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Form

Department of the Treasury

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 2008 Open to Public

Inte	rnal Revenue Ser	vice	The organization may have to use a copy of this return to satisfy state re	<u> </u>	nents.	Inspection
<u>A</u>	For the 2008 ca	ilendar ye	ar, or tax year beginning $7/01/08$, and ending $6/30/09$			
В	Check if applicable	Please	C Name of organization		D Employ	er identification number
\Box	Address change	use IRS	VETERANS OF FOREIGN WARS POS!	r 2743	•	
己	•	label or print or	Doing Business As	·	34-	4382759
님	Name change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
\sqcup	Initial return	See	140 MILAN AVENUE	roomradic	•	-668-9297
	Termination	Specific				
H		Instruc-	City or town, state or country, and ZIP + 4 NORWALK OH 44857		G Gross receip	ois \$ 2,127,980
닏	Amended return	tions.		-		
Ш	Application pending		e and address of principal officer		H(a) Isthisa	group return for
		1	BERT PERKINS		affiliates H(b) Are all a	
			0 MILAN AVENUE		included	
_			RWALK OH 44857		If "No,"	attach a list. (see instructions)
1	Tax-exempt stat	us X	501(c) (4) ◄ (insert no) 4947(a)(1) or 527			
J	Website: 🕨	N/A			H(c) Group e	xemption number ▶ 0256
K	Type of organization	n 🗶 Coi	poration Trust Association Other >	ear of formation] [M State of legal domicile
F	Part I S	ummai	y			
	1 Briefly o	lescribe t	ne organization's mission or most significant activities			
_	SOC		LUB FOR VETERANS OF FOREIGN WARS			
20						
na.			K GIN	ŒD ∦		
Ver	2 Chook t	his box	if the organization discontinued its operations or disposed of more than 25	% of the doors		
Activities & Governance	2 Check t		~	1 - 1	1.1	7
త	3 Number	_		2011 [3]	3	7
ties	4 Number		endent voting members of the governing body (Part VI, line 1b)	- 1 <u>E</u> ;	4	
Ξ	5 Total nu	umber of o	employees (Part V, line 2a)	UT !	5	15
Ä	6 Total nu	ımber of	olunteers (estimate if necessary)		6	
	7a Total gr	oss unrel	ated business revenue from Part VIII, line 12, column (C)		7a	492,514
	b Net unr	elated bu	siness taxable income from Form 990-T, line 34		7b	
			-	Prior Yes		Current Year
Φ	8 Contrib	utions and	d grants (Part VIII, line 1h)		6,611	9,629
Revenue	9 Progran	n service	revenue (Part VIII, line 2g)		0,829	236,744
ě	10 Investm	ent incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		8,032	30,942
œ	11 Other re	evenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,259	281,496
	12 Total re	venue—a	idd lines 8 through 11 (must equal Part VIII, column (A), line 12)	87	6,731	558,811
	13 Grants	and simila	ar amounts paid (Part IX, column (A), lines 1-3)	8:	2,261	64,969
	14 Benefits	s paid to d	or for members (Part IX, column (A), line 4)			
	4E Colorio	•	ompensation, employee benefits (Part IX, column (A), lines 5–10)	12	8,561	157,017
Ş	16a Profess		draising fees (Part IX, column (A), line 11e)			
en Se	b Total fu		expenses (Part IX, column (D), line 25)			
Expenses	17 Other e		(Part IX, column (A), lines 11a-11d, 11f-24f)	70	8,604	403,776
	17 Other e				9,426	625,762
-	18 Total ex		Add lines 13-17 (must equal Part IX, column (A), line 25)		2,695	-66,951
5 .,	19 Revenu	ie less ex	penses Subtract line 18 from line 12	Beginning o		End of Year
Net Assets or	90 Total or	nanta (Par	t V. line 16)		8,648	1,531,099
Sse S	20 Total as				6,770	6,172
ا چ ا	21 1018 8		art X, line 26)			
			d balances Subtract line 21 from line 20	1,39	1,878	1,524,927
<u>; </u>			re Block			·
<u>)</u>			ties of perjury, I declare that I have examined this return, including accompanying schedules an is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform			
				on or windin pre	puror mas any	1.,
	gn	X	Tamas a (My)		X	0/16/11
έНε	ere 🧗	Signan	ne of officer	./	Date	•
		XX	Jumes Heyman Wuartermaste	<u>X</u>		
<i>"</i>		Type o	print name and title			
		reparer's	Kanfell a. Knithsatz Date	Check	ıf	Preparer's identifying number
Pa	3171 1	reparers ignature	RANDALL A. RUTHSATZ 5-16		. 🗀	(see instructions)
Pr	reparer's	-	RANDALL A. RUTHSATZ & CO, INC.	- I employ		
Us	30 O 111 y	irm's name	101 E MADVEM CM		EIN	
	* ıf	self-emplo ddress, an	, ,		Phone	410_60E. E000
_			5121505112 / 011 440 / 0		no 🕨	419-625-5000
_	<u> </u>		turn with the preparer shown above? (see instructions)			Yes No
DA	A FOR PRIVACY	v Act and	Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (200 <u>8</u>)

