

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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

OMB No 1545-0047 2009 Open to Public

				<u></u>		3 - 7-		<del></del>	пор	ection
<u>A</u>	For the 20	09 calen	dar ye	ar, or tax year beginning , and ending			_		<del></del>	
В	Check if applic	able P	Please	C Name of organization			D	Emplo	oyer identificati	ion number
	Address chang	ne t	se IRS	VETERANS OF FOREIGN WARS POST	Г #494					
=	, , , , , , , , , , , , , , , , , , , ,	i la	bel or				7	41_	-0763665	=
$\square$	Name change		rint or	Doing Business As	<del></del>		+ -			<u> </u>
	Initial return		type.	Number and street (or P O box if mail is not delivered to street address)	Ro	om/suite	E		hone number	
님	IIIIUGI IGUVIII		See	5222 56TH AVENUE NO				<u> 763</u>	<u>3-5</u> 37-24	418
$\square$	Termination		pecific struc-	City or town, state or country, and ZIP + 4			<b>G</b> G	ross rece	eints \$ 4.	152,027
$\Box$	Amended retu		ions.	CRYSTAL MN 55429						
닏	Allielided letu						┥			
	Application pe	nding F		and address of principal officer			H(a)	) Is this	a group return for	
			RA.	NDAL EBERLING			1	affiliate	es?	Yes X No
		1	64	07 BRENTWOOD AVE			H(p	Are all include	l affiliates	Yes No
			CB.	YSTAL MN 55428			ŀ		attach a list (see ii	ٔ ل
			  X				$\dashv$	11 140,	attach a list (see ii	nsuucuonsj
	Tax-exemp									
J	Website:	<u> CR</u>	YST	ALVFW494.ORG			H(c	) Group	exemption number	<u> </u>
ĸ	Type of organ	zation 2	Х Сол	poration Trust Association Other	L Year	of formation	195	3	M State of legal of	domicile MI
	art I		nmar							-
<u> </u>				· · · · · · · · · · · · · · · · · · ·						
	1 Bne	etly desc	cribe tr	e organization's mission or most significant activities:						
_	l E	NABL	ING	THE CARE OF THE VETERAN, HIS WIDOW AND OR	PHANS.					
8										
ᇤ										
Ĕ										
Š	2 Che	ck this l	hox 🕨	If the organization discontinued its operations or disposed of more t	than 25% of	its net asse	ete			
ŏ							i I	اما	0	
≪			-	members of the governing body (Part VI, line 1a)			- 1	_ 3	9	
Activities & Governance	4 Nur	nber of ı	ındepe	indent voting members of the governing body (Part VI, line 1b)			L	4	9	
₹	5 Total	al numb	er of e	mployees (Part V, line 2a)				5	60	
ŧ				olunteers (estimate if necessary)			1	6		
ĕ	L			•••			ł			05 00/
	7a Tota	al gross	unrela	ited business revenue from Part VIII, column (C), line 12			- 1	7a		95,984
	b Net	unrelate	ed bus	iness taxable income from Form 990-T, line 34				7b	<u> </u>	12,435
						Prior Y	ear		Current	Year
_	8 Cor	ntribution	ns and	grants (Part VIII, line 1h)				]		5,858
Revenue	I			revenue (Part VIII, line 2g)			29,0	128		21,701
ē	I	_			$\vdash$					
8				e (Part VIII, column (A), lines 3, 4, and 7d)				130		629
Œ	11 Oth	er rever	nue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60	00,3	123	5	27,780
	ı			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)			30,2			55,968
							0,2	-01		22,200
	13 Gra	ints and	simila	ramounts part II (X, column (A), lines 1–3)						
	14 Ber	nefits par	id <del>-to-o</del>	For members (Part 12) Column (A), line 4)						
	15 Sala	anes lot	her co	mpensation, employed penefits (Part IX, column (A), lines 5–10)		2.9	99,6	528	3	17,852
ě	10 Dui			111 2 1 2010 1 1 2 2			,,,			
Ĕ	16a Pro	essidine	Minna	daking feet (Part IX, church (A), line 11e)				$\longrightarrow$		
Expenses	<b>b</b> Tota	al fun <b>d</b> ira	aising	expenses (Part IX, column (D), line 25)	<u></u>					
Ω̈́	17 Oth	er expe	nses /	Rat 1 (A) Tines 1 (a-11d, 11f-24f)		29	99,9	904l	2	50,233
	18 Tota	al expe	1000	od lines 13-17 (must equal Part IX, column (A), line 25)		5.0	99,5	532	5	68,085
	ı	-					30,			$\frac{33,335}{12,117}$
- m	19 Rev	renue le	ss exp	enses Subtract line 18 from line 12	····-					
5 8 9					B'	eginning of C		_	End of	
Net Assets or Fund Balances	<b>20</b> Tota	al assets	s (Parl	X, line 16)			<u>36,6</u>			86,272
,‱	21 Tota	al liabiliti	ies (Pa	art X, line 26)		(	50,0	)07		21,778
울	22 Net	assets	or fund	balances Subtract line 21 from line 20		6	76,6	511	6	64,494
	art II			e Block			. <u></u>		<u>_</u>	0 1 / 1 2 .
<del>} _</del>	aitii	Jugi	iatui	a plock						
2				es of penjury, I declare that I have examined this return, including accompanying sci						
_		and b	euer, n	s true, correct, and complete Declaration of preparer (other than officer) is based of	in all informatio	n of which p	reparer	has any	y knowleage	
Sig	ın		T.	and all Charles			- 1	.7-	16-4017	_
			$\mathcal{I}^{\nu}$	William Comment						,
He	re		- 10	e of officer				Date		
2		<b> </b>	<u>( c</u>	MMANDER						
2 ( )		<b> </b>	ype or	print name and title					<u> </u>	
		1			Doto				Preparer's ider	ntrfying number
Pai	id	Prepa			Date	Chec self-	KΠ	_	(see instruction	ns)
		signat	ture	JERRY DEILEY	06/17/	10 empl	oyed 🕨	L	P0018	<u> 4467</u>
	eparer's	1		JERRY DEILEY, LTD				EIN D	_ <del></del>	
Us	e Only	1		Cor yours	0.0	_				
		1	employ		.00		'	Phone	760 50	2 0644
		<u> </u>	•	NEW HOLE, PM 33420				no 🕨	<u> 763-53</u>	<u>3-8649</u>
May	the IRS d	liscuss t	this ret	um with the preparer shown above? (see instructions)						Yes N

