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Form' 990

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)

OMB No. 1545-0047

Department	of the	Treasury
Internal Dec		Candes

2008 ୍ର ଆଧ୍ୟାରୀ ଜ୍ୱାତ୍ର

_		ue Service			ay have to use a co	by of this return	to satisfy state	reporting re	quirement	S	n hoch on the
A	For the	2008 calenda	ar year, or	r tax year beginning			, 2008, an	d ending	-		, 20
В	Check if a	applicable.	Please	C Name of organization	VETERANS OF F	oreign war	S DEPARTMEN	T		╗	Employer Identification no.
_	Address		ume IRS ladded or	Doing Business As	LAUREL MOUNTA	IN POST 41	0				55-0339122
	Name ch	an 0 e	print or type.	•	P.O. box if mail is not del	ivered to street add	fress)	Roor	n/suite	E	Telephone number
	nitia) retu	m	See Specific	PO BOX 604						_	(304) 457-1481
₽'	Torminati	ion	tristruo-	City or town, state or o	**					G	Gross receipts \$
=	Amended	-	ttone.	BELINGTON, W							169,347
₩.	Applicatio	on pending	F Name	and address of principal or	fficer;			H(a)	ta this a gro affiliates?	up retur	m for
			X 501(c) (10.4 (<u> </u>						
		M\N N/A	<u>w] 301(c) (</u>	19) (insert no.)) 4947(a)(1) or	527		—— H(b)	If "No," atta	exes inc ch a list	tuded?
			Corporation	n Trust Associati	lon Other		L Year of formation	1947	M State of		
		Summar		TOS PASSES			TE Year Or TOTTE BLA		J. State C	iogai u	GIIGGO 15 T
	1			ganization's mission	or most significant a	ctrvities:	VETERANS AN	TD COMMU	NITY SE	RVIC	E
		-	·	•	•		······································				
Ĉ G	.										
1 p	İ										
Y 0	2	Check this b	ox ▶ 🔲 i	if the organization dis	scontinued its operat	ions or dispose	d of more than a	25% of its as	ssets.		
1 0	3		_	nbers of the governin	• • •	•		_	-	3	0
0 0	4	Number of it	ndepende	nt voting members of	the governing bedy	rernate i	SEVENUE:	SERVIC	涯····	4	
	5	i qiai numbe	ir ot empio	oyees (Part V, line 2a	ı) <i></i>	• • • • • •	· · · · · · · · · · · · · · · · · · ·			5	0
4	6			teers (estimate if nec				<i>)</i>		6	0
	7a			business revenue fro s taxable income fror			ີ	• • • • •	` · · · · }	7a 7b	0
_	+-	Net unleade	u Dusiiles	2 (axable illicollie itol	in Folin 550-1, line 3	<u> </u>	S O. P. ZORIS		rlor Year		Current Year
R	8	Contribution	s and gras	nts (Part VIII, line 1h)		C£	entral Area.			366	1,314
٧	9	Program ser	vice rever	nue (Part VIII, line 2g	,)	SB/SE	- Columbus	3.	279		389,430
0	10			art VIII, column (A), li						21	33
¥	11			(III, column (A), lines					(144	, 839	(221,430)
_	12	Total revenu	ie - add Iir	nes 8 through 11 (mu	st equal Part VIII, co	lumn (A), line	12)		136,	401	169,347
	13	Grants and	similar am	ounts paid (Part IX, c	column (A), lines 1-3)		•	6	, 318	11,030
E	14			members (Part IX, co							0
X	15			insation, employee be				•	60,	, 314	71,932
6	16a			ng fees (Part IX, colu		• • • • • • •		- Contraction	rassena ers	e 15 tores	0
	_		• .	enses (Part IX, column	· · · —		20,105				
	17			IX, column (A), lines						,395	72,563
	18	•		lines 13-17 (must eques Subtract line 18 f	, ,	,, ,				,027 ,374	155,525 13,822
	+"	Novellub les	a axbana	es Subtract line 10 1	NOM III.B 12 · · · ·				ning of Ye		End of Year
ti Mac	20	Total assets	(Part X. li	ine 16)		· · · · · · ·		. Lookiii		273	23,226
or Fund	ı	Total liabiliti	• •	•							0
Bal- ance	22	Net assets of	r fund bal	lances. Subtract line	21 from line 20				13	,273	23,226
		Signatu									
		Under penalti	es of perjury	r, I declare that I have exam cl, and complete Declaration	nined this return, including	accompanying sch	edules and statemen	is, and to the b	est of my kno	wtedge	
		,	~ ~ ~ ·		on or property (outc. than	Onica) to 18560 O	CONTINUENTIALICES OF WIT	ica properci ne	is ally wome	rugo.	12/2/1
	_		Sur	301.77	arsh					ل	12/1/10
Sig		Signatu	re el office.		0-1-					Date	1
He	re	Toma 2	7/114	1 [4] [7] [4] .	rsn						
	-	 	print name 6	EIN UKO		Date		Nh a alt. M	Drange	ara lda-	htdying number
Palo	i	Preparer's signature		molande	ch.		0 0010	Check If ialf- imployed >	/aaa /s	er w koer struction	· ·
_	oarer's			MELODY JONE	ES CPA	1.1		<u> </u>	<u>DII</u>		
	Only	Firm's name if self-employ		304 BROWN A				EIN	5	ς _Δ ,	730109
		eddress, and		BELINGTON,				Phone		-823	1-3101
May	the IR	S discuss this	return wit	th the preparer show	n above? (see instru	ctions) · ·			-		
For	Privacy	Act and Par	erwork R	eduction Act Notice,	see the separate in	structions.				EEA	Form 990 (2008)

