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Form **990**

SCANNED CEO & 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning 01 January , 2009, and	ending :	31 Dec	ember	, 20 09	_
В	Check if a	applicable Please C Name of organization Veterans of Foreign Wars Post # 10	727		D Employ	er identification numbe	er
		change use IRS label or Doing Business As VFW #10727			36	3697846	
	Name ci	print or Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	I	E Telepho	ne number	
	Initial ref			1	(402)	291-3437	
	Terminal	Specific City or town state or country and 7ID 4					_
		tions. Bellevue, NE 68147		ł	G Gross red	cerpts \$ 157950.3	31
		F Name and address of principal officer John Slobodnik	11/4	nt la thua			No
٠,	тррисано	9501 South 25th Street Bellevue, NE 68147	1 '	•	•	ncluded? Yes	
ī	Tax-exe	empt status				list (see instructions)	140
J	Websi		Hic		exemption num	•	
K		organization Corporation □ Trust □ Association □ Other ► □ L Year of		1987		legal domicile NE	
	art I	Summary					_
	T						_
		Briefly describe the organization's mission or most significant activities. Veterans Fraternal Organization working to enhance the lives of War	Time Veter	ans th	eir dene	ndents and	
Se		their community.	Time velet	u.,,	ion. Mopo:		
Activities & Governance	-	area community.					
Ver		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more the	on 250/ of its				
ဇိ			1di 2070 UI 165 I	nel asse	3	40	12
•ರ ഗ	1	Number of voting members of the governing body (Part VI, line 1a).	I		4	40	
Ë	1	Number of independent voting members of the governing body (Part VI,	line 1D) .		5		0
Şŧ	ſ	Total number of employees (Part V, line 2a).	•		. 6		50
Ā		Total number of volunteers estimate Energies (P. C.			. —		_
		Total gross unrelated business evenue from Part VIII, column (C), line 12			. 7a	7036.0	
	D	Net unrelated business taxable income from Form 990-1,001e 34.	'''	Prior Ye	. 7b		0
		Contributions and arrate (I) AUG 1 9 2010 O	<u> </u>			Current Year	_
Ð	8	Contributions and grants (Part VIII, line 1h)		3870.50	5439.7		
Revenue	9	Program service revenue (Part VIII, line 1h)			2009.04	0.0	_
ě		, , , , , , , , , , , , , , , , , , , ,	· 	0.00		0.0	_
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	a, -		3081.94	67802.3	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	· · · · · · · · · · · · · · · · · · ·	8961.48	73242.0	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3).	.		5565.40	2689.0	
ø	14	Benefits paid to or for members (Part IX, column (A), line 4) .	.		1618.80	3342.6	
JSe		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)		0.00	0.0	_
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) .			0.00	0.0	<u>)0</u>
ŵ	þ.	Total fundraising expenses (Part IX, column (D), line 25) ▶					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			6533.53	75297.9	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25))		3617.73	78640.5	_
. 60	19	Revenue less expenses. Subtract line 18 from line 12			074.20)	(5398.5	<u>3)</u>
Assets or Balances			Beginni		ırrent Year	End of Year	
sset 3ala	20	Total assets (Part X, line 16)		200	0633.40	197715.1	10
	21	Total liabilities (Part X, line 26)	-		0		0
Net		Net assets or fund balances. Subtract line 21 from line 20		200	0633.40	197715.1	10
Pá	art II	Signature Block					
		Under penalties of peruny, I declare that I have examined this return, including accompanying and belief, it is true correct, and complete Declaration of preparat (other than officer) is ba	ig schedules an	nd staten rmation	nents, and to of which are	o the best of my knowled	dge oe
				1	_		9"
Siç	gn	Leine Xromhan				2-10	_
He	re	Signature of officer		Date	9		
		DERNIE DRUSNIHAN duaste	0-05.	EL			
		Type or print name and title	T				_
		Preparer's Date	Check if self-		Preparer's ic	dentifying number	
Paid	d	signature	employed	▶ 🗆	,see manuel		
	parer's			l			
	Only	Firm's name (or yours of self-employed),	E	EIN	<u> </u>		
		address, and ZIP + 4		Phone no) ● ()	
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions))			. 🔲 Yes 🗌 N	lo
For	Privad	cy Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat	No 11	282Y	Form 990 (200	09)

Par	∜∭ Statement of Program Service Accomplishments
1	Briefly describe the organization's mission Award scholarships to local high school students. Support Nat'l VFW programs for veterans and active duty service personnel. Support local veteran's nursing home. Support scout activities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 ▷

Par	t IV Checklist of Required Schedules		-	r-
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ļ ļ		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A ✓			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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	ļ	1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	✓
	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O			1

