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990

SCANNED JAN 1 1 2011

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 Inspection

Form **990** (2009)

1	For the 2009 ca	alendar year, or tax year beginning $04/01/09$, and ending $03/3$	T/T0		
3	Check if applicable	Please C Name of organization VETERANS OF FOREIGN WARS OF TO	HE US	D Employ	er identification number
	Address change	label or VFW-SD		,, ,	000050
	Name change	print or Doing Business As	- 	 	209053
	Initial return	type. Number and street (or P O box if mail is not delivered to street address) See 3601 S. MINNESOTA AVENUE	Room/suite		ne number · 338 – 0869
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receipt	770 765
	Amended return	tions. SIOUX FALLS SD 57105		G Gross receipt	34
Ħ	Application pending	F Name and address of principal officer		H(a) Isthisag	group return for
	- Approacon ponemy			affiliates?	
				H(b) Are all af included?	filiates Yes No
				If "No," a	ttach a list (see instructions)
<u>. </u>	Tax-exempt state	us X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527 WWW.VFW628.COM			
	-		1		emption number
	Type of organization art I Si	X Corporation Trust Association Other ▶ ummary	L Year of formation 1	.921 N	State of legal domicile SD
	T	lescribe the organization's mission or most significant activities			
4.	1	ERAN SERVICE CLUB - 1800 MEMBERS			
nce					
ī					
ove.	2 Check th	his box ▶ ☐ if the organization discontinued its operations or disposed of more	han 25% of its net as	sets	
Activities & Governance		of voting members of the governing body (Part VI, line 1a)		3	1800
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	1800
Σij	5 Total nu	imber of employees (Part V, line 2a)		5	33
Act	6 Total nu	imber of volunteers (estimate if necessary)		6	1000
	7a Total gro	oss unrelated business revenue from Part VIII, column (C), line 12		7a	427,992
	b Net unre	elated business taxable income from Form 990-T, line 34	· · · · · ·	7b	242
	8 Contribu	utions and grants (Part VIII line 1hRECEIVED	Prior Ye	8,121	Current Year 22, 950
ĭ	9 Program			0,141	22,950
Revenue		n service revenue (Part VIII), line 2g) ient income (Part VIII, columi) (A), நித்த3,அ, สีกண்டிற		6,868	2,210
æ	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the		3,092	508,039
		venue – add lines 8 through 11 (must equal Part VIII; column (A), line 12)		4,345	533,199
		and similar amounts paid (Part IX, coumn (A), lines 11-3)			· · ·
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			
S	15 Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23	5,908	244,106
xpenses	16a Professi	ional fundraising fees (Part IX, column (A), line 11e)			
		ndraising expenses (Part IX, column (D), line 25) ▶ 440		1 070	222 152
ш		xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,878	300,160
		spenses Add lines 13–17 (must equal Part IX, column (A), line 25)		0,786	544,266
5 8		e less expenses Subtract line 18 from line 12	Beginning of Cu	6,441	-11,067 End of Year
Sets	20 Total as	ssets (Part X, line 16)	~	6,731	551,032
Net Assets or	21 Total lial	bilities (Part X, line 26)		3,971	5,742
		ets or fund balances Subtract line 21 from line 20	53	2,760	545,290
P	Part II S	ignature Błogk			
		nder penalties of perium. I declare that I have examined this return, including accompanying so nd belief, it is true, cases, and complete. Declaration of preparer (other than officer) is based o	nedules and statements,	and to the best	of my knowledge
e:.		V (1/12011)	THE PROPERTY OF WINDS	I	ny kilomougo
	gn ere				
r i C		Signification Barg Quarternas	top	17 -17	2010
		Type or print name and title		10- 11	
) 16 · 10 /1	ite Check	: if	Preparer's identifying number
	IIO sig		2/07/10 self- emplo		(see instructions) P00005383
	eparer's ├─	KMWF/& ASSOCIATES PC	_, _, _ o inplo	EIN D	46-0387944
US	,	rm's name (or yours self-employed), 6009 S SHARON AVE STE 101	· · · · · · · · · · · · · · · · · · ·	Phone	
		ddress, and ZIP+4 SIOUX FALLS, SD 57108		l l	605-336-7213
Ma	y the IRS discu	iss this return with the preparer shown above? (see instructions)			X Yes No