Form 990 (2008)

EEA

Form		ETERANS OF FOREIGN WARS		55-0339122	Page 2
21	Statem	ent of Program Service A	accomplishments (see instructions)		
1	Briefly describe t	the organization's mission:			
	VETERANS AN	D COMMUNITY SERVICE	·		
					
					· · · · ·
2	Did the organiza	tion undertake any significant prog	gram services during the year which were not li	isted on	
					X No
		e these new services on Schedule			
3			gnificant changes in how it conducts, any prog		
			• • • • • • • • • • • • • • • • • • • •		X No
4		e these changes on Schedule O.	ch of the organization's three largest program	carries by avagrees	
•			section 4947(a)(1) trusts are required to repor		
			nue, if any, for each program service reported	• • • • • • • • • • • • • • • • • • •	
		•			
4a	(Code ⁻) (Expenses \$	including grants of \$) (Revenue \$)
			SPORTATION AND PROVIDE COMMUNIT	Y DONATIONS AND EDUCATIONA	<u>L</u>
	SCHOLARSHIP	<u>'S</u>			
					
		 		· · · · · · · · · · · · · · · · · · ·	
	 	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					·
			······································		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	•				
					<u> </u>
4d	Other program s	services. (Describe in Schedule O.)		
	(Expenses \$	including	grants of \$) (Rever	nue \$)	
40	Total program s	envice expenses > 5	(Must equal Part IX 1 mg 25	column (B))	

Fom'990 (2008) **VETERAN**

VETERANS OF FOREIGN WARS DEPARTMENT

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-	990 (2008) VETERANS OF FOREIGN WARS DEPARTMENT 55-03391	22	<u> </u>	age
21	Checklist of Required Schedules			
l	to the completion described in continu CO(10)(3) or 40.47(a)(4) (ather these analysis foundation) 2 if "Voc "		Yes	2
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4		,
	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		,
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	–		H
	Schedule C, Part II	4		
				-
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		ı
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	-		-
	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	6		
	Schedule D, Part I	-		┝
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			⊦
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		L
	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,"	١.		١
	complete Schedule D, Part IV	9		Ļ
	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · ·	10		L
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			l
	Parts VI, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11		L
	Did the organization receive an audited financial statement for the year for which it is completing this return	ļ		ļ
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII			L
	ts the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		L
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		L
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			l
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	_	L
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
	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		L
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Γ
	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Γ
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Ι
	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		
	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	
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			Τ
	Schedule J · · · · · · · · · · · · · · · · · ·	23		l
ı	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			T
	\$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		l
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		T
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Ť
	to defease any tax-exempt bonds?	24c		ŀ
1	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		\vdash	t
			<u> </u>	t
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	i	1
,	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			t
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
	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		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	-	-	+
		27	1	Ì
_	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		990 (Ţ

Form' 990 (2008)

VETERANS OF FOREIGN WARS DEPARTMENT

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Pa	Checklist of Required Schedules (continued)		
			Yes No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
а	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,		
	PantV	28a	х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"		
	complete Schedule L, Part IV	28b	
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
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30	х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	\Box	
	Parti	31	l l x
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-
_	sections 301.7701-2 and 301 7701-37 if "Yes," complete Schedule R, Part I	33	x
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		
~	III, (V, and V, line 1 · · · · · · · · · · · · · · · · · ·	34	x
5	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	
6	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	
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30	
1.0	• • • • • • • • • • • • • • • • • • • •		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37	
	EEA		990 (200)

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3048233101 TO: 13048424409 P.5 DEC-7-2010 12:07P FROM:M JONES CPA VETERANS OF FOREIGN WARS DEPARTMENT Form 990 (2008) 55-0339122 Page 5 Party Statements Regarding Other IRS Filings and Tax Compliance Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of b Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes." to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity c Sc Did the organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 8 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as

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

11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

DEC-7-2010 12:08P FROM:M JONES CPA

VETERANS OF FOREIGN WARS DEPARTMENT

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Governance, Management, and Disclosure (Sections A, B, and C request information about policies not PRINT required by the Internal Revenue Code.) **Governing Body and Management** 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. Enter the number of voting members of the governing body b Enter the number of voting members that are independent 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **b** Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates? 9a 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? 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 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 Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? 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? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the

RRO2 PHILIPPI, WV 26416

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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 (8ox 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.

