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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black
lung benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 2009

B Check if applicable X Address change Name change Initial return Termination Amended return	C Name of organization Doing Business As Number and street (or P O box if mail is not delivered to street address) 500 East Park Avenue City or town, state or country, and ZIP + 4 Wasilla AK 99654	D Employer identification number 92-0017695
	Room/suite	E Telephone number (907) 276-8213
F Name and address of principal officer	G Gross receipts \$ 431,960	

I Tax-exempt status X 501(c)(19) (insert no.)	4947(a)(1) or	527	H(a) Is this a group return for affiliates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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J Website: ▶ N/A	H(b) Are all affiliates included? If No, attach a list (see instructions)
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K Type of organization X Corporation	Trust	Association	Other ▶	L Year of formation	M State or legal domicile AK
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Part I Summary

A C T I V I T Y & G O V E R N A N C E
1 Briefly describe the organization's mission or most significant activities
To provide support for veterans and community groups

2 Check this box ▶ <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	3
3 Number of voting members of the governing body (Part VI, line 1a)	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	5
5 Total number of employees (Part V, line 2a)	6
6 Total number of volunteers (estimate if necessary)	7a
7a Total gross unrelated business revenue from Part VIII, line 12 column (C)	7b
b Net unrelated business taxable income from Form 990-T, line 34	21,130

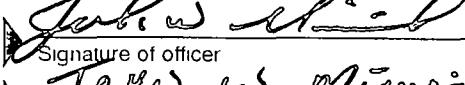
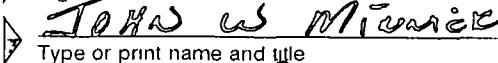
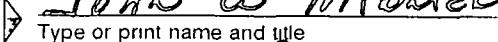
R E V E N U E 8 Contributions and grants (Part VIII line 1h)	Prior Year 265,429	Current Year 304,457
9 Program service revenue (Part VIII, line 2g)	10,003	5,903
10 Investment income (Part VIII column (A), lines 3, 4 and 7d)	44,855	33,977
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c 10c, and 11e)	50,963	33,23
12 Total revenue -- add lines 8 through 11 (must equal Part VIII column (A) line 12)	371,250	407,645

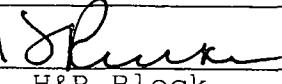
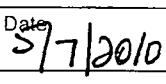
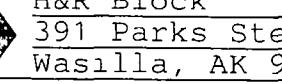
E X P E N S E S 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)	221,746	234,559
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f)	78,670	73,367
18 Total expenses Add lines 13-17 (must equal Part IX column (A) line 26)	300,416	313,649
19 Revenue less expenses Subtract line 18 from line 12	70,834	94,397

B A L A N C E 20 Total assets (Part X, line 16)	329	Beginning of Year MAY 17 2010	End of Year 303,833
21 Total liabilities (Part X, line 26)		748,138	65,333
22 Net assets or fund balances Subtract line 21 from line 20		97,242	650,896
		650,896	742,992

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here 
Signature of officer 
Type or print name and title 

Paid Preparer's Use Only	Preparer's signature 	Date 	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see line 1c) 8C 0326773
	Firm's name (or yours if self-employed). 	391 Parks Ste C	EIN 8C 0326773	Phone no ▶ (907) 376-3555
	Address and ZIP + 4	Wasilla, AK 99654-		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

To provide support for veterans and community groups

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If Yes describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts any program services?

If Yes describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

) (Revenue \$

1

4e Total program service expenses ► \$

(Must equal Part IX Line 25 column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes' complete Schedule A	1	X
2 Is the organization required to complete Schedule B Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes' complete Schedule C Part II	N/A	
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	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes" complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment historic land areas, or historic structures? If "Yes" complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art historical treasures, or other similar assets? If 'Yes' complete Schedule D, Part III	8	
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	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes' complete Schedule D, Parts VI VII VIII IX, or X as applicable	11	X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI XII, and XIII	12	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule E	13	X
14a Did the organization maintain an office, employees or agents outside of the U S ? b Did the organization have aggregate revenues or expenses of more than \$10 000 from grantmaking, fundraising business and program service activities outside the U S ? If "Yes" complete Schedule F, Part I	14a	X
15 Did the organization report on Part IX column (A) line 3, more than \$5 000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	
16 Did the organization report on Part IX, column (A) line 3, more than \$5 000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes" complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII line 9a? If "Yes" complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If 'Yes' complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
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	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100 000 as of the last day of the year that was issued after December 31 2002? If "Yes" answer questions 24b-24d and complete Schedule K If 'No' go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	
24d	N/A	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes" complete Schedule L, Part I	25a	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer director, trustee, key employee, highly compensated employee or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer director, trustee key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	6
2b	If at least one is reported on line 2a did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	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 authority over a financial account in a foreign country (such as a bank account securities account, or other financial account)?	4a	X
b	If Yes, enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If Yes to question 5a or 5b, did the organization file Form 8886-T Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If Yes did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell exchange or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If Yes, indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization during the year receive any funds directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	For contributions of cars, boats airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or a fund maintained by a sponsoring organization have excess business holdings at any time during the year?	9a	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9b	X
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts included on Form 990, Part VIII line 12, for public use of club facilities	12a	X
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If Yes " enter the amount of tax-exempt interest received or accrued during the year		

