

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  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013**

<b>B</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	<b>C</b> Name of organization VETERANS OF FOREIGN WARS POST 10148	<b>D</b> Employer identification number 23-7241953
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 150 MINUTEMEN CAUSEWAY	<b>E</b> Telephone number (321) 783-4286
	City or town, state or country, and ZIP + 4 COCOA BEACH, FL 329312909	<b>F</b> Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website:  N/A

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 195,997**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>		<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>		<b>19</b>	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)
<b>3</b>	Membership dues and assessments	<b>3</b>		<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)
<b>4</b>	Investment income	<b>4</b>		<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>			
<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0		
<b>6</b>	Gaming and fundraising events				
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0		
<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	0		
<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	0		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	172,301		
<b>7b</b>	Less cost of goods sold	<b>7b</b>	106,589		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	65,712		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	1,248		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	89,408		
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>			
<b>11</b>	Benefits paid to or for members	<b>11</b>	1,271		
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	33,359		
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	3,050		
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	40,561		
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	4,497		
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	1,885		
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	84,623		

**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
<b>22</b> Cash, savings, and investments . . . . .	2,887	<b>22</b> 7,232
<b>23</b> Land and buildings . . . . .	260,094	<b>23</b> 260,094
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	262,981	<b>25</b> 267,326
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	5,146	<b>26</b> 4,706
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	257,835	<b>27</b> 262,620

**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

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

What is the organization's primary exempt purpose?

SERVICE TO VETERANS AND FAMILIES

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

<b>28</b> OPERATION, MAINTENANCE & MANAGEMENT OF THE POST HOME VETERANS ACTIVITIES, COMMUNITY SERVICE, YOUTH ACTIVITIES SAFETY & EDUCATION PROGRAMS AND CANTEEN FUNCTIONS (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>

**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
COMMANDER	40 00	0		
QUARTERMASTER	40 00	0		

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

Form 990-EZ (2012) Part V Other Information. Includes questions 33-45b regarding significant activities, changes, income, and organizational structure. Includes a table with Yes/No columns for questions 33-45b.

Yes No

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

46

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

Yes No

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

47

Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes No

b If "Yes," was the related organization a section 527 organization?

49b

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"

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (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

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A

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 the taxpayer) is based on all information of which the preparer has knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

DENNIS DITMEIER COMMANDER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature STAR E LINEHAN

Firm's name THE TAXLADY INC

Firm's address 1980 PINEWOOD RD

MELBOURNE, FL 329349026

May the IRS discuss this return with the preparer shown above? See instructions

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization  
VETERANS OF FOREIGN WARS POST 10148

**Employer identification number**

23-7241953

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 8		ATM FEES INCOME 1114 SALES TAX DISCOUNTS 134
Form 990EZ, Part I, Line 16		CONVENTION EXPENSES 349 INTEREST EXPENSE 59 PAYMENTS TO AFFILIATES 385 LICENSES, FEES, & BONDS 1092