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Pa	art 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		х
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		х
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	Х	
	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 related 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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			ĺ
	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			1
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		X
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		Х
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	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

	art IV Checkinst of Required Schedules (Continued)			
24	.  Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21	_	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			- 21
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	<u> </u>		
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	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		
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		Х
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		Х
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).		i La 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Tanio 20	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N.	"		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
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	i	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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.	38		Х
			aan	

F	1990 (2009) VETERANS OF FOREIGN WARS POST #494 41-0763665		_	
	art V Statements Regarding Other IRS Filings and Tax Compliance			age
	Statements regarding other into rinings and rax compliance		T.,	Г
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
ıa	U.S. Information Returns. Enter -0- if not applicable  1a 16			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		İ	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ū	gaming (gambling) winnings to prize winners?	1c	X	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-"	1	
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	х	
ь	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 ▶	<del></del>		
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1		

<u>1</u>1a 11b 12a

10b

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

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources against

Section 501(c)(12) organizations. Enter. Gross income from members or shareholders

amounts due or received from them )

Form 990 (2009)

Form 990 (2009) VETERANS OF FOREIGN WARS POST #494 41-0763665 Page 6 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. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 9 Enter the number of voting members that are independent 1b 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? Х 2 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the pnor 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 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Χ 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8Ь 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 q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 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 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Does the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a 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 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(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website | Another's website | X | Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARLAND RONNING 5222 56TH AVE N

MN 55429-2713 763-537-9914

CRYSTAL

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 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

(A)	Name and Title Average Position (check all that apply)				oply)	(D) Reportable	(E) Reportable	(F) Estimated		
Name and Tibe	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RANDAL EBERLING										
CEO	8.00	-		Х		<u> </u>		0	0	
CURTIS SKOOG					ļ					
SR VICE COMM	2.00	├—	_	X	<u> </u>	├		0	0	
GEORGE KAISER			İ	3,7			ŀ		•	
JR VICE COMM	24.00	├		X	<del> </del>	├	$\vdash$	0	0	
MARLAND RONNING	44 00			7,					•	
FINAN OFFICE	44.00	├	$\vdash$	X	<u> </u>	$\vdash$	$\vdash$	0	0	
MARLAND RONNING	1000			v					0	:
QTR MASTER	10.00	-	┢	Х	┝	┢┈	-	0	0	_
HARLAND ANDERSON	8.00			х			1	o	0	
ADJUTANT JAMES HAWK	8.00	┢	┢	^	┢	├	├─	0	0	
SERVICE OFFICER	10.00			x		İ		o	0	
<b>ι</b>			_			_			- · · · · ·	
		 	_							
		ļ				-				
				<del>                                     </del>						