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		<u> </u>
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
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		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	ĺ		
	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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
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, VIII, 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	<u> </u>	X
b	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		ا ۔۔
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	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	ļ	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 II	18	12	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	77
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	v	Х
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	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			v
04-	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	24-		x
	24b–24d and complete Schedule K If "No," go to question 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
252	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization organization are excess benefit transaction.	24d	\vdash	
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 I. Bart I.	250		x
.	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a	\vdash	<u> </u>
b	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	230	\vdash	 ^
40	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		\vdash	 **
-1	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
_	ossociamis, commoder, or to a person related to sauri an intrinudar. II 165, complete contende E, i art in		agn	(2008)

	•		Yes	No
28	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			1
	(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
С	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		Х
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		х
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 7701-39 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		х
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		
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			1
	VI	37		X

Form 990 (2008)

Pa	rt 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	28			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	23			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ì				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15			
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				
	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 Ban	k				
	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 If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	17		5b		_
·	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		- Oa		21
_	gifts were not tax deductible?	.		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any guid pro guo contribution of more tha	n				
	\$75?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	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				
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal transfer of the organization.	onal				
	benefit contract?			7ө		
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 secti 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso					
	organization, have excess business holdings at any time during the year?	ring				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			8		
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			30		
а	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:					
а	Gross income from members or shareholders	11a	<u></u>			
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 10	41?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			L	
				_	000	

Form	1 990 (2008) VETERANS OF FOREIGN WARS POST 2743 34-4382759			age 6
Pa	Irt VI Governance, Management, and Disclosure (Sections A, B, and C request information abo	ut policies n	ot	
	required by the Internal Revenue Code)			
<u>Sec</u>	tion 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		1	
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 7			
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 customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ	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		l	
	of the governing body?	7a	X	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
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	37
9a	Does the organization have local chapters, branches, or affiliates?	9a_	ļ	X
þ	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			v
	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			x
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		l	
<u> </u>	COLL D. FOLICIES		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	163	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
U	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	х	
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			
а	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Form 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 X 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 inhysical address, and telephone number of the person who possesses the books and records of the			

140 MILAN AVENUE

OH 44857

419-668-9297

NORWALK

organization > JAMES HEYMAN

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

Check this box if the or	ganization did not compen-	sate	any d	office	er, di	recto	r, tru	istee, or key employee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	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
RICHARD BERG	ER	İ			_		T	7-70		
TRUSTEE		X						0	0	0
RICHARD WITT	RICH									
TRUSTEE		X						0	0	0
MICHAEL MEAG	ROW									
TRUSTEE		X				<u></u>	L	0	0	0
JAMES HEYMAN										
QUARTERMASTE	20	<u> </u>		X			$oldsymbol{ol}}}}}}}}}}}}}$	15,910	0	0
ROBERT PERKI	NS	-								
COMMANDER		1		X			辶	0	0	0
RICHARD BERG	ER SR	1								
SR. VICE COM		↓_		X			igspace	0	0	0
PETE BRIZIKY		1		l						
JR. VICE COM		_		X	<u> </u>	_	Ь	0	0	0
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Part VII	Section A	A. Officers, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E		ray
(A) Nåme an		(B) Average	Posi	tion (check	C) all th	nat ap		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		<u> </u>								,	
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						<u></u> .					
		···									
	. -						_	_			
					_	_					
								_	15.010		
	mber of indiv	viduals (including those in 1	a) w	ho re	ceiv	ed m	nore	than	15,910 \$100,000 in reportable com		
3 Did the c	organization	list any former officer, dire ? If "Yes," complete Schedu	ctor (or tru	istee	, key	emı	oloye	ee, or highest compensated		Yes N
4 For any state the organized individual	individual lis nization and il	ted on line 1a, is the sum o related organizations great	f rep ter th	ortab an \$	le co 150,	ompe 0007	ensal P If "Y	ion a	and other compensation froi complete Schedule J for su		4 2
services	rendered to	d on line 1a receive or accru the organization? If "Yes,"									5 2
	e this table f		nsate	ed inc	depe	nder	nt co	ntrac	ctors that received more that	n \$100,000 of	
		(A) Name and business address							Descrip	(B) tion of services	(C) Compensation
	n							_			
	_										
		·-····································									
								\vdash			
2 Total nur	mber of inde	ependent contractors (include	lina t	hose	ın 1) wh	o rec	Pivo	ed more than \$100 000 in		
		the organization	y (1	, ****		~.*6			0 Form 990 (20
											rom 330 (20

