Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: VETERANS OF FOREIGN WARS OF THE 76

Doing Business As

Number and street (or P O box if mail is not delivered to street address): P. O. BOX 100 | Room/suite

City or town, state or country, and ZIP + 4: CHESAPEAKE CITY MD 21915

D Employer identification number: 52-0903474

E Telephone number: 410-885-5217

G Gross receipts $ 284,265

F Name and address of principal officer: JAMES A HUTTON 169 HUTTON ROAD, ELKTON, MD 21921

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Type of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ NON-PROFI

L Year of formation 1967

M State of legal domicile MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROMOTED GOOD WILL IN THE COMMUNITY BY GETTING MEMBERS INVOLVED IN THE PURPOSES OF THE ORGANIZATION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	4,747
	9	Program service revenue (Part VIII, line 2g)	70,001	63,361
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	27
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,372	103,791
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,373	171,926
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	56,509	66,237
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	101,552	86,264
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	158,061	152,501
	19	Revenue less expenses. Subtract line 18 from line 12	18,312	19,425

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	572,720	539,346
	21	Total liabilities (Part X, line 26)	125,390	119,203
	22	Net assets or fund balances. Subtract line 21 from line 20	447,330	420,143

Part II Signature Block

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

▶ James A. Hutton — Signature of officer — Date 2/12/2010

▶ JAMES A. HUTTON COMMANDER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SELF-PREPARED RETURN | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED MAR 11 2010

RECEIVED FEB 17 2010 OGDEN, UT

13

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
PROMOTE GOOD WILL BY GETTING MEMBERS AND QUALIFIED GUESTS INVOLVED IN THE PURPOSES OF THE ORGANIZATION AND PROVIDE ENTERTAINMENT FOR THEIR INTEREST IN RETURNING TO SUPPORT THE PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4b (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ► $ 0 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part I*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	-0-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	-0-			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	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)?			4a		X
b	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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a		
b	Enter the number of voting members that are independent	1b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Name:** JUNE MONGER **Phone Number:** 410-885-5217

Physical Address: 304 BASIL AVENUE, CHESAPEAKE CITY, MD 21915

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ROBERT ROLAND TRUSTEE	15.	X						-0-	-0-	-0-
PAUL PELLITIER TRUSTEE	15.	X						-0-	-0-	-0-
JAMES A HUTTON COMMANDER	25.			X				-0-	-0-	-0-
DAVID CAMP SR. VICE CMDR.	30.			X				-0-	-0-	-0-
THOMAS WINSLOW QUARTERMASTER	20.			X				-0-	-0-	-0-
HARRY D. CALEB CHAPLAIN	20.			X				-0-	-0-	-0-
ROGER RICHMOND SERVICE OFFICER	20.			X				-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
	0.							0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	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	0
	0.							0	0	0
	0.							0	0	0
1b Total ▶								0	0	0

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address		(B) Description of services	(C) Compensation
Name	Address		0
Name	Address		0
Name	Address		0
Name	Address		0
Name	Address		0

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	1,527				
	c Fundraising events	1c	860				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,360				
	g Noncash contributions included in lines 1a-1f: $ 0						
	h Total. Add lines 1a–1f ▶			4,747			
Program Service Revenue		Business Code					
	2a SLOT MACHINE INCOME			63,361			63,361
	b			0			
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g Total. Add lines 2a–2f ▶			63,361			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			27			
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	0				
	b Less: cost or other basis and sales expenses	0	0				
	c Gain or (loss)	0	0				
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities. See Part IV, line 19.	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances	a	201,110				
	b Less: cost of goods sold	b	112,339				
	c Net income or (loss) from sales of inventory ▶			88,771			
	Miscellaneous Revenue	Business Code					
	11a AMUSEMENT MACHINES			2,200			2,200
	b HALL RENTAL			10,705			10,705
	c POST AFFAIRS			1,916			1,916
	d All other revenue			199			199
	e Total. Add lines 11a–11d ▶			15,020			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			171,926	0	0	78,381

