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.990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasur	١
Internal Revenue Service	

Open to Public

		ue Service		-	organization		use a copy of thi					unemen			nspection	
A F	or the	2009 calendar y	ear, or						, 2009, a		ing		06	-30 ,2	0 10	
B C	heck if a		lease	C Na	ime of organization	on VETERAN	S OF FOREIG	N WARS I	EPT. 99	26			1	D Employ	er identificatio	n no
Ar	ddress o		e IRS belor	Do	oing Business As			_						23-71	71916	
] Ni	ame cha	ange pr	nint or	Nu	ımber and street (or PO box if ma	ail is not delivered to	street address)		Room	/surte	T	E Telepho	ne number	
in	ıtıal retu	ım	ype. See	PO	BOX 586,	ROUTE 33	3]	(304)	812-590	5
Tr	erminate		ecific struc-	Сп	ty or town, state o	r country, and Zi	P+4						- 1	G Gross n	eceipts	•
≒ ₄	mended	1 .	ions.	MA	SON, WV 2	5260-0586	5						ŀ	\$	463	,879
=			Name	and ac	ddress of principa	officer ARN	OLD STUMP		_							
							_				H(a)	Is this a gr affiliates?	oup ret	urn for	Yes	X No
l Ta	ax-exem	npt status X 5	501(c) (191	(insert no)	4947(a	(1) or 527				7					No A
	/ebsite	▶ N/A	(-, ((iiio)				'		H(c)	If "No," att	ach a lis	cluded? st (see inst number	ructions)	
		rganization X Coi	moration	<u>, </u>	Trust Associ	ation Othe	r >		ear of format	ion.	1 . 40/	T		il domicile	WV	/*/
Par		Summary	poration	<u></u>	Trest	allonout			real of format	1011		IN Olate	or lega	il dominano		
Fai	1	Briefly describe	the orc	nanız:	ation's mission	n or most sign	nificant activities	EX	EMPT AS	A 50	l (C)	(19)	ORG	ANIZAT	ION	
	! '	VETERANS OF	_	-		ii oi iiiost sigi	micant activities			11 30.	- (0, ,	(13)	01101			
A C C C		OF THE UNIT				OTCA A NA	TONAL VETE	TRANS OR	288177871	TON.				<u> </u>		
G		OF THE UNII		TATE	35 OF AME	TCA A NA	TIONAL VETE		JANIZATI	ON.						
v		01 1 11 1	<u> </u>							0504						
r		Check this box			•		•	aisposea oi	more than	25% 0	r its ne	t assets	ء ا	1		
n a n c	3	Number of votin	•		•	• • •	•						3			
ก	4	Number of indep			•	•	• • •	•					4			4
s c	5	Total number of	emplo	oyees	(Part V, line 2	2a) • • • •		• • • • • •	• • • • •		• • •	• • • •	5	ļ		8
.	6				•	• •				• • • •	• • •	• • • •	6			
	7a	Total gross unre	elated b	busine	ess revenue f	rom Part VIII,	column (C), line	e 12 • • •	• • • • •		• • •	• • • •	7a			0
	b	Net unrelated but	usiness	s taxa	ible income fr	om Form 990)-T, line 34 • •						7b			0
_											Pi	ior Year		C	urrent Year	
R e	8	Contributions ar	nd gran	nts (P	art VIII, line 1	h) • • • • •				• •		12	,481		8	,241
٧	9	Program service	e reven	nue (F	art VIII, line 2	(g) • • • • •						473	,584		448	,561
e n	10	Investment inco	me (Pa	art VII	il, column (A),	lines 3, 4, ar	nd 7d) • • • •					22	,144		7	,077
u e	11	Other revenue (-													0
٠	12	Total revenue -										508	,209		463	,879
	13	Grants and simi														0
		Benefits paid to														
E x	15	Salaries, other of	comper	nsatic	n embovee	Haetis Par	IX COLLEGE (A)	lines 5-10)				165	,707		153	,704
P		Professional fun								⊢			,	 		0
e n		Total fundraising							0	` '⊢						
S					"					- ⊢		100	,053		170	,870
e s		Other expenses							• • • • •	∵⊢			<u>. </u>			,574