<u>Paı</u>	rt VI	II Statement of Rev	enue	 ,	(A)	(8)	(0)	(0)
	•				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
8 8	1a	Federated campaigns	1a			revenue		512, 513, or 514
a a		Membership dues	1b					
ρĒ		Fundraising events	1c					
表記		Related organizations	1d					
양		Government grants (contributions)	1e					
Si		All other contributions, gifts, grants,	-:* 					
FE	•	and similar amounts not included above	1f	9,629			i	
들임	g	Noncash contributions included in lines 1		57025				
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f	υ-n Ψ	•	9,629			
\rightarrow		Total Mod Into Ta_ 11		Busn. Code	- 7			
Program Service Revenue	2a	RESTAURANT & BAR		722210	230,470		230,470	
<u>§</u>	b	TOTAL DUES			6,274	6,274	· · · · · ·	· ·
8	c				,			-
Ę.	d					•		
E	9			-				-
ᇣ	f	All other program service rev	enue					
옵		Total. Add lines 2a–2f			236,744			
\neg		Investment income (including	dividend	s, interest, and				
		other similar amounts)	, .	· •	45,117	45,117		
	4	Income from investment of ta	x-exemp	bond proceeds				
ł	5	Royalties	•					
		(ı) Rea	ı	(II) Personal				
ì	6a	Gross Rents	8,899	· · · · · · · · · · · · · · · · · · ·				
		Less rental exps						
l	С	Rental inc or (loss)	8,899					
	d	Net rental income or (loss)			8,899	8,899		
		Gross amount from (i) Securi	ties	(ıı) Other				
		sales of assets other than inventory 25	6,555	4,428				
- 1	b	Less cost or other						
		basis & sales exps 27	5,158					
	С	Gain or (loss)	8,603	4,428				
	d	Net gain or (loss)		<u> </u>	-14,175	-14,175		
	8a	Gross income from fundraising e	vents					
e e		(not including \$						
Ver		of contributions reported on line	1c).					
8		See Part IV, line 18	а					
Other Revenue		Less direct expenses	b		-	-		
δ		Net income or (loss) from fur	- 1	events				
	9a	Gross income from gaming activi		4 4				
		See Part IV, line 19	а	1,556,055	1			
		Less direct expenses	b	1,294,011			262 044	
		Net income or (loss) from ga	- 1	vities -	262,044		262,044	
	10a	Gross sales of inventory, les						
	١.	returns and allowances	a		-			
		Less cost of goods sold	b loc of low	anton:	-	–		
	ြင	Net income or (loss) from sa Miscellaneous Rever		Busn. Code				
	11-				6,802	6,802		
	11a				6,227			
	b	ATM REBATES	0 555	<u> </u>	-2,476			
	d	TOURNAMENT, BOOSTER All other revenue	o, ETC.	<u> </u>	2,470	2,4,0		
	d	Total. Add lines 11a–11d		<u> </u>	10,553			
	12	Total Revenue. Add lines 1	h 2a 3 4	•	10,333			
	'-	9c, 10c, and 11e	, 29, 3, 4	, 0, 00, 70, 00,	558,811	56,668	492,514	0
	<u> </u>	OU, TOU, BIRLIE		<u> </u>			/	= 000 (0000)

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).