Part VI

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

Section A. Governing Body and Management

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

Section B. Policies

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AK	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #1	

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

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

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

- o 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.

- o List all of the organization's **former** officers, key employees, or 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 organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I T D I N R D U R I S S I T C I D E O U A O L	T R I S U S T U C I T U T O R T I O N A L	O F F I C E R E R E R E R E R E R	K E M P L O Y E E E E E E E E	E M P L O Y E E E E E E E E E	H C E M P G M P H E E S N Y S T A E T E D	F O R M E R R R R R R R R			
George Ison Commander	0.00			X				0	0	0	
Robert Myles Sr Vice Commander	0.00			X				0	0	0	
L. J. Moye J. Vice Commander				X				0	0	0	
John Minnick Quartermaster				X	X			18,000	0	0	
Gary Purpura Adjutant				X	X			39,600	0	0	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I N D U S V I E D U A L	T R E C T U R O R A R	D I S T U T R I O N A L	O F F I C E R	K E M P L O Y E E	C E M P L O Y E E	H C E M P L O Y E E			
1b Total									57600	0	0
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization									0		
3 Did the organization list any former officer, director or trustee key employee, or highest compensated employee on line 1a? If 'Yes' complete Schedule J for such individual										Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes', complete Schedule J for such individual										4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes" complete Schedule J for such person										5	Y

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100 000 in compensation from the organization		

Part VIII Statement of Revenue

Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
1a Federated campaigns	1a				
b Membership dues	1b	35,295			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, & similar amounts not included above	1f	269,192			
g Noncash contributions included in lines 1a-1f		\$			
h Total. Add lines 1a-1f			304,487		
2a Program Service Revenue	Business Code				
b		5,908	5,908		
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		5,908			
3 Investment income (including dividends, interest and other similar amounts)		38,970	38,970		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		▷			
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		▷			
8a Gross income from fundraising events (not including \$ 5,655 of contributions reported on line 1c)					
See Part IV line 18	a	5,655			
b Less direct expenses	b				
c Net income or (loss) from fundraising events		▷	5,655	5,655	
9a Gross income from gaming activities See Part IV line 19	a	76,940			
b Less direct expenses	b	24,314			
c Net income or (loss) from gaming activities		▷	52,626	52,626	
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		▷			
11a Miscellaneous Revenue	Business Code				
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		▷			
12 Total Revenue. Add lines 1h, 2g, 3 4, 5 6d, 7d, 8c, 9c, 10c, and 11e		▷	407,646	103,159	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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 trustees and key employees	57,600	24,000	33,600	
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	141,348	74,100	67,248	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,567		17,567	
9 Other employee benefits				
10 Payroll taxes	18,174		18,174	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	713		713	
d Lobbying				
e Professional fundraising services See Part IV line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	2,900	1,521	1,380	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	53,455	21,719	31,736	
18 Payments of travel or entertainment expenses for any federal, state or local public officials				
19 Conferences, conventions, and meetings	196	196		
20 Interest				
21 Payments to affiliates				
22 Depreciation depletion, and amortization	1,664		1,664	
23 Insurance	3,988	1,245	2,742	
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 National Children's Home	4,000	4,000		
b Telephone	3,857	1,379	2,478	
c Awards and Program Awards	2,800	2,800		
d Postage and Printing	2,713	943	1,770	
e Misc	714		714	
f All other expenses #2	1,355	554	801	
25 Total functional expenses. Add lines 1 through 24f	313,049	132,457	180,592	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
ASSETS	1 Cash -- non-interest bearing	34,464	1	205,653
	2 Savings and temporary cash investments	710,485	2	539,373
	3 Pledges and grants receivable net		3	
	4 Accounts receivable net	-50	4	-51
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis	65,429		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 61,780	10c 3,239	10d 308,533
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities See Part IV line 11		12	
	13 Investments -- program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	748,138	16	308,533
LIABILITIES	17 Accounts payable and accrued expenses	97,242	17	65,833
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers directors trustees key employees highest compensated employees and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	97,242	26	65,833
NET ASSETS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34			
	27 Unrestricted net assets	18,454	27	19,250
	28 Temporarily restricted net assets	598,895	28	636,163
	29 Permanently restricted net assets	33,547	29	30,547
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal or current funds		30	
	31 Paid-in or capital surplus or land building, or equipment fund		31	
	32 Retained earnings endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	650,896	33	742,332
	34 Total liabilities and net assets/fund balances	748,138	34	308,533

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

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?

b If Yes did the organization undergo the required audit or audits?