	18	Total expenses			•	•	• •	•		∵⊢			,760			
	19	Revenue less ex	xpense	es Si	ubtract line 18	from line 12		• • • • •	• • • • •				,449	ļ	139	, 305
Net Assets										Be	ginning	of Current			nd of Year	
or	20	Total assets (Pa			•	• • • • • •				••⊢		1,581	,239		1,720,	544
Fund Bal-	21	Total liabilities (-	-	•			• • • • • •	• • • • •				4			0
ences	22	Net assets or fu	nd bala	ances	Subtract lin	e 21 from line	e 20 · · · · ·	• • • • • •		• •		1,581	,239	L	1,720,	544
_	 _	0:	Block	<u>k</u>												
<u>Par</u>		Irt II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known to												lge		
<u>Par</u>		Under penalties of	f perjury,									s any know	vledae			
	t II	Under penalties of	f perjury,				n, including accompa (other than officer) is					s any knov	vledge	01	/0/	
	t II	Under penalties of	f perjury,									s any knov	vledge	07/	09/2	-01
Sign	<u>t II </u>	Under penalties of	f perjury, e, correct									s any knov	vledge Dat	07/	<u> 109/2</u>	0/
Sign	<u>t II </u>	Under penalties of and belief, it is true Signature of	f perjury, e, correct officer	ct, and c		ation of preparer	(other than officer) is					s any knov		<i>07/</i>	<u> 09 2</u>	-01
Sign	<u>t II </u>	Under penalties of and belief, it is true Signature of	f perjury, e, correct two	ct, and c	THERS, QUA	ation of preparer	(other than officer) is					s any knov		<i>01</i> / _e	09/2	<u></u>
Sign	<u>t II </u>	Under penalties of and belief, it is true Signature of ROBERT Type or print	f perjury, e, correct two	ct, and c	THERS, QUA	ation of preparer	(other than officer) is			which pre		Prepar	Dat	ntifying nur	·/ 	<u></u>
Sign Here	<u>t II </u>	Under penalties of and belief, it is true Signature of ROBERT	f perjury, e, correct two	ct, and c	THERS, QUA	ation of preparer	(other than officer) is	s based on all #	nformation of	Check if	parer ha	Prepar	Dat	ntifying nur	·/ 	<i>201</i>
Sign Here	t II	Under penalties of and belief, it is true Signature of ROBERT Type or print Preparer's	f perjury, e, correct two	ct, and c	THERS, QUA	ation of preparer	(other than officer) is	s based on all #	nformation of	which pre	parer ha	Prepar	Dat	ntifying nur	·/ 	60/ —
Sign Here Paid Prepa	t II	Under penalties or and belief, it is true Signature of ROBERT Type or print Preparer's signature	f perjury, e, correct of the correct	CARUT	THERS, QUI	ARTERMAST	(other than officer) is	s based on all a	nformation of	Check if self-employe	parer ha	Prepar	Dat	ntifying nur	·/ 	<u>~0/</u>
Sign Here	t II	Under penalties of and belief, it is true Signature of ROBERT Type or print Preparer's signature Firm's grape (or yellow)	f perjury, e, correct of the correct	CARUT	THERS, QUI	ARTERMAST	(other than officer) is	s based on all a	nformation of	Check if self-employe	parer ha	Prepar	Dat	ntifying nur	·/ 	6_
Sign Here	t II	Under penalties or and belief, it is true Signature of ROBERT Type or print Preparer's signature	f perjury, e, correct of the correct	CARUT	THERS, QUI	ARTERMAST	(other than officer) is	s based on all a	nformation of	Check if self-employe	parer ha	Prepai (see in	Date rer's ide struction	ntifying nur	·/ 	6