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	56,406			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	9,831			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	75			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	1,143			
13 Office expenses	2,467			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	27,442			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	261			
20 Interest	127			
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	9,623			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRIBUTIONS	32,388			
b MEMBERSHIP, DUES, SUBSCRIPTIONS	744			
c ENTERTAINMENT	11,200			
d FLOWERS & FRUITBASKETS	329			
e MISCELLANEOUS EXPENSE	465			
f All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24f	152,501	0	0	0
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		8,999	1	-4,786
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,324	8	4,550
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost basis	10a 754,533			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 214,951	559,397	10c	539,582
	11	Investments–publicly traded securities		0	11	0
	12	Investments–other securities. See Part IV, line 11		0	12	0
	13	Investments–program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		572,720	16	539,346
Liabilities	17	Accounts payable and accrued expenses		3,443	17	2,682
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		121,947	23	116,521
	24	Unsecured notes and loans payable		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		125,390	26	119,203
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		419,878	30	400,064
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		27,452	32	20,079
	33	Total net assets or fund balances		447,330	33	420,143
	34	Total liabilities and net assets/fund balances		572,720	34	539,346

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	171,899
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	152,501
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	19,398
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	19,398

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	0

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	0

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash		Non Cash
1	Federated Campaigns		1	
2	Membership dues	1,527	2	
3	Fundraising events	860	3	
4	Related organizations		4	
5	Government grants (contributions)		5	
6	All other contributions, gifts, grants, and similar amounts not included above:			
	MEMBER CONTRIBUTIONS	2,360		
	Other contributions total	2,360	6	0
7	Total	4,747	7	0

Part VIII, Line 10 (990) - Gross Sales of Inventory

		201,110	112,339	88,771
	Category	Gross Sales	Cost of Goods Sold	Net
1	BAR RECEIPTS	201,110	112,339	88,771
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
									754,533	188,901	214,951	0	559,397	539,582
1	LAND, BUILDINGS & EQUIPMENT								754,533	188,901	214,951		559,397	539,582
2														
3														
4														
5														
6														
7														0
8														
9														0
10														
11														0
12														0
13													0	0
14														0
15														
16														
17														
18														
19														
20														

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

130,000 121,947 116,521

	Lender's name	Check if lender is a business	Check if Unsecured	Security provided	Original amount	Balance due beginning of year	Balance due end of year	Date of note	Maturity date
1	PNC BANK	X		REAL ESTATE	130,000	121,947	116,521	2/28/2002	2/28/2022
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Repayment terms	Interest rate	Purpose of loan	Description of consideration	FMV of consideration	Lender's Title
20 YEARS	6.0000%	REBUILD AFTER DESTROYED BY FIRE			BANK

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

- [ ] Armed Forces the Americas
- [ ] Armed Forces Europe
- [ ] Alaska
- [ ] Alabama
- [ ] Armed Forces Pacific
- [ ] Arkansas
- [ ] American Samoa
- [ ] Arizona
- [ ] California
- [ ] Colorado
- [ ] Connecticut
- [ ] District of Columbia
- [ ] Delaware
- [ ] Florida
- [ ] Federated States of Micronesia
- [ ] Georgia
- [ ] Guam
- [ ] Hawaii
- [ ] Iowa
- [ ] Idaho
- [ ] Illinois
- [ ] Indiana
- [ ] Kansas
- [ ] Kentucky
- [ ] Louisiana
- [ ] Massachusetts
- [x] Maryland
- [ ] Maine
- [ ] Marshall Islands
- [ ] Michigan
- [ ] Minnesota
- [ ] Missouri
- [ ] Commonwealth of the Northern Mariana Islands
- [ ] Mississippi
- [ ] Montana
- [ ] North Carolina
- [ ] North Dakota
- [ ] Nebraska
- [ ] New Hampshire
- [ ] New Jersey
- [ ] New Mexico
- [ ] Nevada
- [ ] New York
- [ ] Ohio
- [ ] Oklahoma
- [ ] Oregon
- [ ] Pennsylvania
- [ ] Puerto Rico
- [ ] Palau
- [ ] Rhode Island
- [ ] South Carolina
- [ ] South Dakota
- [ ] Tennessee
- [ ] Texas
- [ ] Utah
- [ ] Virginia
- [ ] U S. Virgin Islands
- [ ] Vermont
- [ ] Washington
- [ ] Wisconsin
- [ ] West Virginia
- [ ] Wyoming