	· All other organizations must				
	not include amounts reported on lines 6b, 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			gamera any	
•	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	64,969	64,969		
3	Grants and other assistance to governments,		02/000		-
·	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,				
3	•	15,910		15 010	
	trustees, and key employees	15,910		15,910	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	100 171	00 706	20 255	
7	Other salaries and wages	123,171	90,796	32,375	-··.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,936	11,785	6,151	
11	Fees for services (non-employees)				
а	Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
c	Accounting	3,600		3,600	
d	Lobbying				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,382		3,382	
12	Advertising and promotion	2,150	2,150		
13	Office expenses	11,395	4,221	7,174	
14	Information technology				
15	Royalties				
16	Occupancy	45,437	45,437		
17	Travel	809		809	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,046		1,046	
20	Interest	4		4	
21	Payments to affiliates	1,569	1,569		
22	Depreciation, depletion, and amortization	77,983	77,983		
23	Insurance	11,104	11,104		
		,			
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)	•			
а	COGS	124,005	124,005	-	· · · · · · · · · · · · · · · · · · ·
b	CONTRIBUTIONS	30,178	30,178		
C	TAXES - OTHER	21,315	21,315		
d	REPAIRS & MAINTENANCE	17,485	17,485		
8	FIREWORKS DONATIONS	13,000	13,000		
f		39,314	34,707	4,607	
25	Total functional expenses. Add lines 1 through 24f		550,704	75,058	
26	Joint Costs. Check here			.5,556	
_•	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
		<u> </u>		L	

Page 10

<u> </u>	art X	Balance Sheet	_	····		r - r					
		•			(A) Beginning of year		(B) End of				
	4	Cook non-interest books			32,006	-		14,!	576		
	1	Cash—non-interest bearing		-	199,004			75 , :			
	2	Savings and temporary cash investments		-	133,004			15,.	104		
	3	Pledges and grants receivable, net		ŀ		3			—-		
	4	Accounts receivable, net		}-	-	4					
	5	Receivables from current and former officers, directors, tr									
	_	employees, or other related parties Complete Part II of So		}	· · · · · · · · · · · · · · · · · · ·	5					
	6	Receivables from other disqualified persons (as defined u		•							
		4958(f)(1)) and persons described in section 4958(c)(3)(B	3) Complete						~		
	_	Part II of Schedule L				6					
ets	7	Notes and loans receivable, net		-	0 000	7		0 /	0.25		
Assets	8	Inventories for sale or use		-	8,899	8		8,0	<u> </u>		
⋖	9	Prepaid expenses and deferred charges	1 1	1 000 051		9					
	10a		10a	1,020,251							
	b	Less accumulated depreciation Complete		F00 000		-	~ <u>-</u>				
	١	Part VI of Schedule D	10b	593,208	396,257			27,0			
	11	Investments—publicly traded securities		-	940,752		8	04,0	0/5		
	12	Investments—other securities See Part IV, line 11		-	· · · · · · · · · · · · · · · · · · ·	12					
	13	Investments—program-related See Part IV, line 11		-		13					
	14 Intangible assets 15 Other assets See Part IV, line 11 21,730 15										
	15	Other assets See Part IV, line 11					4 =	1,0			
	16	Total assets. Add lines 1 through 15 (must equal line 34))		1,598,648		1,5				
	17	Accounts payable and accrued expenses		1	6,770			6,:	L / Z		
	18	Grants payable	18								
	19	Deferred revenue		}		19					
S	20	Tax-exempt bond liabilities		ŀ		20					
Liabilities	21	Escrow account liability Complete Part IV of Schedule D	•	-		21					
	22	Payables to current and former officers, directors, trustee	-								
		employees, highest compensated employees, and disqua	alified			<u>-</u> - -					
_		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 26	Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		}	6,770	25		6,:	177		
	20		X and		6,170	26		0,	<u> </u>		
nces			X and								
aŭ	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		-	1,551,878	27	1,4	0.4	225		
Balaı	28	Temporarily restricted net assets		-	1,331,878		1,2	3· 4 / :	<u> </u>		
d E	29	Permanently restricted net assets		F	40,000	28		40,0	$\overline{\Lambda}$		
or Fund	23	Organizations that do not follow SFAS 117, check her	~ ▶ [7]	 	40,000	29		±0,	<u> </u>		
F		and complete lines 30 through 34.									
	30	Capital stock or trust principal, or current funds				30					
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund	}		31					
SS	32	Retained earnings, endowment, accumulated income, or		<u> </u>	, . .	32					
Ť.	33	Total net assets or fund balances	other lands	}	1,591,878		1,5	24	225		
Š	34	Total liabilities and net assets/fund balances		}	1,598,648		1,5				
_	art >				1,330,040	34	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		
								Yes	No		
1	Ac	counting method used to prepare the Form 990 $oxed{X}$ (Cash 🔲	Accrual Oti	her						
2	a We	ere the organization's financial statements compiled or revie	ewed by an ir	ndependent accountant	(?		2a		X		
t) We	ere the organization's financial statements audited by an inc	dependent ac	countant?			2b		X		
•	: If"	Yes" to lines 2a or 2b, does the organization have a commi	ittee that ass	umes responsibility for	oversight of						
	the	e audit, review, or compilation of its financial statements an	id selection o	f an independent accol	untant?		_2c				
3	a As	a result of a federal award, was the organization required t	to undergo ar	audit or audits as set	forth in						
	the	e Single Audit Act and OMB Circular A-133?					3a				
t	lf"	Yes," did the organization undergo the required audit or au	dits?				3b	I			
							_	000			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008