Form 990 (2009)

<u>Pa</u> 1	rt III Statement of Program Service According Briefly describe the organization's mission	iipiisiiiiierits		
	EXEMPT AS A 501(C), (19) ORGANIZATION VE			
	OF THE UNITED STATES OF AMERICA A NATION	NAL VETERANS ORGANIZAT	TION.	<u>. </u>
		 		
2	Did the organization undertake any significant program serv			
	the prior Form 990 or 990-EZ?			Yes No
•	If "Yes," describe these new services on Schedule O	changes in how it conducts, only	program	
3	Did the organization cease conducting, or make significant services?			☐ Yes XNo
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the	organization's three largest pro-	gram services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4			
	allocations to others, the total expenses, and revenue, if any			
4-) /D	
4a	(Code) (Expenses \$ 324 574) POST 9926 OF A 501 (C) (19) OF A NATIONAL	Including grants of \$) (Revenue \$)
	POST 9926 OF A 501 (C) (19) OF A NATIONAL	VETERANS ORGANIZATIO	ON .	
				
				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				<u></u>
				
			_	
				**
				
		- 		-
4-	(Onder) (Function 6) (Davisaria 6	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$,
			····	
			-	
				
44	Other program services (Describe in Schedule O)			
4d	(Expenses \$ Including grants of	\$ \\/R	Revenue \$	
4e	Total program service expenses > 3245	74	1 - 1	
	37,3	EEA		Form 990 (2009)

23-7171916

Page 2

Form 990 (2009) VETERANS OF FOREIGN WARS DEPT. 9926

Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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 · · · · · · · · · · · · · · · · · ·		
complete Schedule A · · · · · · · · · · · · · · · · · ·		
		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
candidates for public office? If "Yes," complete Schedule C, Part I		Х
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		
Schedule C, Part II		Х
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		_ X
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 · · · · · · · · · · · · · · · · · ·		17
 		<u>X</u>
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		
		<u>X</u> _
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		
complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		
X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		
complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·		<u>X</u>
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		X
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 • • • • • • • • • • • • • • • • • • •	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 	1	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
● Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
● 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	- 1	
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		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	[X
14a Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •		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		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		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	- 1	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1	
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		Х
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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	$\neg \neg$	
If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •		Х
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Page 4

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 242 Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 X Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III. IV. and V. line 1 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 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, 37 X 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 X

Par	t 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			ı
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		İ	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		.	
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c	X	
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 8			أ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	_X	
	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 covered by			
	this return? · · · · · · · · · · · · · · · · · · ·	3a		<u>X</u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		/
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		<u> X</u>
D	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		Ì	
-	and Financial Accounts		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			1
•	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		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		/
, -	Organizations that may receive deductible contributions under section 170(c).			i
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		<u>X</u>
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 required to file Form 8282? • • • • • • • • • • • • • • • • • • •	_		1,
		7c		<u>X</u> _
a	If "Yes," indicate the number of Forms 8282 filed during the year			
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		_
	benefit contract?			<u>X</u>
f 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		<u>X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7 g		<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? • • • • • • • • • • • • • • • • • • •	7h		v
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11		<u>X</u>
3	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		Į	
	organization, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
)	Sponsoring organizations maintaining donor advised funds.			<u> X</u>
	Did the organization make any taxable distributions under section 4966?	9a		v
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
	Section 501(c)(7) organizations. Enter	30		
) a	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 10b		•	
b 1	· · · · · · · · · · · · · · · · · · ·			ŧ
1	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			!
a h				ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ł	
2a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	140		/

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

Sec	tion A. Governing Body and Management			
	, , –		Yes	No
1a	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · · · ·			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
		2	_	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
		3		<u>X</u>
4		4		<u>X</u>
5		5		<u>X</u>
6		6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
		7a		<u>X</u>
b		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			i
а		8a	Х	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	artino digamento maning dalamato managementa in a construction of the construction of	9		<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
_			Yes	No
I0a		I0a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		l	
		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	· · · · · · · · · · · · · · · · · · ·	11	Х	
i1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_		
12a		I2a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	<u>-</u>	l2b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	_		
	<u> </u>	I2c	Х	
13		13	Х	
14		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		l	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	- 1	
a		15a		<u>X</u>
b		15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			1
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- <u>-</u> -
		16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		6b		<u>X</u>
	tion C, Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
_	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ROBERT W. CARUTHERS (304)812-5905			
	ROUTE 33 BOX 586 Mason, WV 25260			

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)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posit I t d nr i d ur i s e v t c i e t d e r a o I r	I t n r s u t s	Off-ce	K	at apply H c e 1 gh p o 2 s s e t e d	ForEe	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ARNOLD STUMP										
COMMANDER	20.00		}	X			ŀ	0	0	(
ERNEST E IMBODEN										
SR. VICE COMMANDER	10.00			X				C	0	(
DARREL STONE										
JR. VICE COMMANDER	10.00	<u> </u>		X	L			c	0	(
ROBERT W CARUTHERS										
QUARTERMASTER	20.00			X				0	0	
				ļ	L_					
					ļ					
		<u> </u>								 -
		ļ	_	<u> </u>	<u> </u>		ļ			
				<u> </u>						
		-					-			
		-	-							
		 		-		-				
		-	-	_		 				