Assets by Classification - 990

6/30/2009 VFW 7687 52-0903474

Item No.	Description of Property **** Indicates SOLD	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2008 Deprec.	2008 Accum. Deprec.
5-yr Other (listed)															
46	DELL COMPUTER	6/20/2007	F-15	100.00%	925	0	0	0	925	5	200DB	HY	481	178	659
	Total: 5-yr Other (listed property)				925	0	0	0	925				481	178	659
7-yr Office furn, fixtures, equip															
1	EQUIPMENT	1/1/2002	F-11	100.00%	500	0	0	0	500	7	200DB	HY	331	22	353
2	VFW SIGN	1/1/2002	F-11	100.00%	200	0	0	0	200	7	200DB	HY	132	9	141
3	SHUFFLEBOARD	1/1/2002	F-11	100.00%	4,445	0	0	0	4,445	7	200DB	HY	2,815	198	3,013
4	WINDOW BLINDS	1/1/2002	F-11	100.00%	2,890	0	0	0	2,890	7	200DB	HY	1,829	129	1,958
5	PIZZA OVEN	1/1/2002	F-11	100.00%	314	0	0	0	314	7	200DB	HY	198	14	212
6	BEER MEISTER	1/1/2002	F-11	100.00%	400	0	0	0	400	7	200DB	HY	254	18	272
7	TABLES - REC HALL	1/1/2002	F-11	100.00%	2,400	0	0	0	2,400	7	200DB	HY	1,520	107	1,627
8	TABLE PAD	1/1/2002	F-11	100.00%	178	0	0	0	178	7	200DB	HY	112	8	120
9	TAP (BEER) SYSTEM	1/1/2002	F-11	100.00%	4,788	0	0	0	4,788	7	200DB	HY	3,032	214	3,246
10	CASH REGISTER	1/1/2002	F-11	100.00%	578	0	0	0	578	7	200DB	HY	366	26	392
11	SLOT MACHINES	1/1/2002	F-11	100.00%	20,213	0	0	0	20,213	7	200DB	HY	12,795	901	13,696
12	SIGN	1/1/2002	F-11	100.00%	95	0	0	0	95	7	200DB	HY	60	4	64
13	COUNTER TOP	1/1/2002	F-11	100.00%	284	0	0	0	284	7	200DB	HY	180	13	193
14	ALARM SYSTEM	1/1/2002	F-11	100.00%	475	0	0	0	475	7	200DB	HY	302	21	323
15	WORK TABLE	1/1/2002	F-11	100.00%	77	0	0	0	77	7	200DB	HY	49	3	52
16	FREEZER	1/1/2002	F-11	100.00%	4,725	0	0	0	4,725	7	200DB	HY	2,992	211	3,203
17	DISHWASHER	1/1/2002	F-11	100.00%	3,350	0	0	0	3,350	7	200DB	HY	2,120	149	2,269
18	ICE MACHINE	1/1/2002	F-11	100.00%	1,890	0	0	0	1,890	7	200DB	HY	1,196	84	1,280
19	DISHWASHER RACK	1/1/2002	F-11	100.00%	373	0	0	0	373	7	200DB	HY	236	17	253
20	6 BURNER OVEN	1/1/2002	F-11	100.00%	3,675	0	0	0	3,675	7	200DB	HY	2,327	164	2,491
21	ELEC DEEP FRYER	1/1/2002	F-11	100.00%	5,040	0	0	0	5,040	7	200DB	HY	3,191	225	3,416