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	ſ		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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
	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		1
þ	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?	<u>5a</u> 5b		·/
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	30		-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
คล	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible? . If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	gifts were not tax deductible?	6b_		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		1
	and services provided to the payor?	7b	-	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		1
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
е	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ <u> </u>	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	 	V
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	0^	İ	1
a	Did the organization make any taxable distributions under section 4966?	9a 9b	 	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	-30	1	+ -
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter			
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)	12-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	-	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	1 11		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<u>4</u> 5		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		
6	Does the organization have members or stockholders?			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a	1	
l.	of the governing body?	7b	-	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .		Y	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following. The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, 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	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	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?	10b		✓_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		/
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	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	-	
15	Did the process for determining compensation of the following persons include a review and approval by		ł	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	ł	1
	The organization's CEO, Executive Director, or top management official	15a 15b		1
b	Other officers or key employees of the organization	130	-	 •
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		İ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	 	✓
	with a taxable entity during the year?	100		-
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			1
	the organization's exempt status with respect to such arrangements?	16b	İ	İ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			•
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or			
	available for public inspection. Indicate how you make these available. Check all that apply.	-,,,,,,,	2,	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 reco	rds c	f the	
	organization: ► Bernie Brosnihan 3121 Monroe Street Omaha, NE 68107			

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- 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 organization did not co	mpensate	any c	urr	ent	offic	cer, d	irec	tor, or trustee		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Pormer 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
John Slobodnik (Commander) 9501 South 25th St. Bellevue, NE 68147				1				0.00	0.00	0.00
Ron Sibal (Sr. Vice Commander) 9501 South 25th St. Bellevue, NE 68147				1				0.00	0.00	0.00
Paul Splitberger (Jr. Vice Commander) 9501 South 25th St. Bellevue, NE 68147				1				0.00	0.00	0.00
Bernie Brosnihan (Quartermaster) 9501 South 25th St. Bellevue, NE 68147				1				0.00	0.00	0.00
	-			_						
	-	<u> </u>		_		ļ	-			
	 		-	-	ļ		1			
		<u> </u>			_	-				
	-	ļ	_				_			
	-				_					
	4									

Pai	t VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hest	Compensated	l Employees (co	ployees (continued)				
	(A)	(B)			(0	-			(D)	(E)		(F)			
	Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated at employee	oly Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	umated ount of other pensation om the anization related nizations			
									;						
						<u>.</u>	<u> </u>								
<u>1b</u>	Total					<u> </u>		•			L				
2	Total number of individuals (including but reportable compensation from the organiz		to th	ose	lıst	ed :	above	e) Wl	ho received mo	ore than \$100,0	00 ın				
												Yes No			
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	ompensated	3	1			
4	For any individual listed on line 1a, is the the organization and related organizations individual	sum of rep greater tha	ortab an \$1	le c 50,0	om; 000°	oen P <i>If</i>	satior "Yes,'	anı " coi	d other compe mplete Schedu	nsation from le J for such	4	1			
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes," com	com olete	pen Sch	satı nedu	on ile d	from for s	any such	unrelated org	anization for	5	1			
Se	ction B. Independent Contractors		•												
1	Complete this table for your five highest compensation from the organization	ompensate	ed inc	lepe	ende	ent	contra	acto	rs that receive	d more than \$1	00,000	of			
	(A) Name and business ad	dress							(B) Description of s	ervices	(C) Comper				
N	I A							F							
_								 							
2	Total number of independent contractors (more than \$100,000 in compensation from	including b	ut no nizatı	t lin	nited •	d to	those	list	ed above) who	received					

	Statement of Rev	- iuc		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from ta under sections 512, 513, or 514
12	Federated campaigns	1	a 0.000		10401100		012, 010, 0101
	Membership dues .		b 2964.47				
	Fundraising events	· · · ⊢	c 1104.00				
	Related organizations		d 0.00				
	Government grants (contrib	utions) 1	e 0.00				
f	All other contributions, gifts, gra	. 1		İ			
	and similar amounts not include		f 1371.25				
_	Noncash contributions included Total. Add lines 1a-1f	ın lınes 1a-1f	\$ 0.00	5439.72			
	Total / Ida III a II	·	Business Code	0.00.72			
2a				0.00			
b				0.00			
C				0.00			
d				0.00		ļ	
e	***************************************			0.00			
f	All other program service	e revenue		0.00			
g	Total. Add lines 2a-2f			0.00		 	
3	Investment income (inclu	-		0.00			
	other similar amounts)			0.00			
4 5	Income from investment of Royalties	tax-exempt t	ond proceeds	0.00		1	+
•	rioyanico : .	(ı) Real	(n) Personal	3.33		 -	1
6a	Gross Rents	0.	0.00	}			
b	Less rental expenses	0.	0.00				
	Rental income or (loss)		0.00			1	
d	Net rental income or (los	s)	<u> ▶</u>				
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory		1600.00	!			
b	Less: cost or other basis					İ	
	and sales expenses		1600.00	}			
	Gain or (loss)			1600.00			†
	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	1000.00			
8a	Gross income from					1	
	events (not including \$ _ of contributions reported						
	See Part IV, line 18		а				
ь	Less: direct expenses		b			+	
	Net income or (loss) from	n fundraisin	g events	0.00			
9a	Gross income from gamir	no activities					
	See Part IV, line 19		a 18275.57			1	
	Less: direct expenses		b (7124.00)			<u> </u>	_
C	Net income or (loss) from	n gamıng a	ctivities .	11151.57		ļ	
10a	Gross sales of inver		100155.04				
	returns and allowances					1	
	Less: cost of goods sold		b (65910.50) entory ▶	EGEAE AA		†	+
C	Net income or (loss) from Miscellaneous Rever		Business Code	56545.14		 	-
44-	Defunds			405 50		1	
11a			·	105.59		 	
b				0.00			+
C	All adhar and a			0.00		 	+
	All other revenue			105.59		 -	+
	Total. Add lines 11a-110 Total revenue. See insti		💺	74847.65		+	