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

) (Revenue \$

Form 990 (2009)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

515,863

Pa	irt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	İ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
-	Schedule C, Part II	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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ť		
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	' -		
0	complete Schedule D, Part III	8		х
9	·	-		
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,"			v
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	ا 🗚 ا		x
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		┌┷
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		x	l
	VII, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 102 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			
•	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		X
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 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the 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			
	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	1		i
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part 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 12 If "Yes," complete Schedule I, Parts I and II 21 X 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 X 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 X 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 X 24b through 24d and complete Schedule K. If "No," go to line 25 24a 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 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 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 X 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 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 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? X If "Yes," complete Schedule L, Part III 27 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b c 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. X Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 19? Note. All Form 990 filers are required to complete Schedule O

_Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		_			
	U.S. Information Returns Enter -0- if not applicable	1a	0			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	е			ĺ
	gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	33			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t	ns?		2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
_	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			7.	ł
	this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial		4.5		x
L	account)?			4a		<u> </u>
D	if "Yes," enter the name of the foreign country	Daal.				ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign and Financial Accounts	bank				İ
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			50		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		5a 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			30		
·	Prohibited Tax Shelter Transaction?	iong		5c		ĺ
6a		_		100		
-	organization solicit any contributions that were not tax deductible?	•		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		100		
_	gifts were not tax deductible?			6ь		
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 g	oods				
	and services provided to the payor?			7a	i	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>7g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				
	required?			7h		X
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.				1	
a	Did the organization make any taxable distributions under section 4966?			9a		-
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	المما]			
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		\dashv		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	מטו	·	\dashv		
'' a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	118	<u> </u>	\dashv		
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	1	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
	processing and Jean					3

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.

<u>Sec</u>	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a 180			
b	Enter the number of voting members that are independent	1b 180	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				i
	of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a	Х	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
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		9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the	nternal			
Rev	enue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11	X	
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	X	$ldsymbol{ld}}}}}}$
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b	X	
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	Х	<u> </u>
13	Does the organization have a written whistleblower policy?		13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)			
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
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				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	terest			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of	of the			
	organization ► VFW - SD 3601 S MINNESOTA				
s:	OUX FALLS SD 571	05	605-33	8-0	869

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	(B) Average	Posi	tion ((C checl	hat a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee 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
RICK BARG									
QTRMASTER	30.00			Х			9,825	0	
TOM GILBERT	0 00							•	
COMMANDER BUTCH HAUGEN	8.00	-		X			0	0	
SR. V. COMM	8.00			x			o	0	
STEPHEN CHAFFINS	8.00	\vdash	 	^	 -		0	<u> </u>	
JR. V COMM	8.00			x			o	0	
						!			:
DAA									Form 990 (20)

Par	(A) Name and Title	(B) Average			((C)	yees		(D) Reportable	(E) Reportable	(F) Estimated		
		hours per week	Individual trustee or director		Officer	Key employee	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 organization	on n i	
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]	<u> </u>		_		<u> </u>					<u> </u>	
		-						 					
		•											
		_								- 10-			
1b 2	Total number of individuals (ii	-			thos	se lis	sted a	abov	9,825 re) who received more than				
	reportable compensation from	the organization	<u>n</u> ▶	0							Ye	es No	
3	Did the organization list any fi employee on line 1a? If "Yes, For any individual listed on lir the organization and related of	" complete Sche le 1a, is the sum	dule of re	J for	r suc able	h in con	dıvıdı npen:	ual satio	on and other compensation	from	3	X	
5	individual Did any person listed on line	1a receive or acc	crue	com	pens	atio	n froi	m ar	ny unrelated organization fo		4	X	
	services rendered to the orga tion B. Independent Contract	tors									5	<u> </u>	
1	Complete this table for your fi compensation from the organ	ization	ensa	ated	ınde	pen	dent	cont			1 6	C)	
<u> </u>	Name an	(A) d business address							Descri	(B) option of services	Compe	C) ensation	
								 					