	(A) Name and Title	(B) Average			(	C) kallt			d Highest Compensated E (D) Reportable	(E) Reportable	(F Estim	ated	
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth comper from organi and re organiz	er nsation the zation elated	
												_	
											-		
								-					
											_	_	
	<del></del>												
			<u> </u>	-		_							
												-	
	<del></del>		$\vdash$	-									
1b	Total		<u> </u>			<u> </u>	L	<b>&gt;</b>					
2	Total number of individua reportable compensation			to th	ose	listed	abo	ve) י	who received more than \$1	00,000 in			
3	Did the organization list a	any former officer, dire	ctor	or tru	ıstee	, key	emp	oloye	ee, or highest compensated			Yes	
4		on line 1a, is the sum o	f rep	ortab	ole co	ompe	ensat	ion a	and other compensation from		3		X
5	the organization and rela individual Did any person listed on								complete Schedule J for su	nch	4		Х
	services rendered to the tion B. Independent Con	organization? If "Yes,"	com	plete	Sch	edul	e J fo	or su	ch person		5		Х
1		our five highest compe	nsate	d inc	depe	nder	nt cor	ntrac	tors that received more tha	n \$100,000 of			
		(A) ame and business address						_	Descrip	(B) tuon of services	С	(C) ompensa	ition
	<del> </del>							ļ					
								_		<u></u>			
	· ·									<u>.</u>			
2	Total number of independence than \$100,000 in co						to th	ose	listed above) who received				

	rt V	III Statement of Reve				OBI #494	41-0703003		Page_9
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated campaigns	1a						
필		Membership dues	1b		3,243			Ī	
S, B	С	Fundraising events	1c					İ	
		Related organizations	1d						
έĒ	8	Government grants (contributions)	1e		2,615				
를 입	f	All other contributions, gifts, grants,					+		
혈		and similar amounts not included above	1f						
텵	g	Noncash contributions included in lines 1a-	1f	\$					
Program Service Revenue Contributions, gifts, grants and other similar amounts	<u>h</u>	Total. Add lines 1a-1f		_	<b>•</b>	5,858			
9					Busn. Code				
Ve	2a	PROGRAM SERVICE REVE	ENUE			21,701	21,701		
چّ	b								
اخِ	C						_		
Se	d								
ᇤ	8								
δ	f	All other program service rever	nue		L				
-	g					21,701			
	3	Investment income (including d	ividend	ds, interes	it, and				
		other similar amounts)			▶  -	629			629
	4	Income from investment of tax-	exemp	t bond pro	oceeds -				
	5	Royalties							
	_	(ı) Real		(11) }	Personal		1		
	6a	Gross Rents							
	þ	Less rental exps							
	C	Rental inc or (loss)		L					
-	d 7a	Net rental income or (loss) Gross amount from (i) Securities		1 (11)	Other				
- 1		sales of assets	<u> </u>	\",	Other				
- 1		other than inventory  Less cost or other		1					
ı	U	basis & sales exps							
	С	Gain or (loss)		<u> </u>				]	
		Net gain or (loss)		ı	<b>•</b>				<del></del>
		Gross income from fundraising ever	nts	-					
2	-	(not including \$							
§		of contributions reported on line 1c).							
~		See Part IV, line 18	а		6,910				
Other Revenue	b	Less direct expenses	b		7,158				
0		Net income or (loss) from fundr	aısıng	events	<b>•</b>	-248			-248
		Gross income from gaming activities	- 1						
		See Part IV, line 19	а	3,	254,753			1	
	b	Less: direct expenses	b		298,995				
ļ	С	Net income or (loss) from gami	ng acti	vities	<b>•</b>	-44,242	-25,772	-18,470	
	10a	Gross sales of inventory, less							
		returns and allowances	а		862,176				
	b	Less cost of goods sold	b		289,906				
Ļ	С	Net income or (loss) from sales		entory	<b>•</b>	572,270	457,816	114,454	
		Miscellaneous Revenue	<u> </u>		Busn. Code				
	11a				-				
	b				<b>—</b>				
	C	***							
		All other revenue			L				
		Total. Add lines 11a-11d			<b>.</b>				
	12	Total Revenue. See instruction	<u> </u>		<u> </u>	555,968	453,745	95,984	381

Part IX **Statement of Functional Expenses** 

Form 990 (2009)

. 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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				į
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				
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	296,722			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	750			
10	Payroll taxes	20,380			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
8	Professional fundraising services See Part IV, line 17	-	<del> </del>		
f	Investment management fees				
g	Other				
12	Advertising and promotion	1 670			
13	Office expenses	1,670		<u> </u>	
14	Information technology				
15	Royalties				
16 17	Occupancy Travel		<del> </del>		<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,122			
20	Interest		<del> </del>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	ŀ			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a	MAINTENANCE & REPAIR	42,721			
b	INSURANCE	35,175			
C	BAND/BAR PROMOTIONS	34,720		<u> </u>	
d	PROFESSIONAL FEES SUPPLIES	31,118	·	<del></del>	
Ð	All other expenses	28,911 74,796			
25	Total functional expenses. Add lines 1 through 24f	568,085			
26	Joint costs. Check here ▶ If following	300,003			
-	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
<b>ΔΑ</b>	<del></del>				