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). (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to governments and 0.00 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2689.04 the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the 0.00 U.S. See Part IV. lines 15 and 16 3342.65 Benefits paid to or for members Compensation of current officers, directors, 0.00 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0.00 persons described in section 4958(c)(3)(B) 0.00 Other salanes and wages Pension plan contributions (include section 401(k) 0.00 and section 403(b) employer contributions) 0.00 Other employee benefits 0.00 Payroll taxes . . . 10 11 Fees for services (non-employees). 20900.00 a Management 120.00 **b** Legal 0.00 c Accounting . 0.00 **d** Lobbying . . 0.00 e Professional fundraising services. See Part IV. line 17 0.00 f Investment management fees . 9651.62 0.00 12 Advertising and promotion. 763.67 Office expenses 13 0.00 14 Information technology Royalties . . . 0.00 15 23989.92 16 Occupancy . 0.00 Travel . . . 17 Payments of travel or entertainment expenses 0.00 for any federal, state, or local public officials 395.31 Conferences, conventions, and meetings . 19 0.00 20 Interest 0.00 21 Payments to affiliates 0.00 Depreciation, depletion, and amortization. 4800.00 23 Insurance 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.) Taxes & Licenses 6910.77 Prop. Tax 1734.92 b C d All other expenses Total functional expenses. Add lines 1 through 24f 75297.90 Joint costs. Check here ▶ ☐ 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

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	18433.40	1	16515.13
	2	Savings and temporary cash investments	2200.00	2	2200.00
	3	Pledges and grants receivable, net	0.00	3	0.00
	4	Accounts receivable, net	0.00	4	0.00
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	0.00	5	0.00
	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	0.00	6	0.00
s	7		0.00	7	0.00
Assets	7	Notes and loans receivable, net	4500.00	8	4000.00
As	8	Inventories for sale or use	0.00	9	0.00
_	9	Prepaid expenses and deferred charges	V.00	-	0.00
	10a	other basis Complete Part VI of Schedule D	175000.00	100	175000.00
	11	· · · · · · · · · · · · · · · · · · ·	0.00	11	0.00
	12	Investments—publicly traded securities	0.00	12	0.00
	13	Investments—program-related. See Part IV, line 11	0.00	13	0.00
	14	Intangible assets	0.00	14	0.00
	15	Other assets See Part IV, line 11	0.00	15	0.00
	16	Total assets. Add lines 1 through 15 (must equal line 34)	200633.40	16	197715.10
_	17	Accounts payable and accrued expenses	0.00	17	0.00
	18	Grants payable	0.00	18	0.00
	19	Deferred revenue	0.00	19	0.00
	20	Tax-exempt bond liabilities	0.00	20	0.00
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.00	21	0.00
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ξ		persons. Complete Part II of Schedule L	0.00	22	0.00
	23	Secured mortgages and notes payable to unrelated third parties	0.00	23	0.00
	24	Unsecured notes and loans payable to unrelated third parties	0.00	24	0.00
	25	Other liabilities Complete Part X of Schedule D	0.00	25	0.00
	26	Total liabilities. Add lines 17 through 25	0.00	26	0.00
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	200633.40	27	
Bala	28	Temporarily restricted net assets	0.00	28	0.00
Б	29	Permanently restricted net assets	0.00	29	0.00
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds	0.00	30	0.00
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.00	31	0.00
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	0.00	32	0.00
Ne	33	Total net assets or fund balances	200633.40	33	196715.10
_	34	Total liabilities and net assets/fund balances	0.00	34	0.00

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.)		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ì
	Schedule O.			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		j

Form **990** (2009)