						•				·			
2	Total number of independent more than \$100,000 in comp	-		-			ted to	the	se listed above) who recei	ved	0		
DAA											Form 9	90 (2009	

,,,,, ,,,,,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated can	npaigns	1a	,				
b	Membership de	ues	1b	11,207				
C	Fundraising ev	ents	1c					
d	Related organi	zations	1d					
е	Government grants (contributions)	1e					
	All other contribution and similar amounts		1f	11,743				
g	Noncash contribution	ns included in lines 1a-1f	\$					
h	Total. Add line	s 1a–1f		<u> </u>	22,950			
١.				Busn. Code				
2a								
b								
C								
d								
е							· · · · · · · · · · · · · · · · · · ·	
		am service reveni	ue	L				1111-111
	Total. Add line							
3		ome (including di	vidends	s, interest, and				
	other similar a	•		•	3,547			3,5
		vestment of tax-	exempt	bond proceeds ►				
5	Royalties			<u> </u>				
		(ı) Real		(ii) Personal			[
6a	Gross Rents	35,5	500					
b	Less rental exps							
С	Rental inc or (loss)	35,	500					
	Net rental inco	me or (loss)		>	35,500			35,5
7a	Gross amount from sales of assets	(i) Securities		(II) Other				•
	other than inventory	39,4	152				į	
Ь	Less cost or other						Į.	
	basis & sales exps	40,7	789					
С	Gain or (loss)	-1,3	337			1		
	Net gain or (lo	ss)		•	-1,337	-1,337	Ì	
1		m fundraising event	ts 🗆					-,
	(not including \$.						
		eported on line 1c)			•			
	See Part IV, line		a					
Ь	Less direct ex		ь					
1		(loss) from fundra		vents		1		
		m gaming activities	_	VOI.10				
••	See Part IV, line	• •	a	69,354	.	1		
۱ ۲	Less direct ex		ь	27,928				
1		(loss) from gamır			41,426	37,520	3,906	
1		inventory, less	ig activ	illes	41,420	31,320	3,300	
'Va	returns and all	*		472,824			l	
h			a b					
	Less cost of g			177,249	305 575	2 77	200 254	
├ ६		(loss) from sales	or inve	ntory Busn. Code	295,575	-2,776	298,351	
40-		ellaneous Revenue		 -	111 74-		111 04-	
11a	LOTTO MAC			713990			111,045	
b	STORAGE U			531190			14,690	
C	PANCAKE B				6,632	6,632		
	All other reven			L	3,171	3,171		
l e	Total. Add line	s 11a–11d		>	135,538	43,210	427,992	
12		e. See instruction			533,199			39,0

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
<u>/b,</u>	Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		·		
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
·	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				, <u> </u>
	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	205,195	196,483	8,712	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	10 100	15 050	2 222	
9	Other employee benefits	19,188	15,350	3,838	
10	Payroli taxes	19,723	18,794	929	
11	Fees for services (non-employees)				
a	Management				
b	Legal	6,545	3,273	3,272	
c d	Accounting Lobbying	0,343	3,213	3,212	
e	Professional fundraising services See Part IV, line 17			,	***
f	Investment management fees				
g	Other			···	
12	Advertising and promotion	14,780	14,780		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	3,746		3,746	
14	Information technology				
15	Royalties				
16	Occupancy	79,300	73,950	5,350	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,808	9,808		
20	Interest				
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	44,667	43,948	719	
23	Insurance				
	Other constant is		1		
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)				
а	ENTERTAINMENT	47,375	47,375		
b	SUPPLIES	17,385	17,385		
c	COMM SERVICE & DONATIONS	14,106	14,106		,
d	ROTC EXPENSES	8,992	8,992		
е	JANITORIAL SUPPLIES	7,301	7,301		
f	All other expenses	46,155	44,318	1,397	440
25	- <u>-</u>	544,266	515,863	27,963	440
26	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				

