

Short Form Return of Organization Exempt From Income Tax

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning 06-01, 2009, and ending 05-31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VETERANS OF FOREIGN WARS POST #1706 Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1024 City or town, state or country, and ZIP + 4 Lincolnton, NC 28093	D Employer identification number 56-0526786 E Telephone number (704) 735-6098 F Group Exemption Number ►
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ► _____

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

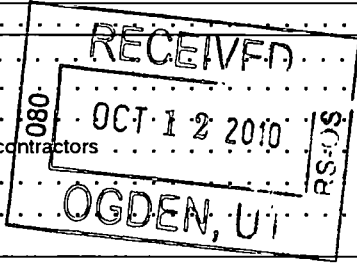
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 179,505

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

	1 Contributions, gifts, grants, and similar amounts received			
	2 Program service revenue including government fees and contracts			
	3 Membership dues and assessments			4,680
	4 Investment income			1,211
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
	b Less direct expenses other than fundraising expenses	6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a Gross sales of inventory, less returns and allowances	7a	171,789	
	b Less cost of goods sold	7b	86,404	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			85,385
	8 Other revenue (describe ► <u>STM141</u>)			1,825
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			93,101
	10 Grants and similar amounts paid (attach schedule)			
	11 Benefits paid to or for members			
	12 Salaries, other compensation, and employee benefits			23,850
	13 Professional fees and other payments to independent contractors			14,250
	14 Occupancy, rent, utilities, and maintenance			34,071
	15 Printing, publications, postage, and shipping			4,038
	16 Other expenses (describe ► <u>STM130</u>)			16,976
	17 Total expenses. Add lines 10 through 16			93,185
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			(84)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			294,125
	20 Other changes in net assets or fund balances (attach explanation)			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			294,041



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	65,903	65,844
23 Land and buildings	226,672	226,672
24 Other assets (describe ► <u>STM131</u>)	1,550	1,525
25 Total assets	294,125	294,041
26 Total liabilities (describe ► _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	294,125	294,041

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? **HONOR VETERANS THROUGH COMMUNITY SERVICE**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDE VETERANS A PLACE TO MEET TO ALLOW VETERANS TO HELP OTHER VETERANS. ENCOURAGE COMMUNITY SERVICE BY VETERANS TO INCREASE THE CIVIC PRIDE OF ALL AMERICANS. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	57,921
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	57,921

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HENRY HESTER 671 LITHIA INN ROAD Lincolnton NC, 28092	COMMANDER 2	0	0	192
HARRY CRUMP 2039 LITHIA SPRINGS ROAD Lincolnton, 28092	SR VICE COMMAND 2	0	0	0
GARY PRATT 2804 STARTOWN ROAD Lincolnton NC, 28092	JR VICE COMMAND 2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	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 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	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		X
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>RATHMUL HELMS</u> Telephone no ▶ <u>704-735-6098</u> Located at ▶ <u>640 VICTOR STREET Lincolnton, NC</u> ZIP + 4 ▶ <u>28092</u>		
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 account)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

Table with 3 columns: Question number, Question text, Yes, No. Rows 46-49b.

Table for line 50: Complete this table for the organization's five highest compensated employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (e) Expense account.

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization

Table for line 51: Complete this table for the organization's five highest compensated independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation.

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

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Kathleen Helms, Date: 10/8/10, Type or print name and title: KATHLEEN HELMS SECRETARY

Paid Preparer's Use Only: Preparer's signature: Carlton S. Smith, CPA, Date: 10-07-2010, Check if self-employed: [X], Preparer's Identifying No: [blank], Firm's name: Tim Smith, CPA, address: 417 East Main Street, Lincolnton, NC 28092, Phone no: 704-732-4403

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
PAYROLL TAXES	2,861
TRAVEL	192
LICENSE	2,329
MEETINGS	1,036
INSURANCE	5,050
DUES	4,680
MISCELLANEOUS	828
Total	<u>16,976</u>

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
INVENTORY	<u>1,550</u>	<u>1,525</u>
Total	<u>1,550</u>	<u>1,525</u>

Form 990EZ, Part I, Line 8
Other Revenues Schedule 2

<u>Description</u>	<u>Amount</u>
RENT	<u>1,825</u>
Total	<u>1,825</u>