22	DISH TABLE	1/1/2002	F-11	100.00%	1,419	0	0	0	1,419	7	200DB	HY	899	63	962
23	RANGE, GRILL, OVEN	1/1/2002	F-11	100.00%	4,385	0	0	0	4,385	7	200DB	HY	2,776	196	2,972
24	UTENSILS	1/1/2002	F-11	100.00%	22	0	0	0	22	7	200DB	HY	14	1	15
26	T.V.	1/2/2002	F-11	100.00%	200	0	0	0	200	7	200DB	HY	126	9	135
27	STAINLESS STEEL T/	1/2/2002	F-11	100.00%	160	0	0	0	160	7	200DB	HY	101	7	108
28	STACK CHAIRS	1/2/2002	F-11	100.00%	8,018	0	0	0	8,018	7	200DB	HY	5,076	358	5,434
29	CHROME SHELVING	1/2/2002	F-11	100.00%	1,648	0	0	0	1,648	7	200DB	HY	250	74	324
30	STAINLESS TABLE	1/2/2002	F-11	100.00%	286	0	0	0	286	7	200DB	HY	182	13	195
31	TABLE TOP	1/2/2002	F-11	100.00%	79	0	0	0	79	7	200DB	HY	50	4	54
32	REFRIGERATOR	1/2/2002	F-11	100.00%	3,350	0	0	0	3,350	7	200DB	HY	2,140	149	2,289
33	TABLES - CANTEEN	1/2/2002	F-11	100.00%	1,250	0	0	0	1,250	7	200DB	HY	791	56	847
34	CHAIRS - CANTEEN	1/2/2002	F-11	100.00%	1,544	0	0	0	1,544	7	200DB	HY	976	69	1,045
35	STAND UP TABLES	1/2/2002	F-11	100 00%	210	0	0	0	210	7	200DB	HY	133	9	142
36	BEER COOLER	1/2/2002	F-11	100.00%	3,201	0	0	0	3,201	7	200DB	HY	2,027	143	2,170
37	STEAM TABLE	1/2/2002	F-11	100.00%	1,820	0	0	0	1,820	7	200DB	HY	1,153	81	1,234
38	POTS & PANS	1/2/2002	F-11	100.00%	534	0	0	0	534	7	200DB	HY	338	24	362
39	SPEAKERS	1/30/2003	F-11	100.00%	495	0	0	0	495	7	200DB	HY	88	44	132
40	WATER CONDITIONE	9/1/2005	F-11	100.00%	5,547	0	0	0	5,547	7	200DB	HY	2,328	693	3,021
41	SLOT MACHINE	3/1/2006	F-11	100.00%	1,500	0	0	0	1,500	7	200DB	HY	629	187	816
42	FREEZER	6/19/2006	F-11	100.00%	2,530	0	0	0	2,530	7	200DB	HY	1,062	316	1,378
43	GLASS WASHER	10/3/2006	F-11	100.00%	394	0	0	0	394	7	200DB	HY	152	69	221
44	60" T.V.	1/4/2007	F-11	100.00%	3,157	0	0	0	3,157	7	200DB	HY	1,224	552	1,776
45	BAR STOOLS	2/17/2007	F-11	100.00%	2,384	0	0	0	2,384	7	200DB	HY	925	417	1,342
47	2 RECOND SLOT MAC	5/26/2009	F-11	100.00%	6,235	0	3,118	0	3,117	7	200DB	MQ4	0	111	3,229
	Total: 7-yr Office furniture, fixtures and equipment				107,258	0	3,118	0	104,140				59,477	6,182	68,777