			(A)		(B)
		Out and the second	Beginning of year		End of year
	7	Cash—non-interest bearing	96,700	1	94,899
	2	Savings and temporary cash investments	10,748	2	31,834
	3	Pledges and grants receivable, net		3	
'		Accounts receivable, net		4	
'	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	_	Schedule L		5	
'	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	1		
y,	_	Part II of Schedule L		6	
ĭ,	7	Notes and loans receivable, net		7	10.010
Asi	8	Inventories for sale or use	10,419	8	12,019
` '	9	Prepaid expenses and deferred charges	10,423	9	9,821
1	0a	Land, buildings, and equipment cost or			
	_	other basis Complete Part VI of Schedule D 10a 1,231,6			
		Less accumulated depreciation 10b 914,5		10c	317,126
	1	Investments—publicly traded securities	71,130	11	85,333
ľ	2	Investments—other securities See Part IV, line 11		12	
	3	Investments—program-related See Part IV, line 11		13	
	4	Intangible assets		14	
1	5	Other assets See Part IV, line 11		15	
	6	Total assets. Add lines 1 through 15 (must equal line 34)	536,731	16	551,032
	7	Accounts payable and accrued expenses	3,971	17	5,742
- 1	8	Grants payable		18	
1		Deferred revenue		19	
2		Tax-exempt bond liabilities		20	
	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≝ ²	2	Payables to current and former officers, directors, trustees, key			
ap		employees, highest compensated employees, and disqualified			
I .		persons Complete Part II of Schedule L		22	
	3	Secured mortgages and notes payable to unrelated third parties	-	23	
	4	Unsecured notes and loans payable to unrelated third parties		24	
- 1	5	Other liabilities Complete Part X of Schedule D	0.074	25	E 540
	6	Total liabilities. Add lines 17 through 25	3,971	26	5,742
ĕ		Organizations that follow SFAS 117, check here ▶ X and			
Ĕ	_	complete lines 27 through 29, and lines 33 and 34.			F4F 000
(F) 2	7	Unrestricted net assets	532,760	27	545,290
<u> </u>	8	Temporarily restricted net assets		28	
Net Assets or Fund Balances	9	Permanently restricted net assets		29	
正		Organizations that do not follow SFAS 117, check here ▶			
ō		and complete lines 30 through 34.		_	
\$ 3	0	Capital stock or trust principal, or current funds		30	
38	1	Paid-in or capital surplus, or land, building, or equipment fund	- -	31	
₹ 3	2	Retained earnings, endowment, accumulated income, or other funds		32	F4F 644
<u>₹</u> 3	3	Total net assets or fund balances	532,760	33	545,290
<u>~ 3</u>	4	Total liabilities and net assets/fund balances	536,731	34	551,032

Form **990** (2009)

<u>Form</u>	1990 (2009) VETERANS OF FOREIGN WARS OF THE US 46-0209053		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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			
	Schedule O			
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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
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		
		Form	990	(2009)

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 OF THE US VFW-SD 46-0209053 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 2 Aggregate contributions to (during year) 3 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. Part II 1 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 2d 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 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 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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

