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Short Form

OMB No. 1545-1150

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 private foundations)

2011

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 1 January 2011, 2014, and ending 31 December, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VFW Post 10054 Clyde E. Newman, Jr.		D Employer identification number 88-0134142
	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number 775-727-6072
	City or town, state or province, country, and ZIP or foreign postal code Pahrump, NV. 89048-6900		F Group Exemption Number None

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

I Website: **4651 S Homestead Rd., Pahrump, NV. 89048**

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

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$

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

SCANNED Revenue 2015	1	Contributions, gifts, grants, and similar amounts received	1	.00
	2	Program service revenue including government fees and contracts	2	.00
	3	Membership dues and assessments	3	1,800.00
	4	Investment income	4	.00
	5a	Gross amount from sale of assets other than inventory	5a	.00
	5b	Less: cost or other basis and sales expenses	5b	.00
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	.00
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	8400.00
	6b	Gross income from fundraising events (not including \$85.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	85.00
6c	Less: direct expenses from gaming and fundraising events	6c	1200.00	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7285.00	
7a	Gross sales of inventory, less returns and allowances	7a	105,197.60	
7b	Less: cost of goods sold	7b	98,305.10	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,892.50	
8	Other revenue (describe in Schedule O)	8	4,000.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	19,977.50	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	200.00
	11	Benefits paid to or for members	11	1,354.50
	12	Salaries, other compensation, and employee benefits	12	26,285.00
	13	Professional fees and other payments to independent contractors	13	5,707.07
	14	Occupancy, rent, utilities, and maintenance	14	1,160.33
	15	Printing, publications, postage, and shipping	15	400.00
	16	Other expenses (describe in Schedule O)	16	19,000.00
17	Total expenses. Add lines 10 through 16	17	54,106.90	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-34,129.40
	19	Net assets or fund balances at beginning of year (from line 21, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	.00
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-34,129.40

IRS received 5/15/15

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Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	.00	22 .00
23 Land and buildings	.00	23 .00
24 Other assets (describe in Schedule O)	.00	24 .00
25 Total assets	.00	25 .00
26 Total liabilities (describe in Schedule O)	.00	26 - 34,129.40
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 - 34,129.40

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Faternal, Patriotic, Historical, Charitable, Educational
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>Memorial Services, 5 members would provide a 1hr. benediction Service for deceased Veterans Families, at graveside, or inside, fold flag for family, and get Military Honor Guards</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>Provide Scholarship monies for essay contest for gramer school, middle school, and High School Students</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>Provide honors and awards to ROTC Students, Sheriff's Department, Fire Department, and Emergency Medical Technicians</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 <u>Other program services (describe in Schedule O)</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Thomas A. Vick Commander	60	0	None	None
Pete Gnecco Quartermaster/Adjutant	70	0	None	None
Walt Grozinski Trustee	1	0	None	None
Allan Schwartz Trustee	1	0	None	None
Dan Baily Trustee	1	0	None	None
Beverly MacGonegal Bar Tender	4	945.00	None	None
Kathleen Gnecco Bartender	12	4620.00	None	None
Laureen Leifer Bartender	6	2395.00	None	None
Linda Grelle Bartender	14	5410.00	None	None
Tricia Drombrowski Bartender	20	5755.00	None	None
Tamra K. Corbitt Bartender	4	1485.00	None	None
Lawanna Olberding Bartender	4	1125.00	None	None

Part V 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

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
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.
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 Nevada
42a The organization's books are in care of Roy A. Zimmerman Telephone no. 775-727-6072
Located at 4651 S. Homestead Rd. Pahrump, NV ZIP + 4 89048-6900
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside 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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

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 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Trica Dombrowski Bartender	20	5755.00	None	None
Linda Grelle Bartender	14	5410.00	None	None
Kathleen Gnecco Bartender	16	4620.00	None	None
Brandi Catron Bartender	15	4550.00	None	None
Laureen Leifer Bartender	4	2395.00	None	None

f Total number of other employees paid over \$100,000 ▶ None

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ None

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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: Signature of officer *Roy Zimmerman* Date 04/20/2015
 Type or print name and title Roy Zimmerman Date 4-20-2015

Paid Preparer Use Only: Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no. ▶

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

VFW Post 10054 Clyde E. Newman Jr.

Employer identification number

88-0134142

Line 8 - Community event's during the year selling Beer at Festivals.

Line 10 - Scholarships paid to students for essay contest

Line 16 - Credit Card Debt.

Line 26 - Credit card and Vendor Debt.