(A) Name and Title	(B)	0)) Jack		at apply		(D) Reportable	(E) Reportable		(F) stimated	
Name and Thic	Average hours per week	Itd nri dur i se v t c l e t de o u r	1	$\overline{}$	K e y	H - ghest ed	F	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	mount of other npensati from the ganization nd relate ganizatio	on on ed
									•	<u> </u>		
		_								<u> </u>		
		1										
Total		<u></u>		• •			•	0	0			
Total number of individuals (including but not limited to reportable compensation from the organization ▶	those listed	abov	e) wi	ho re	cen	ved mo	ore t	han \$100,000 in	0			
Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the sum of report	r such indivi table compe	dual nsatio	 n an	d ot	 her	 compe	 nsai	on from		3	Yes	X
the organization and related organizations greater that individual								• • • • • • • •		4		3
services rendered to the organization? If "Yes," completed to B. Independent Contractors	ete Schedule	e J for	such	n pei	son	• •	• •			5		}
Complete this table for your five highest compensated compensation from the organization	ındependen	it conti	acto	rs th	at r	eceive	d m	ore than \$100,000	of			
(A) Name and business address								(B) Description of s	ervices		(C) epsation	<u>1</u>
NOW			-									
												_
Total number of independent contractors (including but more than \$100,000 in compensation from the organization from the organizatio		to tho	se lis	sted	abo	ve) wh	о ге	ceived	Ne			

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Part \	VIII_	Statement of Revenue					
• 				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a			tevenue		312, 313, 01 314
	ь	Membership dues · · · · · · · · 1b	8,241				
Contri-	6	Fundraising events · · · · · · 1c					
butions, gifts,	d						
grants	e	Government grants (contributions) • 1e					
and	٦	- · · · · · · · · · · · · · · · · · · ·				:	
other similar	'	All other contributions, gifts, grants, and similar amounts not included above					
amounts	_ ا	Noncash contributions included in lines 1a-1f \$	L				
	9		-	8,241			
	h	Total. Add liftes 1a-11		0,241			
	22	REVENUES AS A NATIONAL	Business Code				
	ì	VETERANS ORGANIZATION		448,561	448,561		
Program Service Revenue	1	VETERANS ORGANIZATION		440,501	440,561		
	C d						-
	_						
	9	All other program convec					
	l .	All other program service revenue • • • • • • • • • • • • • • • • • • •	<u> </u>	448,561			
	├ -	Total. Add lines 2a-2f		448,561			
	3	Investment income (including dividends, interest,		7,077	7 055		
	4	other similar amounts)		7,077	7,077		
	4	Income from investment of tax-exempt bond proc Royalties • • • • • • • • • • • • • • • • • • •					
	5	•					
		(i) Real	(II) Personal				
		Gross Rents · · · · · ·					
		Less rental expenses · · ·	-				
		Rental income or (loss) · · ·					
	ď	Net rental income or (loss)	• • • • • • •				
	7a	Gross amount from sales of assets other than inventory	(II) Other				
_	b	Less: cost or other basis and sales expenses • • • •					
O t	С	Gain or (loss)					
ĥ	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	• • • • • • •				
e	ľ	Gross income from fundraising					
•		events (not including \$					
R		of contributions reported on line 1c)					
e		See Part IV, line 18 • • • • • • • a					
0	ь	Less direct expenses · · · · · · b					
n		Net income or (loss) from fundraising events					
e		Gross income from gaming activities	-				
		See Part IV, line 19 · · · · · · · · a					
	b	Less: direct expenses · · · · · · · b					
		Net income or (loss) from gaming activities • •					
		Gross sales of inventory, less					
		returns and allowances · · · · · · · a		l			
	b	Less cost of goods sold · · · · · · b					
		Net income or (loss) from sales of inventory • •	• • • • • • •				
	_	Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue · · · · · · · · · · · · · · · · · · ·					
	е	Total. Add lines 11a-11d	· · · · · · •				
	12	Total revenue. See instructions		463,879	455,638	0	Ö

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). (D) Fundraising Do not include amounts reported on lines 6b, (A) Total expenses (B) (C) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 · · · · · Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 117,671 117,671 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 10 36,033 36,033 Fees for services (non-employees) а b Legal 6,714 6,714 Lobbying d Professional fundraising services See Part IV, line 17 • f Investment management fees · · · · · · · a 12 Advertising and promotion 13 Office expenses 14 Information technology 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . . . 19 20 21 22 Depreciation, depletion, and amortization . . 23 13,613 13,613 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) UTILITIES 15,148 15,148 4,300 CONVENTION/DUES 4,300 SUPPLIES 76,938 76,938 PROF. SERVICES 8,400 8,400 CONTRIBUTIONS 37,626 37,626 8,131 8,131 324,574 324,574 0 0 25 Total functional expenses. Add lines 1 through 24f · · 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