Open to Public Inspection

Name of the organization Employer identification number VETERANS OF FOREIGN WARS POST 2743 34-4382759 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 VETERANS	OF FOREIGN WA	RS POST 27	43	34-438:	<u> 2759</u>	9		Page 2
Pa	rt III Organizations Maintaining	Collections of Art, H	istorical Treasu	res, or (Other Sim	ilar A	ssets	(continu	red)
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any of the fo	flowing that are a sig	nificant use	of its collect	tion			
а	Public exhibition	d Loan o	r exchange program	s					
ь	Scholarly research	e Other							
С	Preservation for future generations				:			-	
4	Provide a description of the organization's collegant XIV	ections and explain how the	y further the organiz	ation's exe	mpt purpose	ın			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, his	toncal treasures, or e organization's collec	other simila	r			Yes	□No
Pa	rt IV Trust, Escrow and Custodi Part IV, line 9, or reported a				nswered "	Yes"	to Fo	rm 990,	
1a	Is the organization an agent, trustee, custodial								
	included on Form 990, Part X?	, , , , , , , , , , , , , , , , , , , ,						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able						
		p						Amou	int
С	Beginning balance					T	Ic		
	Additions during the year					 	ld		
	Distributions during the year					_	le		
f	Ending balance						lf		•
2a	Did the organization include an amount on For	m 990. Part X. line 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV								
	rt V Endowment Funds. Compl	ete if organization an	swered "Yes" to	Form 99	0. Part I\	/, line	10.		
	,	(a) Current year	(b) Pnor year	(c) Two ye			years b	ack (e) Fo	our years back
1a	Beginning of year balance								
b									•
_	Investment earnings or losses								
d	Grants or scholarships								
e									
·	and programs								
f	Administrative expenses								
g	End of year balance						-		
2	Provide the estimated percentage of the year	end balance held as			I				_
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
c	Term endowment ▶ %								
	Are there endowment funds not in the possess	sion of the organization that	are held and admini	stered for t	he				
	organization by	y							Yes No
	(i) unrelated organizations							3a(i	
	(ii) related organizations							3a(i	Ţ
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's endowment f	funds						
Pa	rt VI Investments—Land, Buildi	ngs, and Equipment	. See Form 990,	Part X,	line 10.				
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner	(c) Depre	ciation		(d) Bo	ok value
		(investment)	basis (other)					
1a	Land		86	,000					86,000
b	Buildings		335	,830	2	49,0	018		86,812
С	Leasehold improvements		270	,225	1	11,(667		158,558
d	Equipment		328	,196	2.	32,	523		95,673
0	Other								
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (B)	, line 10(c).)				•		427,043
							Sche	edule D (Fo	rm 990) 2008