<u> P</u>	art )	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest bearing			230,350	1	147,419		
	2	Savings and temporary cash investments			82,881	2	114,308		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, tru	ustees,	, key					
		employees, and highest compensated employees Comple	ete Pai	t II of		L			
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined un	nder se	ection					
		4958(f)(1)) and persons described in section 4958(c)(3)(B	) Com	plete		ļ <u>.</u>			
(D		Part II of Schedule L		6					
Assets	7	Notes and loans receivable, net			44,524	7	40,124		
SS	8	Inventories for sale or use			19,427	8	20,685		
⋖	9	Prepaid expenses and deferred charges	_			9			
	10a	Land, buildings, and equipment cost or							
		other basis Complete Part VI of Schedule D	10a	1,325,716					
	b	Less accumulated depreciation	10b	961,980		10c	363,736		
	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)			736,618	16	686,272		
	17	Accounts payable and accrued expenses		***	18,924		21,778		
	18	Grants payable			18				
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
Š	21	Escrow or custodial account liability Complete Part IV of S	Schedu	ile D		21			
Liabilities	22	Payables to current and former officers, directors, trustees							
豆		employees, highest compensated employees, and disqual	-						
<u>=</u>		persons. Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third p	arties			23			
	24	Unsecured notes and loans payable to unrelated third part	ties			24			
	25	Other liabilities Complete Part X of Schedule D			41,083	25			
	26	Total liabilities. Add lines 17 through 25			60,007	26	21,778		
S		Organizations that follow SFAS 117, check here ▶	and						
ည		complete lines 27 through 29, and lines 33 and 34.	_						
<u>a</u>	27	Unrestricted net assets				27			
Ba	28	Temporarily restricted net assets				28			
P	29	Permanently restricted net assets				29			
<u> </u>		Organizations that do not follow SFAS 117, check here	e ▶ [2	₹					
Net Assets or Fund Balances		and complete lines 30 through 34.	d complete lines 30 through 34.						
ध	30	Capital stock or trust principal, or current funds							
sel	31	Paid-in or capital surplus, or land, building, or equipment for	und			31			
As	32	Retained earnings, endowment, accumulated income, or o	ther fu	inds	676,611	32	664,494		
et,	33	Total net assets or fund balances			676,611	33	664,494		
Z	34	Total liabilities and net assets/fund balances			736,618		686,272		

Form **990** (2009)

**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.

Form **990** (2009)

3b

#### SCHEDULE D (Form 990)

Department of the Treasury '
Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number VETERANS OF FOREIGN WARS POST #494 41-0763665 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