Balance Sheet Part X (A) (B) Beginning of year End of year 51,087 261,223 Cash - non-interest-bearing 820,831 2 750,000 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Α 6 S 7 7 Notes and loans receivable, net 8 R Inventories for sale or use 9 10a Land, buildings, and equipment cost or 709,321 other basis Complete Part VI of Schedule D · · · · · 10a 709,321 709,321 Less accumulated depreciation • • • • • • • • | 10b | 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 15 15 1,581,239 1,720,544 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 25 26 26 Organizations that follow SFAS 117, check here | X | and complete lines 27 through 29, and lines 33 and 34. NF 1,720,544 1,581,239 27 27 n Temporarily restricted net assets 28 28 29 29 В Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,720,544 1,581,239 33 33 Total liabilities and net assets/fund balances 1,720,544 1,581,239 34

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its methods 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
С	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		Х
	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			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-		
3a	·	20		.,
	the Single Audit Act and OMB Circular A-133?	3a		_X
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		
	EEA	Form	990 (2	2009)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name	of the organization	Employer identification number
VE:	TERANS OF FOREIGN WARS DEPT. 9926	23-7171916
Pa		or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year • • • • • • • • • • • • • • • • • • •	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year · · · · · · · · ·	
5	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? • • • • • •	· · · · · · · · · · · · · · · · · · ·
6	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?	···· Yes No
	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, P	art IV, line 7
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)	
	Protection of natural habitat	d historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation
	easement on the last day of the tax year	Hald state Cod state Toury
_	Total number of conservation easements	Held at the End of the Tax Year
a	Total number of conservation easements	
b	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	· · 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	
•	the tax year	gamzation during
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements durin	
_	>	g , o
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	e year
	▶ \$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense st	atement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	s that describes
	the organization's accounting for conservation easements	
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance 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	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e 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 ga	ain, 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 · · · · · · · · · · · · · · · · · ·	· · · · · · · • \$

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	organization by					Yes	No
	(i) unrelated organizations · · · · · · · · · · · · · · · · · · ·				• • 3a(i)		
	(ii) related organizations · · · · · · · · · · · · · · · · · · ·				• • 3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as	s required on Schedule F	?		· • 3b		
4	Describe in Part XIV the intended uses of the organization	ation's endowment funds					
Pa	rt VI Investments - Land, Buildings,	and Equipment. S	ee Form 990, Part X, I	ne 10			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ok value	
1a	Land · · · · · · · · · · · · · · · · · · ·						
b	Buildings	709,321				709	, 32:
С	Leasehold improvements						

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

709,321

Page 3

Part VII	Investments - Other Securitie	S. See Form 990, Part X, line 12	
`	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial deri	vatives · · · · · · · · · · · · · · · · · · ·	• • •	
Closely-held	equity interests • • • • • • • • • • • • • • • • • •	• • •	
Other			
			
	(b) must equal Form 990, Part X, col (B) line 12)	A See Form 900 Part V line 13	
Part VIII	Investments - Program Relate		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			
			-
·			
Total (Column	(b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX	Other Assets. See Form 990, Part 3	X, line 15	
		(a) Description	(b) Book value
_			
			
 			
Total (Calum	(h)1	lan 45)	
	in (b) must equal Form 990, Part X, col (B)		
Part X	Other Liabilities. See Form 990, Pa		
Federal incon	(a) Description of liability	(b) Amount	
T CGCTGT III COT	- Lanco		
			
	···		
	-		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	>	
	otnote In Part XIV, provide the text of the fo	otnote to the organization's financial staten	nents that reports the
	liability for uncertain tax positions under FII		

Sched	ule_D (Form 990) 2009 VETERANS OF FOREIGN WARS DEPT. 9926	23-7171916	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	<u> </u>	
`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 Statements With Revenue per	er Return	
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		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	-	
	Recoveries of prior year grants		
C	Other (Describe in Part XIV)		
d	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	→	
Α.	Subtract line 2e from line 1	2e	
3	1 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		
b	Other (Describe in Part XIV)		
¢	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 Statements With Expenses	s per Return	
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	Prior year adjustments	-	
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV)	¬	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 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		
h	Other (Describe in Part XIV) ••••••••••••••••••••••••••••••••••••		
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		
_		4c 5	
5	Total expenses That miles a find see (This mast equal to an edge of a retry, into troy)	. 3	
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	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 Also complete		
this	part to provide any additional information		
	1		

VETERANS OF FOREIGN WARS DEPT. 9926

23-7171916

Page 4