39-yr Nonresidential real estate

25	BUILDING	1/1/2002	R-5	100.00%	646,350	0	0	0	646,350	39	SL/GDS	MM	128,943	16,572	145,515
	Total: 39-yr Nonresidential and commercial real estate				646,350	0	0	0	646,350				128,943	16,572	145,515
	SubTotals				754,533	0	3,118	0	751,415				188,901	22,932	214,951
	Less: Assets Sold				(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				754,533	0	3,118	0	751,415				188,901	22,932	214,951

Detail Report

6/30/2009 VFW 7687 52-0903474

990					754,533	0	3,118	0	751,415					188,901
Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Less Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus
1	EQUIPMENT	1/1/2002	F-11	100.00%	500	0	0	0	500		7	200DB	HY	331
2	VFW SIGN	1/1/2002	F-11	100.00%	200	0	0	0	200		7	200DB	HY	132
3	SHUFFLEBOARD	1/1/2002	F-11	100.00%	4,445	0	0	0	4,445		7	200DB	HY	2,815
4	WINDOW BLINDS	1/1/2002	F-11	100.00%	2,890	0	0	0	2,890		7	200DB	HY	1,829
5	PIZZA OVEN	1/1/2002	F-11	100.00%	314	0	0	0	314		7	200DB	HY	198
6	BEER MEISTER	1/1/2002	F-11	100.00%	400	0	0	0	400		7	200DB	HY	254
7	TABLES - REC HALL	1/1/2002	F-11	100.00%	2,400	0	0	0	2,400		7	200DB	HY	1,520
8	TABLE PAD	1/1/2002	F-11	100.00%	178	0	0	0	178		7	200DB	HY	112
9	TAP (BEER) SYSTEM	1/1/2002	F-11	100.00%	4,788	0	0	0	4,788		7	200DB	HY	3,032
10	CASH REGISTER	1/1/2002	F-11	100.00%	578	0	0	0	578		7	200DB	HY	366
11	SLOT MACHINES	1/1/2002	F-11	100.00%	20,213	0	0	0	20,213		7	200DB	HY	12,795
12	SIGN	1/1/2002	F-11	100.00%	95	0	0	0	95		7	200DB	HY	60
13	COUNTER TOP	1/1/2002	F-11	100.00%	284	0	0	0	284		7	200DB	HY	180
14	ALARM SYSTEM	1/1/2002	F-11	100.00%	475	0	0	0	475		7	200DB	HY	302
15	WORK TABLE	1/1/2002	F-11	100.00%	77	0	0	0	77		7	200DB	HY	49
16	FREEZER	1/1/2002	F-11	100.00%	4,725	0	0	0	4,725		7	200DB	HY	2,992
17	DISHWASHER	1/1/2002	F-11	100.00%	3,350	0	0	0	3,350		7	200DB	HY	2,120
18	ICE MACHINE	1/1/2002	F-11	100.00%	1,890	0	0	0	1,890		7	200DB	HY	1,196
19	DISHWASHER RACK	1/1/2002	F-11	100.00%	373	0	0	0	373		7	200DB	HY	236
20	6 BURNER OVEN	1/1/2002	F-11	100.00%	3,675	0	0	0	3,675		7	200DB	HY	2,327
21	ELEC DEEP FRYER	1/1/2002	F-11	100.00%	5,040	0	0	0	5,040		7	200DB	HY	3,191
22	DISH TABLE	1/1/2002	F-11	100.00%	1,419	0	0	0	1,419		7	200DB	HY	899
23	RANGE, GRILL, OVEN	1/1/2002	F-11	100.00%	4,385	0	0	0	4,385		7	200DB	HY	2,776
24	UTENSILS	1/1/2002	F-11	100.00%	22	0	0	0	22		7	200DB	HY	14
25	BUILDING	1/1/2002	R-5	100.00%	646,350	0	0	0	646,350		39	SL/GDS	MM	128,943
26	T.V.	1/2/2002	F-11	100.00%	200	0	0	0	200		7	200DB	HY	126
27	STAINLESS STEEL TABLE	1/2/2002	F-11	100.00%	160	0	0	0	160		7	200DB	HY	101
28	STACK CHAIRS	1/2/2002	F-11	100.00%	8,018	0	0	0	8,018		7	200DB	HY	5,076
29	CHROME SHELVING	1/2/2002	F-11	100.00%	1,648	0	0	0	1,648		7	200DB	HY	250
30	STAINLESS TABLE	1/2/2002	F-11	100.00%	286	0	0	0	286		7	200DB	HY	182
31	TABLE TOP	1/2/2002	F-11	100.00%	79	0	0	0	79		7	200DB	HY	50
32	REFRIGERATOR	1/2/2002	F-11	100.00%	3,350	0	0	0	3,350		7	200DB	HY	2,140
33	TABLES - CANTEEN	1/2/2002	F-11	100.00%	1,250	0	0	0	1,250		7	200DB	HY	791
34	CHAIRS - CANTEEN	1/2/2002	F-11	100.00%	1,544	0	0	0	1,544		7	200DB	HY	976
35	STAND UP TABLES	1/2/2002	F-11	100.00%	210	0	0	0	210		7	200DB	HY	133
36	BEER COOLER	1/2/2002	F-11	100.00%	3,201	0	0	0	3,201		7	200DB	HY	2,027
37	STEAM TABLE	1/2/2002	F-11	100 00%	1,820	0	0	0	1,820		7	200DB	HY	1,153
38	POTS & PANS	1/2/2002	F-11	100.00%	534	0	0	0	534		7	200DB	HY	338
39	SPEAKERS	1/30/2003	F-11	100.00%	495	0	0	0	495		7	200DB	HY	88
40	WATER CONDITIONER	9/1/2005	F-11	100.00%	5,547	0	0	0	5,547		7	200DB	HY	2,328
41	SLOT MACHINE	3/1/2006	F-11	100.00%	1,500	0	0	0	1,500		7	200DB	HY	629
42	FREEZER	6/19/2006	F-11	100.00%	2,530	0	0	0	2,530		7	200DB	HY	1,062
43	GLASS WASHER	10/3/2006	F-11	100.00%	394	0	0	0	394		7	200DB	HY	152
44	60" T.V.	1/4/2007	F-11	100.00%	3,157	0	0	0	3,157		7	200DB	HY	1,224
45	BAR STOOLS	2/17/2007	F-11	100.00%	2,384	0	0	0	2,384		7	200DB	HY	925
46	DELL COMPUTER	6/20/2007	F-15	100.00%	925	0	0	0	925		5	200DB	HY	481
47	2 RECOND SLOT MACHINES	5/26/2009	F-11	100.00%	6,235	0	3,118	0	3,117		7	200DB	MQ4	0