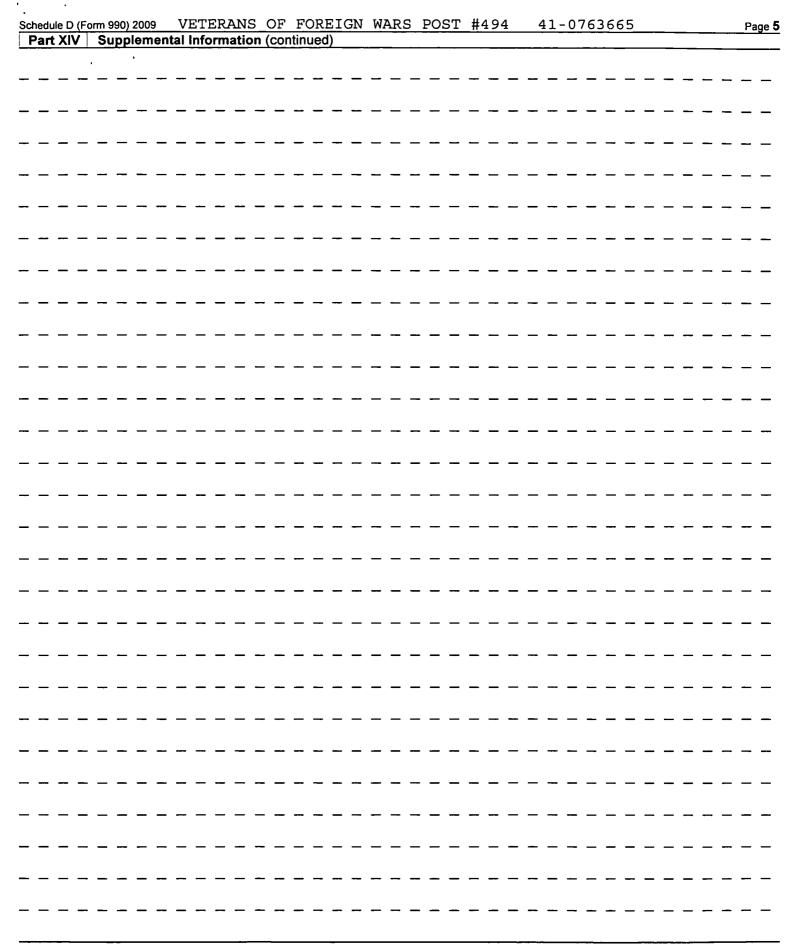
Sche		OF FOREIGN WA			41-07				Page 2
Pa	rt III Organizations Maintaining (	Collections of Art, I	<u>listorical Treas</u> ı	ures, or	Other Si	<u>milar Asse</u>	ts (co	ntinued)	<u>)                                    </u>
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a s	significant u	use of its			
а	Public exhibition	d Loan	or exchange program	ns					
b	Scholarly research	e Other							
C	Preservation for future generations						_		
4	Provide a description of the organization's colle	ctions and explain how the	ey further the organiz	ation's exe	empt purpo	se in			
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, his e maintained as part of the	storical treasures, or e organization's colle	other simila	ar			Yes	☐ No
Pa	art IV Escrow and Custodial Arrai				wered "Y	'es" to Forr	n 990		140
	IV, line 9, or reported an am	•		aon ans	···Cica i	C3 (0 1 0)1	000,	, i ait	
12	Is the organization an agent, trustee, custodian			accete no	<del></del>	<del></del>		-	
···	included on Form 990, Part X?	or other intermediary for		033613 110	•			Yes	No
_	If "Yes," explain the arrangement in Part XIV an	d complete the following t	abla					185	□ NO
D	in res, explain the arrangement in Part Aiv an	id complete the lollowing t	aule.					Amount	
_	December halance					1		- Inoditi	
	Beginning balance					1c			<del></del>
a	Additions during the year					1d			
0	Distributions during the year					1e			
Ţ	Ending balance					1f			
	Did the organization include an amount on Form	n 990, Part X, line 21?						Yes	∐ No
	If "Yes," explain the arrangement in Part XIV	A : : : : : : : : : : : : : : : : : : :		. F 0	00 D-4	D/ Un - 40			
Pa	art V Endowment Funds. Comple							<u>.</u>	
		(a) Current year	(b) Pnor year	(c) Two y	ears back	(d) Three years	back	(e) Four ye	ears back
	Beginning of year balance			ļ					
b	Contributions								
C	Net investment earnings, gains,						1		
	and losses								
	Grants or scholarships			ļ <u>.</u>					
θ	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance			<u> </u>					
2	Provide the estimated percentage of the year e	nd balance held as.							
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possessi	on of the organization tha	t are held and admini	stered for t	the				
	organization by							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sched	fule R?					3b	
4	Describe in Part XIV the intended uses of the o	•							
Pa	art VI Investments—Land, Buildin			Part X.	line 10.				
	Description of investment	(a) Cost or other basis	(b) Cost or ot			umulated		(d) Book va	lue
	·	(investment)	basis (other	I .		eciation		-	
1a	Land		15	,000				1 -	5,000
	Buildings			,687		444,322			2,365
	Leasehold improvements		1 ,50	<del>, , , ,</del>					-,
	Equipment		554	,029	· · · · · · ·	517,658		36	5,371
	Other		J 354	<del>, , , , , , , , , , , , , , , , , , , </del>	<u> </u>	<u> , , , , , , , , , , , , , , , , , ,</u>			- , - , <u>- ,</u>
	I. Add lines 1a through 1e (Column (d) must equ	al Form 990 Part Y colum	mn (B) line 10(c) \			<b>•</b>	$\vdash$	363	3,736
. 500		Chin 000, r art A, colu	(D), mic 10(d) )		<del></del>		Ц	203	,,,,,,

Schedule D (Form 990) 2009

Schedule D (Form 990)	2009 VETERANS OF FOREIC			41-0763665	Page <b>3</b>
	tments—Other Securities. See For	m 990, F			
(	a) Description of security or category		(b) Book value	(c) Method of	
	(including name of security)			Cost or end-of-yea	ar market value
Financial derivatives		L			
Closely-held equity inter	ests	L			
Other		L			
		L	_		
		[			
<del>_</del>		[			
<del></del>					
Total. (Column (b) must	equal Form 990, Part X, col (B) line 12)	<b>•</b>		· · · · · · · · · · · · · · · · · · ·	
	tments—Program Related. See Fo	rm 990.	Part X. line 13.		<del></del>
	(a) Description of investment type		(b) Book value	(c) Method of	valuation
				Cost or end-of-yea	
		<del></del>			
		+			
	···				
<del></del>					
	· · · · · · · · · · · · · · · · · · ·				
<del></del>					
Total (Column (h) musi	equal Form 990, Part X, col (B) line 13)	•			
Part IX Other	Assets. See Form 990, Part X, line			·	
Fait IX   Other	(a) Description				(b) Book value
	(4) 5 6 6 6 1	<del>puon</del>			(4) 20011 14112
			<u>_</u>	<del></del>	
				· · · · · · · · · · · · · · · · · · ·	
		<del></del>			
		<del></del>			
					<u>.                                      </u>
			<del></del>		<del></del>
Total (Calumn (b) musi	equal Form 000. Part V. sel. (P) line 15.)				
	equal Form 990, Part X, col (B) line 15) Liabilities. See Form 990, Part X,	line 25			L
Part A Other	(a) Description of liability	1116 23.	(b) Amount		<del></del>
Fodorel manual towar	(a) Description of hability		(b) Allount		
Federal income taxes					
		+			
	<del> </del>				
		-+			
			-		
			· · · · · · · · · · · · · · · · · · ·		
			<del></del>		
	equal Form 990, Part X, col (B) line 25)	<u> </u>		<del></del>	
2 EIN 49 Eastasta In	Part XIV provide the toxt of the footnote to the		ion's financial statements:	that rangels the	