ANNY LEWIS CHARANDER STES POLING R VICE CMDR CODROW SHAFFER R VICE CMDR	Average hours per weak	Post I I d nriidur i a e v t c l e t d e o l r	en (c	000-	Key e	at apply) Hornore	⊩orE¢	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DYMANDER STES POLING R VICE CMDR DODROW SHAFFER	weak 5	I I d nrii du se vt c i de r a o i r			Q-0	1 3 6 6 6	ForEer	from the organization	from related organizations	other compensation from the organization and related
DYMANDER STES POLING R VICE CMDR DODROW SHAFFER	2					\vdash		1	1	
STES POLING R VICE CMDR DODROW SHAFFER	2									
R VICE CMDR CODROW SHAFFER				X						
OODROW SHAFFER										
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	ANS OF FOREIGN									55-0339	122 Page 8
Pantiville Section A. Officers, Dire	ectors, Trustees, Key	Employees	, and I	High	est	Com	pensa	ted !	Employees (contin	ued)	,
(A) Name and title		(B) Average hours	Positio apply)	on (ch	(C) eck a		1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		per week	Intidur dur de cui de c		f i c	9 P 0	H - grest	Former	from the erganization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
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1b Total · · · · · · · · · · · · · · · · · · ·							<u> </u>				0
2 Total number of individuals (inclu								_	J	<u> </u>	<u></u>
organization Did the organization list any form											Yes No
 employee on line 1a? If "Yes," co For any individual listed on line 1 the organization and related organization 	a, is the sum of repo	rtable comp	ensatio	on a	nd o	ther	сотр	ene	tion from	•••••	3 X
individual	receive or accrue cor	npensation (· · · · · · · · · · · · · · · · · · ·	ny u	nrela	 ated	· · · organi	 zatio	on for		4 X
services rendered to the organiz Section B, Independent Cor		lete Schedu	le J for	suc	h pe	reor	1				5 X
1 Complete this table for your five compensation from the organiza	highest compensated	independe	nt cont	ract	ors (hat	eceive	m be	ore than \$100,000) of	
	(A) lame and business address	1							(B) Description of	services	(C) Compensation
						_					
Total number of independent co compensation from the organiza		nose in 1) wi	no rece	ive	i mo	re th	an \$1	00,0	00 in		Form 890 (2009)

Form 990 (2008)

VETERANS OF FOREIGN WARS DEPARTMENT

55-0339122

Page 10

Partixe Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must complete column not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundrelsing
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	İ			
_	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 · · · · · · · · · · ·	11 020	11,030		The state of the s
•	·	11,030	11,030		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u> </u>
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	65,285	65,285		
8	Pension plan contributions (include section 401(k)	•			
_	and section 403(b) employer contributions)				
9	Other employee benefits	1,250	1,250		
10	Payroli taxes	5,397	5,397		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	105		105	
đ	Lobbying				
0	Professional fundraising services. See Part IV, line 17 ·				
f	Investment management fees				
g	Other				
12	Advertising and promotion	575	575		
13	Office expenses · · · · · · · · · · · · · · [469		469	
14	Information technology	254		254	
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	15,677	15,677		
17	Travel · · · · · · · · · · · · · · · · · · ·	2,574	2,574		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	4,294	4,294	-	
20	interest · · · · · · · · · · · · · · · · · · ·	58	58	· - · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization				
23	Insurance	8,379	8,379	permittanismine interest de escrito de l	
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	MISCELLANEOUS TAXES	53	53		
D	OUTSIDE SERVICES	1,222	1,222		
C ~	BANK FEES	306	306		
a	ASSOCIATION DUES	2,971	2,971		
9	LICENSES AND FEES	2,820	2,820	0.043	20 105
۲ 26	All other expenses	32,806	4,658	8,043	20,105
25 26	Total functional expenses. Add lines 1 through 24f · ·	155,525	126,549	8,871	20,105
20	Joint Costs. Check here ▶ if following \ SOP 98-2 Complete this line only if the organization				
	organization reported in column (B) joint costs		1		1
	from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·		L	<u> </u>	Form 800 /200

DEC-7-2010 12:11P FROM:M JONES CPA 3048233101 TO: 13048424409 P.10 Form 990 (2008) VETERANS OF FOREIGN WARS DEPARTMENT 55-0339122 Page 11 Partix **Balance Sheet** (A) (B) Beginning of year End of year Cash - non-interest-bearing 13,273 1 23,226 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 A 7 Notes and loans receivable, net 3 Inventories for sale or use 8 0 9 Prepaid expenses and deferred charges Land, buildings, and equipment, cost basis | 10a 10a Less: accumulated depreciation. Complete 10b 10c 11 11 12 12 13 Investments - program-related. See Part IV, line 11. 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 13,273 16 23,226 17 17 18 18 19 Deferred revenue 19 20 20 21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 24 25 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > x and complete lines 27 through 29, and lines 33 and 34. NF 27 13,273 23,226 27 t n 28 Temporarily restricted net assets 28 29 29 В 5 Organizations that do not follow SFAS 117, check here 8 a and complete lines 30 through 34. a 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 O 8 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 13,273 33 23,226 34 Total liabilities and net assets/fund balances 13,273 23,226 PartX Financial Statements and Reporting

Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other 排機 預報 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b 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 If "Yes," did the organization undergo the required audit or audits? 3b