b Assets included in Form 990, Part X

	dule D (Form 990) 2009 VETERANS					46-02		Page 2
Pa	rt iii Organizations Maintaining	Collections of Art	, Historical	Treas	ures,	or Other	Similar Asset	ts (continued)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records, ch	eck any of the	following	g that a	re a significa	ant use of its	
а	Public exhibition	d Loan	or exchange	program	s			
b	Scholarly research	e Othe						
С	Preservation for future generations							
4	Provide a description of the organization's col Part XIV	lections and explain how	v they further t	he organ	ıızatıon'	s exempt pu	irpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art be maintained as part of	, historical trea of the organiza	asures, o tion's col	or other llection	sımılar >		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am				ition a	nswered	"Yes" to Forn	n 990, Part
1a	Is the organization an agent, trustee, custodia				er asse	s not		· · · ·
	included on Form 990, Part X?	·						Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follows	ng table					
	-	·						Amount
С	Beginning balance						1c	
	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?						Yes No
	If "Yes," explain the arrangement in Part XIV							
	rt V Endowment Funds. Compl	ete if organization	answered "	Yes" to	Forn	n 990, Pa	rt IV, line 10.	
		(a) Current year	(b) Prior y			years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	-						
	Contributions							
	Net investment earnings, gains,		-					
	and losses							
d	Grants or scholarships			Ì		••••••		
	Other expenditures for facilities				***************************************	•		
•	and programs							
f	Administrative expenses			†				
	End of year balance							
2	Provide the estimated percentage of the year	and halance held as					 	
a	Board designated or quasi-endowment ▶	%						
	Permanent endowment ▶ %	~						
	Term endowment ▶ %							
	Are there endowment funds not in the posses	sion of the organization	that are held s	and admi	inistere	d for the		
	organization by	o.o.r or the organization	mar are neig c	ano aunn		2 .07 .110		Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
h	If "Yes" to 3a(ii), are the related organizations	listed as required on Sc	shadula P2					3b
	Describe in Part XIV the intended uses of the							30
	In the investments—Land, Buildi			rm 990) Parl	Y line 1	n	
	Description of investment	(a) Cost or other basis		ost or other			cumulated	(d) Book value
	becomplient of investment	(investment)	1 ' '	sis (other)		١,,,	eciation	(u) book value
10	Land	(143,			,	143,868
	Buildings			596,			453,831	142,255
	-			166,				
	Leasehold improvements						149,125	17,131
	Equipment			325,	, 4 / 3		311,603	13,872
	Other I. Add lines 1a through 1e (Column (d) must ed	Tural Form 000 P-4 Y -	oluma (B) Ira	0.10/6\\		<u> </u>		317,126
····	i. Aug inica la dilough le (Coluitii (a) Must et	Juai Fullii 330, Päil A. C	יטועווווו עם), ווווו	- IV(C))				211,120

Part VII Investments—Other Securities. See Form 990		40-0209055	Page 3
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	r market value
Financial derivatives			
Closely-held equity interests			
Other		 	
		<u> </u>	
		<u> </u>	
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			······································
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
		Cost or end-of-year	ır market value
			·
		<u> </u>	
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
(a) Description			(b) Book value
	-		w
	· · · · · · · · · · · · · · · · · · ·		
A PERSONAL DESCRIPTION OF THE PERSON OF THE			
	T		
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 2	5		
1 (a) Description of liability	(b) Amount		
Federal income taxes		_	
		4	
		4	
	ļ	4	
	ļ	-	
Total (Column (b)		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ	nization's financial statem	ents that reports the	
organization's liability for uncertain tax positions under FIN 48			

	dule D (Form 990) 2009 VETERANS OF FOREIGN WARS OF T	HE	US 46-020905	3	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ited Financial Staten	nents	3
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			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts V	Vith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ı	ſ		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	_2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	r	1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			ŀ	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	<u> </u>		
С	Add lines 4a and 4b			4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	. <u></u>
<u>Pa</u>	rt XIII Reconciliation of Expenses per Audited Financial Statem	<u>ents</u>	With Expenses per l	Retur	'n
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		I		
а	Donated services and use of facilities	2a		-	
þ	Prior year adjustments	2b		4	
С	Other losses	2c	·	-	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	ſ	1	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		1	
þ	Other (Describe in Part XIV)	4b	<u> </u>	┨.	
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u> </u>
	art XIV Supplemental Information		1.5.000		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, III				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, and All All All All All All All All All Al	nes 2d	and 4b Also complete		
this	part to provide any additional information				
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Sche	irt	XI	<u>V</u>	Sι	ıpp	len	<u>ien</u>	tal	Info	orn	nati	on	(co	ntin	ue	d)																				
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_	
	-	_	_	_		_	_	-		_	_	-	_	_	-	_	_	_	_	_	_	_	-	_	- ·			_	_	_	_	_	_	_	_	
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_	_	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_ :		_	_	_	_	_	_	_	_	_	
	_	_	_	_	_	_	_	_		_	_	_		_	_	_	_		_	_	_	_	_	_				_	_	_	_	_		_	_	
	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_		_				_	_	_	_	_	_	_	_	
	_	-	_	_	_	_	-	-	_	_	-	_	_	_	_	-	_	_	_	_	_	_	_	-				_	_	_	_	_	_	_	_	
	-	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	-				_	_	_	_	_	_	_	_	
	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_	
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_	
	_	_	_		_	_	_	_		_	_	_		_	_	_	_	_	_	_	_	_	_	_	 .			_	_	_	_		_	_	_	
	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	-				_	_	_	_	-	_	_	_	
_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_		_				_	_	_	_	_	-	_	_	
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SCHEDULE G (Form 990 or 990-EZ) **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