organization's liability for uncertain tax positions under FIN 48

<u>Sche</u>	dule D (Form 990) 2009 VETERANS OF FOREIGN WARS POST	#49	94 41-076366	55	Page <b>4</b>				
Pa	irt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Statem	ents					
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1					
2	Total expenses (Form 990, Part IX, column (A), line 25)			2					
3	Excess or (deficit) for the year Subtract line 2 from line 1			3					
4	Net unrealized gains (losses) on investments			4					
5	Donated services and use of facilities		5						
6	Investment expenses			7	<del></del>				
7	• •	Prior penod adjustments							
8	Other (Describe in Part XIV )			8					
9	Total adjustments (net) Add lines 4 through 8			9	<del></del>				
10 Da	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	nto M	lith Bayanua nes Bet	10					
1	Int XII Reconciliation of Revenue per Audited Financial Stateme  Total revenue, gains, and other support per audited financial statements	iiis Vi	itti Kevellue per Ket	1 1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1					
a	Net unrealized gains on investments	2a	1						
b	Donated services and use of facilities	2b		1					
c	Recovenes of prior year grants	2c		1 1					
d	Other (Describe in Part XIV )	2d		1					
9	Add lines 2a through 2d		l	2е					
3	Subtract line 2e from line 1			3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	]							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
ь	Other (Describe in Part XIV.)	4b		1					
С	Add lines 4a and 4b		-	4c					
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5					
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents \	Nith Expenses per R	eturn					
1	Total expenses and losses per audited financial statements			1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		•						
а	Donated services and use of facilities	2a		[ ]					
b	Pnor year adjustments	2b		<b>↓</b>					
C	Other losses	2c		4					
d	Other (Describe in Part XIV )	2d	1	<b> </b>					
θ	Add lines 2a through 2d			2е					
3	Subtract line 2e from line 1	1	ſ	3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<b> </b>					
b	Other (Describe in Part XIV )	_ 4b	<u> </u>	1					
C E	Add lines 4a and 4b  Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	<del></del>				
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			<u> </u>	<del> </del>				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	e 1a an	d 4 Part IV lines 1h						
	the descriptions required for Fart X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line								
	part to provide any additional information	o Lu om	2 to 7 to complete						
<b>-</b> -	<b></b>			<b>–</b> –					
	· · · · · · · · · · · · · · · · · · ·								
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				_	<b>_</b>				
<b>-</b> -									



### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization					Employer Identifi	cation number	
VETERANS OF FOREIG					41-07636		
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required				red "Yes" to Form	990, Part IV, line	e 17.	
1 Indicate whether the organization raised funds through a	ny of the following a	ctivitie	s Ch	eck all that apply			
a Mail solicitations	e Solicitation	of nor	-gove	rnment grants			
b Internet and email solicitations	f Solicitation	of gov	emm	ent grants			
c Phone solicitations	g Special fun	draisir	ıg eve	nts			
d In-person solicitations							
2a Did the organization have a written or oral agreement wit or key employees listed in Form 990, Part VII) or entity in	th any individual (ind a connection with pr	cluding ofessio	office	ers, directors, trustees indraising services?		Yes No	
b If "Yes," list the ten highest paid individuals or entities (fu to be compensated at least \$5,000 by the organization	ndraisers) pursuant	to agi	eeme	nts under which the fund	draiser is		
(i) Name of individual or entity (fundraiser)	(li) Activity	custo	have dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	y) (or retained by)	
	<del> </del>	Yes					
		1.03					
		<u> </u>					
		<del>                                     </del>					
		<u> </u>					
Total			•				

