) JOHN Q LONG VFW POST NO 4057	35-2463755	F	Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
	•		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
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	ł	}	ļ
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		_	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	,	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		,	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		+	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	350	: X	
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			Δ
		37t		v
	Did the organization file Form 1120-POL for this year?			X
JU 8	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		v
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			X
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
				i
			ĺ	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		ì	
	section 4911 , section 4912 , section 4955 , sectio		į	
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		4	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401		١
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			İ,
	organization managers or disqualified persons during the year under sections 4912,		ĺ	1
	4955, and 4958			
đ	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	406	₽	X
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of ► HAROLD HODGES Telephone no		344-7	171
	Located at ► 1041 CLIFF GOOKIN BLVD. TUPELO, MS ZIP + 4	38801		
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		Yes	No
	account)?	421	b	X
	If "Yes," enter the name of the foreign country.		- #	ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			i i
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	с	X
	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		ا	> [
	and enter the amount of tax-exempt interest received or accrued during the tax year	43		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44	a	X
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	44	b	X
С	Did the organization receive any payments for indoor tanning services during the year?		С	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44	d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	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 may need to be completed instead of			
	Form 990-EZ (see instructions)	45	b	Х
_				

rue, correct, and	d complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	THOMAS M GINN Thomas I'm Don	01-11-2013
Sign Here	Signature of officer THOMAS M GINN, COMMANDER	Date
	Type or print name and title	
Paid	Print/Type preparer's name Robert D Pilgrim CPA Date 01-11-	Check X if PTIN 2013 self-employed P00739798
Preparer	Firm's name Robert D Pilgrim CPA	Firm's EIN
Jse Only	Firm's address 1041 Cliff Gookin	
	Tupelo MS 38801	Phone no 662-255-9697
May the IRS	S discuss this return with the preparer shown above? See Instructions	No

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.

OMB No 1545-0047

2011

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Department of the Treasury 'Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	s: Complete Part III		·, ····, ···, ···, ···, ···, ···	
	e of organization			Employer	identification number
JO	HN Q LONG VFW POST NO 4057			35-246	3755
Pa	tal-A Complete if the organi	zation is exempt under section	on 501(c) or is	a section 527 organ	nization.
1	Provide a description of the organization				
2	Political expenditures				
3	Volunteer hours				
Pa	til-B	zation is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur	red by organization managers under se	ection 4955	▶ s ¯	
3	If the organization incurred a section 495	55 tax, did it file Form 4720 for this year	p		. Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV				
Pa	rt/I-C Complete if the organi	ization is exempt under section	on 501(c), exc	ept section 501(c)(3)
1	Enter the amount directly expended by the	ne filing organization for section 527 ex	empt function		
	activities			▶ s	
2	Enter the amount of the filing organization	n's funds contributed to other organiza	tions for section		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add		•		
	line 17b	• • • • • • • • • • • • • • • • • • • •		▶ s	
4	Did the filing organization file Form 1120	• • • • • • • • • • • • • • • • • • • •			
5	Enter the names, addresses and employ	er identification number (EIN) of all se	ction 527 political	organizations to which the	filing
	organization made payments For each of	organization listed, enter the amount pa	aid from the filing o	organization's funds Also e	enter
	the amount of political contributions rece	ived that were promptly and directly de	livered to a separ	ate political organization, s	such
	as a separate segregated fund or a politi	cal action committee (PAC) If addition	al space is neede	d, provide information in P	art IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
	ž			Turius il fiorie, eriter -0-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
			<u> </u>		<u> </u>
(4)					
		 	-		<u> </u>
(5)					
(6)			1		1

ched		VEW POST NO 40			35-2463	,
Pa	だ旧A Complete if the organizatio	n is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
. (Check 🕨 🔲 if the filing organization belongs t	o an affiliated group	(and list in Part IV e	ach affiliated group	member's	_
	name, address, EIN, expenses, a	and share of excess	lobbying expenditure	es).		
•	Check if the filing organization checked	box A and "limited co	ontrol" provisions ap	ply		
		bying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying)			
þ	Total lobbying expenditures to influence a legisl	ative body (direct lol	obying)			
C	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
6	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	t from the following t	able in both			
_	columns.					
L	If the amount on line 1e, column (a) or (b) is		nontaxable amoun	t is :		
L	Not over \$500,000	20% of the am	ount on line 1e			
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000	ļ ;	
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000	į	
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of li	•				
h	Subtract line 1g from line 1a If zero or less, en					<u> </u>
i	Subtract line 1f from line 1c. If zero or less, ent					
j	If there is an amount other than zero on either I	ine 1h or line 1i, did	the organization file	Form 4720		
	reporting section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	U Yes U No
	(Some organizations that	-Year Averaging Pe made a section 50 w. See the instruc	11(h) election do no	t have to complete		
	Lobb	ying Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	beginning in)	(4) 2000	(5) 2000	(0) =0.0	(4,25)	(6) / 512.
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	(150% of line 2a, column (e))				J	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))				, , , , , , , , , , , , , , , , , , ,	
f	Grassroots lobbying expenditures					

EEA

or 4	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)
	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
•	legislation, including any attempt to influence public opinion on a legislative matter or			: !
	referendum, through the use of.		j : j i	
а	Volunteers?			i
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?	_	 	_
d	Mailings to members, legislators, or the public?			-
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?		-	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
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?			
ବର	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), (or se	ction
	501(c)(6).			
				Yes 1
	Were substantially all (90% or more) dues received nondeductible by members?			1 X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."			III-A, line 3, is
i	Dues, assessments and similar amounts from members	• •	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).		200	
а	Current year		2a 2b	-
b	Carryover from last year		26 2c	-
С	Total		3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	<u> </u>
•	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		4	!
5	and political expenditure next year?		5	
	Taxable amount or lobbying and political experimentes (see instructions)	• •		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A; and F	Part II-I	B line	
	piete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-B, line 3, Part II-A, and r so, complete this part for any additional information	G/1 1171	_,	
. A	so, complete this part for any additional information			

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

2011

Open to Public Inspection

Name of the organization		Employer identification n	umber
JOHN Q LONG VFW POST NO 4057		35-2463755	
01 Description of other revenue (Part			
01. Description of other revenue (Part	C 1, 11110 0)		
DESCRIPTION	AMOUNT		
RENTAL INCOME	4,150		
AMAZIM INCOME	4,150		
02. Description of other expenses (Par	rt I. line 16)		
DESCRIPTION	TOUMA		
ADVERTISING AND PROMOTION	1,129	•	
BANK SERVICE CHARGES	119		
INSURANCE	5,207		· · · · · · · · · · · · · · · · · · ·
LICENSES AND DEDUTES	73		
LICENSES AND PERMITS		···	
MISC	99		
TELEPHONE AND UTILITIES	10,140		
SUPPLIES	292		
TAXES	4,758		
CHARITABLE CONTRIBUTIONS	214		
DUES	3,633		
			
03. Description of other assets (Part	II, line 24)		
	BEGINNING		
	DAGAMAZIO		
CATEGORY	OF YEAR	END OF YEAR	
FURNITURE AND FIXTURES	1,875	1,876	
EQUIPMENT	240	240	