Detail Report

990			22,932	214,951
Item No.	Description of Property	Date Placed In Service	2008 Current Deprec.	2008 Accum. Deprec.
1	EQUIPMENT	1/1/2002	22	353
2	VFW SIGN	1/1/2002	9	141
3	SHUFFLEBOARD	1/1/2002	198	3,013
4	WINDOW BLINDS	1/1/2002	129	1,958
5	PIZZA OVEN	1/1/2002	14	212
6	BEER MEISTER	1/1/2002	18	272
7	TABLES - REC HALL	1/1/2002	107	1,627
8	TABLE PAD	1/1/2002	8	120
9	TAP (BEER) SYSTEM	1/1/2002	214	3,246
10	CASH REGISTER	1/1/2002	26	392
11	SLOT MACHINES	1/1/2002	901	13,696
12	SIGN	1/1/2002	4	64
13	COUNTER TOP	1/1/2002	13	193
14	ALARM SYSTEM	1/1/2002	21	323
15	WORK TABLE	1/1/2002	3	52
16	FREEZER	1/1/2002	211	3,203
17	DISHWASHER	1/1/2002	149	2,269
18	ICE MACHINE	1/1/2002	84	1,280
19	DISHWASHER RACK	1/1/2002	17	253
20	6 BURNER OVEN	1/1/2002	164	2,491
21	ELEC DEEP FRYER	1/1/2002	225	3,416
22	DISH TABLE	1/1/2002	63	962
23	RANGE, GRILL, OVEN	1/1/2002	196	2,972
24	UTENSILS	1/1/2002	1	15
25	BUILDING	1/1/2002	16,572	145,515
26	T.V.	1/2/2002	9	135
27	STAINLESS STEEL TABLE	1/2/2002	7	108
28	STACK CHAIRS	1/2/2002	358	5,434
29	CHROME SHELVING	1/2/2002	74	324
30	STAINLESS TABLE	1/2/2002	13	195
31	TABLE TOP	1/2/2002	4	54
32	REFRIGERATOR	1/2/2002	149	2,289
33	TABLES - CANTEEN	1/2/2002	56	847
34	CHAIRS - CANTEEN	1/2/2002	69	1,045
35	STAND UP TABLES	1/2/2002	9	142
36	BEER COOLER	1/2/2002	143	2,170
37	STEAM TABLE	1/2/2002	81	1,234
38	POTS & PANS	1/2/2002	24	362
39	SPEAKERS	1/30/2003	44	132
40	WATER CONDITIONER	9/1/2005	693	3,021
41	SLOT MACHINE	3/1/2006	187	816
42	FREEZER	6/19/2006	316	1,378
43	GLASS WASHER	10/3/2006	69	221
44	60" T.V.	1/4/2007	552	1,776
45	BAR STOOLS	2/17/2007	417	1,342
46	DELL COMPUTER	6/20/2007	178	659
47	2 RECOND SLOT MACHINES	5/26/2009	111	3,229

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization VETERANS OF FOREIGN WARS OF THE 7687 CHESAPEAKE CITY MEMORIAL	**Employer identification number** 52 0903474
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 100, 304 BASIL AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHESAPEAKE CITY, MD 21915	

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ VFW POST 7687

Telephone No. ▶ (410) 885-5217 FAX No. ▶ ( )

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year 20 _____ or
▶ ☑ tax year beginning JULY 1, 2008, and ending JUNE 30, 2009.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat. No. 27916D Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

☐ Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____

Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20____.

5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Jean R. Ash Title ▶ Bookkeeper Date ▶ 11/13/09

cc Comp. of Md.
Rev. Admin Div.
Annapolis, Md. 21401