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

11

11

12

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sche	dule G (Fo	orm 990 or 990-EZ) 2009	VETERANS O	F FOREIC	<u>GN WARS</u>	POST #	<u>494 41-076</u>	<u> 3665</u>	Р	age 3
									Yes	No
13			tivity operated in:							
а	_	KATHY GETTY 5222 56TH AVENUE  CRYSTAL  mo organization have a contract with a third party from whom the organization receives gaming e? "enter the amount of gaming revenue received by the organization ▶  and the  t of gaming revenue retained by the third party  "enter name and address of the third party  g manager information  JOHN HAWK  g manager compensation ▶  \$ 23,200								
þ		•			_			%		
14	Provide to and recor		person who prepares the	e organization's	s gaming/speci	al events bool	ks			
	and recor	<b>u</b> 3.								
	Name -	KATHY GETTY								
		5222 56TH AVENUE	E							
	Address >	CRYSTAL					MN 55429			
15a	Does the	organization have a contrac	t with a third party from v	vhom the organ	nization receive	es gaming				
	revenue?	,		•				15a		Х
b	If "Yes," (	enter the amount of gaming r	revenue received by the	organization 🕨	\$		and the			
	amount c	of gaming revenue retained b	y the third party 🕨 💲							
С	If "Yes,"	enter name and address of the	ne third party							:
	Name >									
	Address >									
16	Gaming i	manager information								
	Name ▶	JOHN HAWK								
	Gaming r	manager compensation > \$	23,20	0						
	Description	on of services provided <b>&gt;</b>	OVERSEE EMP	LOYEES,	ORDER S	SUPPLIE	S			
	Dire	ctor/officer X En	mployee	ndependent co	ntractor					
17	Mandato	ry distributions:								
а		, ganization required under sta	te law to make charitable	e distributions f	rom the gamin	g proceeds to				
	retain the	e state gaming license?			-	= :		17a		<u> </u>
b	Enter the	amount of distributions requ	ured under state law dist	ributed to other	exempt organ	izations or sp	ent			
	in the ord	anization's own exempt activ	vities during the tax year	<b>▶</b> \$						

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VETERANS OF FOREIGN WARS POST #494

Employer identification number

41-0763665

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

A MEMBER IN GOOD STANDING IS ALLOWED TO ATTEND MEETINGS AND VOTE ON THE

DECISIONS MADE BY THE GOVERNING BODY.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL RECORDS ARE AVAILABLE UPON REQUEST.

· ;						
Forms	Oth	er Notes and	Loans Receiva	ble	<del></del> -	0000
990 / 990-PF	For colored and a constant	- 4 b - :				2009
Name	For calendar year 2009, or	r tax year beginning	· · · · · · · · · · · · · · · · · · ·	and ending	mplover Ideas	tification Number
		Employer Identification N				
VETERANS OF F	FOREIGN WARS POS	ST #494		4	1-0763	665
EODM OOG DYT	יים אדו איים איים	$N \cap \Gamma \cap \Gamma \cap \Gamma \cap \Gamma$	TATEODMACHTON			
FORM 990, PAR	RT X, LINE 7 - 1	TANOTITUMAL	INFORMATION			
	Name of borrower			Relationship to disqual	ified person	
1) DUE FROM HO	LDING CORPORAT	ION				
(2)	-					
(3)		,, <u> </u>				
<b>4</b> )	<del></del>			<del></del>		
6)						
(7)						
(8)						
(9) (10)	<del> </del>					
(10)	······································				<del>-</del>	
Onginal amount borrowed	Date of loan	Maturity date	Rei	payment terms		Interest rate
(1)	3					
2)		-				
(3)						
5)						
(5) (6)			<u> </u>			
7)					•	
(8)						
(9)						
10)	<u> </u>					<u> </u>
	under and desired			B	_	
	curity provided by borrower			Purpose of loa	n	
1) 2)						
3)						-
4)						
(4) (5) (6) (7)			-			<del></del>
7)		<del>-</del>				
(8)						
9)						
(10)						<del></del>
			Balance due at	Balance due at		market value
Considera (1)	ition furnished by lender		beginning of year 44,524	end of year 40,12		(990-PF only)
2)			11/324			_ <del>_</del>
3)						
4)						
(5)						
(6) (7)	<del></del>					
(8)						
9)						
(10)			44 - 50	7.2.2.2		
Totals			44,524	40,12	4	