Part VII Investments—Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation (crucking name of security) Financial denivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Method of valuation Cost or end-of-year market value (e) Method of valuation Cost or end-of-year market value (e) Method of valuation Cost or end-of-year market value (f) Book value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation Cost or end-of-year market value (f) Method of valuation (f) Method of valuatio	Page 3
(including name of security) Cost or end-of-year market value Financial derivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	
Financial derivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	
Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	
Other Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)	
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	
Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	
	
Part IX Other Assets. See Form 990, Part X, line 15.	
	ok value
(a) Description (u) But	V Agine
	
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability (b) Amount	
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for	

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) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4-8 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants	
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior peniod adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4-8 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities	
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8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4-8 9 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities	
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a Net unrealized gains on investments b Donated services and use of facilities 2a 2b	
b Donated services and use of facilities 2b	
s. Peroveries of progressing grants	
C Necoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d 2e	
3 Subtract line 2e from line 1	
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	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	n
1 Total expenses and losses per audited financial statements	
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	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
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	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	<u> </u>
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	

Schedule D (Fo	orm 990) 2008	VETERANS ntal Information	OF FOREIGN	WARS	POST 2743	34-4382759	Page 5
Part XIV	Suppleme	ntal Information	(continued)				
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2008
Open to Rubite

Name of the organization VETERANS OF FOREIG	N WARS POS	ST :	274	.3	Employer identifi 34-43827	
Éarti Fundraising Activities. Complete i	f the organization	n an	swe	red "Yes" to Form 9	90, Part IV, line	e 17.
1 Indicate whether the organization raised funds through a	nny of the following a	ctivitie	s Ch	eck all that apply	•	
a Mail solicitations	e Solicitation	of non	-gove	ernment grants		
b	f Solicitation	of gov	ernmo	ent grants		
c Phone solicitations	g Special fund	draisin	g eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity in the control of the co						Yes No
b If "Yes," list the ten highest paid individuals or entities (for to be compensated at least \$5,000 by the organization	undraisers) pursuant Form 990-EZ filers a	to agr re not	requi	ents under which the fund red to complete this table	raiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iII) Did raiser		(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (turturaiser)		custo	roi of	non activity	fundraiser listed in	organization
		Yes	utions?		col (i)	
		103	140			1
		l				
						
Total			•			
List all states in which the organization is registered or li registration or licensing	censed to solicit fund	ds or h	nas be	een notified it is exempt fr	om	
,						
·						
						•

Pa	art l	Fundraising E more than \$15							Form 990, Part IV eceipts greater tha			orted	
				(a) Event #			(b) Event #2		(c) Other Events		(d) Total (Add col (a	a) throu	gh
Revenue	1 2	Gross receipts Less Chantable contributions Gross revenue (line 1 minus line 2)		(event type)			(event type)		(total number)		col		
	4	Cash prizes									_		
ses	5	Non-cash prizes			<u> </u>	-			~				
Direct Expenses	6	Rent/facility costs				ļ							
Direct	7	Other direct expenses											
P	8 9 art l		ombine plete	if the organi	column (d) zation ans		ed "Yes" to For	m 990, F	Part IV, line 19, or	► (• report	ted more		
ne		than \$15,000 c	ווו רכ	(a) Bingo	ine oa.		(b) Pull tabs/Instan		(c) Other gaming		(d) Total gan		
Revenue	1	Gross revenue			1,086,037 470,018							56,	
es	2	Cash prizes											
Direct Expenses	3	Non-cash prizes								_			
Direct	4	Rent/facility costs											
	5	Other direct expenses						2,494	371,5		1,2	94,	011
	6	Volunteer labor		Yes No	%]	Yes No	%	Yes X No	%			
	7	Direct expense summary	Add	lines 2 through 5	in column (d	i)				•	1,2	94,	011
	8	Net gaming income sumr	nary (Combine lines 1	and 7 in colu	mn (d)			•	2	62,	044
9 a b	ls t	ter the state(s) in which the he organization licensed to No," Explain					OH e states?	,			9a	Yes	No
10a b		ere any of the organization' Yes," Explain	's gam	iing licenses rev	oked, suspen	ided o	r terminated dunng	the tax yea	its		10a		X
11	Do	es the organization operati	e gam	ing activities with	n nonmembe	rs?					11		х
12	ls t	he organization a grantor, med to administer chantab	benefi	iciary or trustee			per of a partnership	or other er	ntity				х
	1011	med to administer Chantab	e yan	only r	•				Schedule	G (Fo	rm 990 or 99)0-EZ)	

