



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



Form **990-EZ**

Short Form 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)

2009Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

**Open to Public
Inspection**

A For 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
VFW Post 9365
 Number & street (or P.O. box, if mail is not delivered to street addr.)
 PO Box 872000
 City or town, state or country, and ZIP + 4
 Wasilla AK 99687

D Employer identification number
92-6002956

E Telephone number
(907) 376-5820

F Group Exemption Number, ... ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(19) ◀ (insert no.) 4947(a)(1) or 527

H Check ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 456,496

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE		EXPENSES		ASSETS	
1	Contributions, gifts, grants, and similar amounts received	1	113,277	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	5,326	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	3,488	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less: cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	180,300	6c	134,257
b	Less: direct expenses other than fundraising expenses	6b	46,043		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances	7a	153,756	7c	84,742
b	Less: cost of goods sold	7b	69,014	8	349
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			9	341,439
8	Other revenue (describe ▶ See attachment #2)			10	133,863
9	Total revenue. Add lines 1 through 8, and c			11	3,437
10	Grants and similar amounts paid (attach schedule)			12	69,955
11	Benefits paid to or for members			13	205
12	Salaries, other compensation, and employee benefits			14	44,490
13	Professional fees and other payments to independent contractors			15	284
14	Occupancy, rent, utilities, and maintenance			16	42,441
15	Printing, publications, postage, and shipping			17	294,675
16	Other expenses (describe ▶ See attachment #4)				
17	Total expenses. Add lines 10 through 16				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	224,331	228,265
23 Land and buildings	129,475	117,882
24 Other assets (describe ▶)		
25 Total assets	353,806	401,147
26 Total liabilities (describe ▶ See attachment #6)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	353,806	401,147

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

Form **990-EZ** (2009)

SCANNED NOV 08 2010

95-7

21

Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
-----------------	--

What is the organization's primary exempt purpose? See attachment #7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32	Total program service expenses (add lines 28a through 31a)
----	--	-------

32

0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ See attachment #9 Telephone no. ▶		
	Located at ▶ ZIP + 4 ▶		
b	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)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country. ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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. Yes No
46 X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X
- b If "Yes," was the related organization a section 527 organization? 49b X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

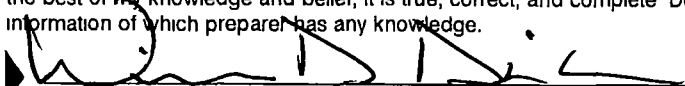
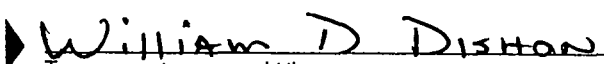
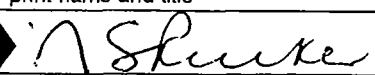
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		10-12-2010 Date	
Paid Preparer's Use Only	 Type or print name and title		Quartermaster	
	Preparer's signature	 Date 9/28/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	H&R Block 391 E Parks Ste C Wasilla, AK 99654		EIN ▶ Phone no. ▶ 907-376-3555

May the IRS discuss this return with the preparer shown above? See instructions. Yes No
X No

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
1	Gross receipts				
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col. (c))
		(event type)	(event type)	(total number)	
1	Gross revenue		147,517	32,783	180,300
DIRECT EXPENSES	2	Cash prizes		3,911	3,911
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		36,652	5,480
6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(46,043)
8	Net gaming income summary. Combine line 1, column d, and line 7				134,257

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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

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

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a 95.00 %		
b	An outside facility	13b 5.00 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ See Attachment #10			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶ See Attachment #11			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For
Your Records

For calendar year 2009 or tax period beginning , and ending

Name of Organization

VFW Post 9365

Employer Identification Number

92-6002956

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Canteen Sales	153,756	69,014	84,742
Total	153,756	69,014	84,742

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public
Inspection

For calendar year 2009 or tax period beginning

, and ending

Name of Organization

VFW Post 9365

Employer Identification Number

92-6002956

Description of Other Revenue	Amount
Bank Refund	349
Total	349

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 20

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

92-6002956

[illegible]

Attachment 6: page 1 - 990-EZ Page 1, Part II, Line 26

Inspection

, and ending

VFW Post 9365

92-6002956

Totals

SCHEDULE OF OTHER EXPENSES

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization VFW Post 9365	Employer Identification Number 92-6002956

Description of Other Expenses	Amount
Insurance	29,983
Bank Charge	1,311
Licenses and Permits	2,085
Linen Expense	473
Music and Entertainment	1,949
Office	110
Miscellaneous	3,709
Safety	966
Reimbursements	1,855
Total	42,441

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

For Calendar year 2009, or tax year period beginning

and ending

Employer Identification Number

92-6002956

09_EOEZGR110L

PRIMARY EXEMPT PURPOSE

Attachment 7: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization VFW Post 9365	Employer Identification Number 92-6002956

Primary Purpose

Serve needs of veterans, their families and the community

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
------------------------------	---

Name of Organization VFW Post 9365	Employer Identification Number 92-6002956
---------------------------------------	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
DUANE E GONZALES PO BOX 871783 Wasilla, AK 99687	COMMANDER	0	0	0
WILLIAM DISHON PO BOX 872000 Wasilla, AK 99687	QUARTERMASTER	0	0	0
TODD A MAYNARD PO BOX 870783 Wasilla, AK 99687	SENIOR VICE	0	0	0
EDWARD W MULLEN HC 31 BOX 5245A Wasilla, AK 99654	JUNIOR VICE COMMANDER	0	0	0

BOOKS ARE IN CARE OF

Attachment 9 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization VFW Post 9365		Employer Identification Number 92-6002956
Part V - Line 42a		

Individual Name WILLIAM D DISHON
or
Business Name:

Street Address PO Box 4027

U S Address

Zip code 99645 City Palmer State AK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (907) 376-5820

Fax Number

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

Attachment 10: Sch G Page 3, Part III, Line 14

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization VFW Post 9365		Employer Identification Number 92-6002956
Part III - Line 14		

Individual Name JOHN MINNICK

or

Business Name:

Street Address

U.S. Address:

Zip code 99687 City Wasilla State AK

or

Foreign Address

City

Province or State

Country

Postal code

GAMING MANAGER INFORMATION

Attachment 11: Sch G Page 3, Part III, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization VFW Post 9365	Employer Identification Number 92-6002956
Part III - Line 16	

Individual Name JOHN MINNICK

or

Business Name:

Compensation _____

Services Provided.

Title _____

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2009Attachment
Sequence No. **67**Name(s) shown on return
VFW Post 9365Business or activity to which this form relates
FOR FORM 990-EZ LINE 14Identifying number
92-6002956**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (busn use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	138

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	8,918
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		17,751	07	HY	200 DB	2,537
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	11,593
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

2009 ADDITIONAL DETAIL STATEMENTS

VFW Post 9365
92-6002956

FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

11,593