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(Rev April 2009)				
Department of the Internal Revenue		► File a separate application for each return.		
		stomatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> X
	•	Iditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		
•		ess you have already been granted an automatic 3-month extension on a previously filed Form	8868	
Part		c 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation r	equired to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete		▶ □
•	•	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensi	on of	, ,
		is. enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file	
		ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868		
		the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, g		
		onsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part		
		e electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits		
				Nification and beautiful
Type or print	Name of Ex	empt Organization Emp	ployer laen	tification number
File by the	VETERA	NS OF FOREIGN WARS POST #494 41	-07636	65
due date for	Number, str	eet, and room or suite no. If a P.O. box, see instructions		
filing your return See	5222 5	6TH AVENUE NO		
nstructions	City, town or CRYSTA	r post office, state, and ZIP code For a foreign address, see instructions  MN 55429		
Check type of	return to be t	filed (file a separate application for each return)		
X Form 99	0	Form 990-T (corporation)	Ц	Form 4720
Form 990	0-BL	Form 990-T (sec 401(a) or 408(a) trust)		Form 5227
Form 990	0-EZ	Form 990-T (trust other than above)	니	Form 6069
Form 990	0-PF	☐ Form 1041-A		Form 8870
Telephone  If the organ  If this is for or the whole go a list with the n  I request until 05 for the or	No ▶ 76 inization does in a Group Returoup, check the ames and EIN an automatic B / 15 / 10 iganization's recallendar year ax year beginn	Ns of all members the extension will cover.  3-month (6 months for a corporation required to file Form 990-T) extension of time  to file the exempt organization return for the organization named above. The extension is eturn for  2009 or	1	<b>▶</b> □
		Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
			3a \$	
		Form 990-PF or 990-T, enter any refundable credits and estimated tax		
			3b \$	
c Balance	Due. Subtract	t line 3b from line 3a Include your payment with this form, or, if required,	, ,	
deposit w	nth FTD coup	on or, if required, by using EFTPS (Electronic Federal Tax Payment		
System)	See instruction	ons	3c \$	
Caution. If you	are going to r	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO	)	
or payment ins				
For Drivacy Ac	t and Paners	rork Paduction Act Notice, see Instructions	-	om 8868 (Rev. 4-2009)

# Form (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Department of t			► File a separate application for each return.			
		utomatic 3-Month Extensio	n, complete only Part I and check this box			<b>▶</b>
<ul><li>If you are</li></ul>	filing for an A	dditional (Not Automatic) 3	-Month Extension, complete only Part II (on page 2 of the	s form)		_
Do not comp	lete Part II un	less you have already been	granted an automatic 3-month extension on a previously fi	led Form 886	8	
Part I	Automat	ic 3-Month Extension	of Time. Only submit original (no copies nee	ded).		
A corporation	required to file	e Form 990-T and requesting	g an automatic 6-month extension—check this box and cor	nplete		
Part I only			•			► X
	orations (inclui come tax return		hips, REMICs, and trusts must use Form 7004 to request a	an extension	of	
Electronic Fi	ling (e-file). G	enerally, you can electronica	ally file Form 8868 if you want a 3-month automatic extensi	on of time to	file	
one of the ret	ums noted bel	ow (6 months for a corporati	on required to file Form 990-T). However, you cannot file F	orm 8868		
electronically	if (1) you want	the additional (not automati	c) 3-month extension or (2) you file Forms 990-BL, 6069, or	or 8870, grou	ıp	
			tead, you must submit the fully completed and signed pag		f Form	
8868 For mo	re details on th	ne electronic filing of this forr	m, visit www.irs gov/efile and click on e-file for Charities &	Nonprofits		
Type or print	Name of Ex	empt Organization		Employ	er identif	fication number
File by the	VETERA	ANS OF FOREIGN	WARS POST #494	41-0	76366	65
due date for filing your	Number, str	eet, and room or suite no. If	a P O box, see instructions			
return See		6TH AVENUE NO				
instructions	City, town o		code For a foreign address, see instructions MN 55429			
		filed (file a separate applica		<del></del>	<del></del>	
Form 99		illed (life a Separate applica	X Form 990-T (corporation)			Form 4720
<b>H</b>			Form 990-T (sec. 401(a) or 408(a) trust)		-	Form 5227
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above)					$\mathbf{H}$	Form 6069
Form 990-PF Form 1041-A					$\vdash$	Form 8870
					ъ.	51111 557 C
The books	s are in the cai	re of ▶ MARLAND I	RONNING			
Telephone	e No ▶ 76	3-537-9914	FAX No ▶			
•			of business in the United States, check this box			▶ □
			four digit Group Exemption Number (GEN)	. If this is		٠ ـ
	group, check th	· —		and attach		
	=	Ns of all members the exten				
1 I reques	t an automatic	3-month (6 months for a co	rporation required to file Form 990-T) extension of time			
			zation return for the organization named above. The exten	sion is		
	organization's r					
	calendar year					
▶ ∐	tax year begin	ning , and	ending .			
2 If this ta	x year is for le	ss than 12 months, check re	eason.	nge in accour	iting perio	od
3a If this ap	oplication is for	Form 990-BL, 990-PF, 990	-T, 4720, or 6069, enter the tentative tax,		Γ	
less any	nonrefundabl	e credits See instructions		3a	\$	
<b>b</b> If this ap	plication is for	Form 990-PF or 990-T, ent	er any refundable credits and estimated tax			_
		de any pnor year overpayme		3b	\$	(
			e your payment with this form, or, if required,	-	Į	
		-	FTPS (Electronic Federal Tax Payment		1	
	See instruction			3c	\$	
Caution. If you or payment in		make an electronic fund with	ndrawal with this Form 8868, see Form 8453-EO and Form	1 8879-EO		
		vork Reduction Act Notice,	see Instructions			m <b>8868</b> (Rev 4-2009
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