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Form 990

Department of the Treasury  
Internal Revenue Service

## 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  
Inspection

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
- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization DEPARTMENT OF AK VFW OF THE US

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

E Telephone number

(907) 276-8213

G Gross receipts \$

431,950

F Name and address of principal officer

H(a) Is this a group return for affiliates? Yes ☒ No ☐H(b) Are all affiliates included? Yes ☐ No ☐

If No, attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(19) (insert no) 4947(a)(1) or 527

J Website: N/A

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

M State of legal domicile AK

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

To provide support for veterans and community groups

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)

3

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of employees (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6

7a Total gross unrelated business revenue from Part VIII, line 12 column (C)

7a

b Net unrelated business taxable income from Form 990-T, line 34

7b

21,130

REVENUE

8 Contributions and grants (Part VIII, line 1h)

Prior Year

265,429

Current Year

304,437

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

63,23

12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)

371,250

407,645

EXPENSES

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

234,539

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

73,357

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

300,416

313,049

19 Revenue less expenses Subtract line 18 from line 12

70,834

94,596

Beginning of Year

748,138

End of Year

903,631

20 Total assets (Part X, line 16)

97,242

65,333

21 Total liabilities (Part X, line 26)

650,896

742,992

22 Net assets or fund balances Subtract line 21 from line 20

## 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

Date

5-12-10

Paid Preparer's Use Only

Preparer's signature

Date

5/7/2010

Check if self-employed ☐

Preparer's identifying number (see instructions)

P00032750

Firm's name (or yours if self-employed), address and ZIP + 4

H&amp;R Block

391 Parks Ste C

Wasilla, AK 99654-

EIN

80-0326773

Phone no

(907) 376-3555

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

Form 990 (2008)

SCANNED JUL 09 2010

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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?

☐ Yes☒ No

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?

☐ Yes☒ No

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 \$ )

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		X
2 Is the organization required to complete Schedule B Schedule of Contributors?		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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes' complete Schedule C Part II N/A		
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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		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		X
8 Did the organization maintain collections of works of art historical treasures, or other similar assets? If 'Yes' complete Schedule D, Part III		X
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		
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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		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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule E		X
14a Did the organization maintain an office, employees or agents outside of the U S ?		X
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		
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		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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes" complete Schedule G Part I		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		X
19 Did the organization report more than \$15,000 on Part VIII line 9a? If "Yes" complete Schedule G Part III	X	
20 Did the organization operate one or more hospitals? If "Yes" complete Schedule H		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		
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		
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
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? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes" complete Schedule L Part I		
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		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		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		X

**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		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X

## Form 990 (2003)

**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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	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 of the governing body?	7a	X
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	X
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	N/A
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	X
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	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Are officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	N/A
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	N/A
13 Does the organization have a written whistleblower policy?	13	X
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	X
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions).	15b	X
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	N/A

**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.

- 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, 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
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE			
George Ison Commander	0.00					X			0	0	0
Robert Myles Sr Vice Commander	0.00					X			0	0	0
Allen Moyer Jr Vice Commander						X			0	0	0
John Hinnick Quartermaster						X	X		18,000	0	0
Gary Kurpius Adjutant						X	X		39,600	0	0



<div>(A)</div> <div>Name and title</div>	<div>(B)</div> <div>Average hours per week</div>	<div>(C)</div> <div>Position (check all that apply)</div> <div> <div>INDIVIDUAL</div> <div>DIRECTOR</div> <div>TRUSTEE</div> <div>INSTITUTIONAL</div> <div>OFFICER</div> <div>KEY EMPLOYEE</div> <div>HIGHEST COMPENSATED EMPLOYEE</div> <div>FORMER</div> </div>							<div>(D)</div> <div>Reportable compensation from the organization (W-2/1099-MISC)</div>	<div>(E)</div> <div>Reportable compensation from related organizations (W-2/1099-MISC)</div>	<div>(F)</div> <div>Estimated amount of other compensation from the organization and related organizations</div>

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	0
---	---	---

	Yes	No
3		
4		X
5		X

4		X
5		A

5		
---	--	--

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		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS AND SIMILAR AMOUNTS	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				
PROGRAM SERVICE REVENUE	2a Program Service Revenue	Business Code		5,908	5,908		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		5,908				
OTHER REVENUE	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						
Miscellaneous Revenue		Business Code					
11a							
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 <u>National Children's Home</u>	4,000	4,000		
b <u>Telephone</u>	3,857	1,379	2,478	
c <u>Awards and Program Awards</u>	2,800	2,800		
d <u>Postage and Printing</u>	2,713	943	1,770	
e <u>Misc</u>	714		714	
f All other expenses #2	1,355	554	801	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	313,049	132,457	180,592	
26 <b>Joint Costs.</b> 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) Beginning of year		(B) End of year
<b>A S S E T S</b>	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	-50
	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	61,780	10c	3,239
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	748,138	16	308,530	
<b>L I A B I L I T I E S</b>	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 <b>Total liabilities.</b> Add lines 17 through 25	97,242	26	65,833
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34</b>			
	27 Unrestricted net assets	16,454	27	19,290
	28 Temporarily restricted net assets	596,895	28	636,163
	29 Permanently restricted net assets	33,547	29	30,647
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	742,992
	34 Total liabilities and net assets/fund balances	748,138	34	308,530

**Part XI** Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?		<input checked="" type="checkbox"/>
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?	N/A	
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?		<input checked="" type="checkbox"/>
b	If Yes did the organization undergo the required audit or audits?	N/A	

**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 Public  
Inspection**

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** ☐ Mail solicitations

**b** ☐ Email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

**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.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	(event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>REVENUE</b>				
1 Gross receipts				
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)				
<b>DIRECT EXPENSES</b>				
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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
<b>REVENUE</b>				
1 Gross revenue			76,940	76,940
<b>DIRECT EXPENSES</b>				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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

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

b If Yes, Explain

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?

	Yes	No
9a	X	
10a		X
11		X
12		X

		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?	15a	
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?	17a	
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



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2008**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

Open to Public  
Inspection

Name of the organization

DEPARTMENT OF AK VFW OF THE US

Employer identification number

92-0017695

**Part I Identification of Disregarded Entities.**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

### Part III

[illegible]

## Part IV

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

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	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sales of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

		(A) Name of other organization(s)	(B) Transaction type (a-i)	(C) 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) 276-8213

Fax Number \_\_\_\_\_

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

## Inspection

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Employer Identification Number

92-0017695

Total

2008 DETAIL STATEMENTS

DEPARTMENT OF AK VFW OF THE US  
92-0017695

Page 1

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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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