13a 100.00 % 13a 100.00 % 13b 13b % 13b 13b % 13b	Sche	dule G (Form 990 or 990-EZ) 2008 VETERANS OF FOREIGN WARS POST 2743 34-438275	9	Р	age 3
a The organization's facility b An outside facility 13a 100.00 % 13b % 13b % 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ JAMES HEYMAN 140 MILAN AVENUE Address ▶ NORWALK OH 44857 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ 85,628 and the amount of gaming revenue retained by the third party ▶ \$ 186,913 15a X 15a X 15a X 15a Does the organization have a contract with a third party From whom the organization receives gaming revenue? 15a Y 15a X				Yes	No
b An outside facility 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ► JAMES HEYMAN 140 MILAN AVENUE Address ► NORWALK OH 44857 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ► \$ 85,628 and the amount of gaming revenue retained by the third party ► \$ 186,913 c if "Yes," enter name and address Name ► TOE PHER DOE 262 EAST COLE ROAD Address ► FREMONT OH 43420 OH 43420 OH 43420 OH 43420 If "Gaming manager information Name ► MILLIE STALEY Gaming manager compensation ► \$ 32,375 Description of services provided ► CLUB MANAGER □ Director/officer ▼ Employee □ Independent contractor Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent	13				1
Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ JAMES HEYMAN	а	The organization's facility 13a 100.00 %]		
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Schedule G (Form 990 or 990-EZ) 2008

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SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

2743

VETERANS OF FOREIGN WARS POST

General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

Part II

Open to Public Inspection

Employer identification number 34-4382759 **≗** □

X Yes

	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ecipient that re)) if additional s	ceived n space is I	nore than \$5,000. needed	Check this box i	f no one recip	ient received r	nore than \$5,000. Use ▶	
-	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	- 1
									1 1
									j l
			-						
2 Enter	Enter total number of section 501(c)(3) and government organizations	organizations							

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Peril

Schedule I (Form 990) 2008 VETERANS OF FOREIGN WARS POST 2743

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 34-4382759

Page 2

Use Schedule I-1 (Form 990) if additional space is needed.

2)	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
CASH P	CASH PAYMENTS	586	64,969			
Partily	解記述順談 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to	provide the informati	ion required in Part I,	line 2, and any other addi	tional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MEMBERS PETITION THE QUATERMASTER FOR ASSISTANCE IN PAYING EXPENSES. THE

PAYMENTS ARE MADE DIRECTLY TO THE VENDORS IN THE MAJORITY OF CASES SO THAT

THE ORGANIZATION IS ABLE TO DETERMINE THE USE OF THE FUNDS.

Schedule I (Form 990) 2008

...VFW2743

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Employer Identification number 34-4382759

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION. MEMBERS MUST BE VETERANS

TO FULLY PARTICIPATE IN THE VOTING PROCESS. SOCIAL MEMBERSHIPS ARE

AVAILABLE BUT ARE NOT PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE GOVERNING BODY ARE ELECTED BY ALL MEMBERS OF THE ORGANIZATION PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
ALL DECISIONS ARE SUBJECT TO FINAL APPROVAL FROM THE VOTING MEMBERSHIP.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS

NECESSARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS NECESSARY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCH G, PART III, LINE 17B - REQUIRED DISTRIBUTIONS PER STATE LAW

Schedule O (Form 990) 2008

Page 2

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Employer identification number

34-4382759

STATE

DISTRIBUTION AMOUNT

OHIO

\$ 24,617

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VFW2743										
Form 99	•		·	Special	Event	s Schedule)			
Form 99	0	For calendar	year 2008, or t	ax year beginning	a	7/01/08	, and ending	6	/30/09	2008
Name										ntification Number
VETERAN	S OF	FOREIGN	WARS PO	OST 2743					34-4382	2759
Gross receipts Less contrib Gross revenue Less direct e Net income (lo	utions xpenses		402 0 402 2,878 2,476	(B)	0 0 0 0	(C)	0 0 0 0	Others	0 0 0 0	Total 402 0 402 2,878 -2,476
Description	(A) (B) (C) Others	TOURNA	AMENT, E	BOOSTERS	ETC					