	Yes	No
2a	X	
2b		X
2c		
3a		X
3b		

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization

DEPARTMENT OF AK VFW OF THE US

Employer identification number
92-0017695

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990 Part IV line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a	<input type="checkbox"/> Mail solicitations	e	<input type="checkbox"/> Solicitation of non-government grants
b	<input type="checkbox"/> Email solicitations	f	<input type="checkbox"/> Solicitation of government grants
c	<input type="checkbox"/> Phone solicitations	g	<input type="checkbox"/> Special fundraising events
d	<input type="checkbox"/> In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If Yes list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events** Complete if the organization answered "Yes" to Form 990, Part IV line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

R E V E N U E	D I R E C T	E X P E N S E	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1	Gross receipts					
2	Less Charitable contributions					
3	Gross revenue (line 1 minus line 2)					
4	Cash prizes ..					
5	Non-cash prizes					
6	Rent/facility costs					
7	Other direct expenses					
8	Direct expense summary Add lines 4 through 7 in column (d)					▷ ()
9	Net income summary Combine lines 3 and 8 in column (d)					▷ ()

Part III **Gaming**. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ line 6a

R E V E N U E	D I R E C T	E X P E N S E	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
1	Gross revenue				76,940	76,940
2	Cash prizes					
3	Non-cash prizes					
4	Rent/facility costs					
5	Other direct expenses					
6	Volunteer labor ..	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %		
7	Direct expense summary Add lines 2 through 5 in column (d)					▷ ()
8	Net gaming income summary Combine lines 1 and 7 in column (d)					▷ 76,940

9 Enter the state(s) in which the organization operates gaming activities AK

a Is the organization licensed to operate gaming activities in each of these states?

b If No Explain _____

9a Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If Yes, Explain _____

10a Yes No

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11 Yes No

12 Yes No

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶		
Address ▶		
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 ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c If Yes ' enter name and address		
Name ▶		
Address ▶		
16 Gaming manager information		
Name ▶		
Gaming manager compensation ▶ \$ _____		
Description of services provided ▶		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable 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 in the organization's own exempt activities during the tax year ▶ \$ _____		

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

DEPARTMENT OF AK VFW OF THE US

Employer identification number

92-0017695

Form 990, Part VI, Line 10 - Form 990 Review Process
No review was or will be conducted

Form 990, Part VI, Line 19 - Other Organization
Documents Publicly Available
Upon Request

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	(I) Code V-UBI amount in Box 2b of Schedule K-1 (Form 1065)	(J) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Part V Transactions With Related Organizations**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sales of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

		Yes	No
1a		X	
1b		X	
1c		X	
1d		X	
1e		X	
1f		X	
1g		X	
1h		X	
1i		X	
1j		X	
1k		X	
1l		X	
1m		X	
1n		X	
1o		X	
1p		X	
1q		X	
1r		X	

2 If the answer to any of the above is "Yes" see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A)	(B)	(C)
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

BOOKS ARE IN CARE OF

Attachment 1: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01	, and ending	06-30-2009.
Name of Organization	DEPARTMENT OF AK VFW OF THE US	Employer Identification Number 92-0017695		
Part VII	Books In Care of			

Individual Name JOHN MINNICK QUARTERMASTER

or

Business Name

Street Address 500 E Park Avenue

U S Address

Zip code 99654

City Wasilla

State AK

or

Foreign Address
City _____

Province or State _____

Country _____

Postal code _____

Phone Number (907) 276-8210

Fax Number _____

SCHEDULE OF OTHER EXPENSES

Attachment 2: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.		
Name of Organization DEPARTMENT OF AK VFW OF THE US			Employer Identification Number 92-0017695
Other Expenses	(A) Total	(B) Program Services	(C) Management and General
Needy Vets	554	554	
Bank Fees	310		310
Dept Officer Caps	298		298
Software Maintenance	193		193
Total	1,355	554	801

2008 DETAIL STATEMENTS

DEPARTMENT OF AK VFW OF THE US

92-0017695

Page 1

STATEMENT #1 - Other revenue (990-EO PG 1 Line 11)

Membership Dues.....	36,063
Other Revenue.....	14,900

TOTAL CARRIED TO 990-EO PG 1 Line 11.....	50,963
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