Department of the Treasury Internal Revenue Service Name of the organization

VETERANS OF FOREIGN WARS OF THE US

Employer identification number

VFW-SD					46-02090	53
Part I Fundraising Activities. Complete it Form 990-EZ filers are not required	f the organizat I to complete t	ion a	nswe	ered "Yes" to Forr	n 990, Part IV, lii	ne 17.
1 Indicate whether the organization raised funds through	any of the following	g activ	ities	Check all that apply		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernm	ent grants		
c Phone solicitations	g Special fur	ndraisi	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	rith any individual (in connection with	includ profes	ing off	icers, directors, trusted If fundraising services?	es	Yes No
b If "Yes," list the ten highest paid individuals or entities (f to be compensated at least \$5,000 by the organization	fundraisers) pursua	ant to	agree	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	have dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				:		
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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

$\overline{}$	art I	9	vents. Complete	if the orga	anization answer	ed "Yes" to	o Form 990, Par	t IV, line than \$5	e 18, or re		age ∡ ed
Revenue	1 2	Gross receipts Less Charitable contributions Gross revenue (line 1 minus line 2)	(a) Event #		(b) Event #		(c) Other events (total number)		(d) Total (add col (a col	a) throu	gh
Direct Expenses	4 5 6 7 8 9	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary	_		• •						
P	art I	•	plete if the orgar	ization an	swered "Yes" to	Form 990,	Part IV, line 19,	or repo	orted more		
Revenue			on Form 990-EZ (a) Bingo		(b) Pull tabs/in bingo/progressive	e bingo	(c) Other gaming		(d) Total gar col (a) throu	gh col	(c))
Direct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs		62,623		6,731				69,	
	6 7 8	Other direct expenses Volunteer labor Direct expense summary Net gaming income sum	_		Yes X No	2,825 %	Yes X No	% •		27, 27,	928
9 a b	Is If " N	ter the state(s) in which the organization licensed to No," Explain. OT REQUIRED To ere any of the organization Yes," Explain	o operate gaming ac	tivities in each	n of these states?	uring the tax	year?		9a 10a	Yes	X X
11 12	Is	es the organization operat the organization a grantor, med to administer charitat	beneficiary or trustee			ership or othe	r entity		11	x	x

Sche	dule G (Fo	m 990 or 9	990 , EZ) 20	009	VETERAN	S OF	FOREIGN	WARS	OF	THE	US	46-0209	053	Р	age 3
													٠	Yes	No
13		•	-	ing activ	ty operated in							1			
а	The organ	ization's fa	cility								13a	100.00	%		
b	An outside	•									13b	1	%		
14	Provide th	e name an	d address	of the pe	rson who prepa	res the	organization's g	amıng/speci	al eve	nts book	s				
	and record	ds													
	Name -	VFW -	SD												
		3601 S	MINNE	SOTA											
	Address >	SIOUX	FALLS								SD	57105			
15a	Does the	organizatio	n have a	contract v	vith a third party	from wh	om the organiz	ition receive	es gan	ning					
	revenue?												15a		X
b						-	ganization 🕨	\$			and	the			
	amount of	gaming re	venue reta	ained by f	he third party	\$								•	
C	If "Yes," e	nter name	and addre	ss of the	third party										
	Name >														
	Address >														
16	Gaming m	nanager inf	ormation												
	Name ▶														
	Gaming n	nanager co	mpensatio	on ▶ \$											
	Description	n of servic	es provide	d ▶											
	Direc	tor/officer	[Emp	loyee	Ind	dependent conti	actor							
17	Mandator	y distributio	ons												
а	Is the orga	anization re	equired un	der state	law to make ch	aritable (distributions from	n the gamin	g proc	eeds to					
	retain the	state gami	ng license	?									17a		X
b	Enter the	amount of	distributio	ns require	ed under state la	w distrib	outed to other e	empt organ	ıızatıor	s or spe	ent				
	in the orga	anization's	own exem	pt activiti	es during the ta	x year ▶	\$							<u> </u>	<u> </u>

Schedule G (Form 990 or 990-EZ) 2009

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

Name of the organization

Department of the Treasury Internal Revenue Service

VETERANS OF FOREIGN WARS OF THE US VFW-SD

Employer identification number 46-0209053

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
VFW HAS 1800 MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS ELECT OFFICERS

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 IS TO PRESENT IT TO THE
HOUSE COMMITTEE AND REVIEW IT BEFORE ANY FILING IS DONE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
PERIODIC REVIEW OF BUSINESS ARRANGEMENTS ARE MADE

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SET BY HOUSE, COMMITTEE AND QUARTER MASTER ARE MADE ON A PERIODIC BASIS

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
APPROVED BY POST FLOOR BY COMPARING TO LOCAL MARKET RATES

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

	. .	•	Special Eve	nts Schedule		
Form 99	0	For calendar year 2009, or ta	ax year beginning	04/01/09 , and end	ding 03/31/10	2009
ame VETERAN VFW-SD	s of	FOREIGN WARS OF	THE US			entification Number
	-	(A)	(B)	(C)	Others	Total
Gross receipts	i	14,138	12,763	7,260	8,852	43,013
Less contrib	utions		0	0	0	0
Gross revenue	•	14,138	12,763	7,260	8,852	43,013
Less direct e	expenses	13,692	6,131	7,453	5,934	33,210
Net income (lo	ss)	446	6,632	-193	2,918	9,803
Description	(A) (B)	HONOR FLIGHT PANCAKE BREAK				
	(C)	FIRING SQUAD	 .			
	Others	FUND RAISING CHICKEN & COR		ies_		

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1935 VETERANS OF FOREIGN WARS OF THE US 46-0209053 FYE: 3/31/2010

	Form 990, P	Part IX, Line 24f - All Other Expenses	f - All Ot	ner Expenses				•
Description	Ш	Total Expenses		Program Service	Mana	Management & General	Ra	Fund Raising
YAUMDRY	, ,	7.249	w	7,249	ω		ស	
POST NEWSLETTER	-	7,196	-	۲,	-			
MISCELLANEOUS		5,952		ص				
POSTAGE		-		2,705		1,397		
CONSULTING FEES		3,710						
STATE & NATL DUES & MISC		3,101		3,101				
LICESES AND TAXES				_				
CHRISTMAS BONUS		•		-				
ATM		•		ω,				
MAP PROGRAM		•						
VOD		•		9				
TELEPHONE		955		955				
AMERICAN PRIDE RIDE EXP		802		805				
REPAIRS		727		727				
HOLIDAY DECORATIONS		653		653				
CHILDRENS XMAS PARTY		440						440
MONEY MANAGEMENT FEES		375		375				
STAG PRIZES		300		300				
DAUBY SPORTS		238		238				
VETERANS DAY BANQUET		236		236				
TOTAL	₩.	46,155	w	44,318	φ	1,397	w	440