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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

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10 B Check if applicable Please C Name of organization	
B Check if applicable Please C Name of organization	
- Traine or organization	D Employer identification number
Address change use IRS VETERANS OF FOREIGN WARS POST 2743	
Name change print or Doing Business As	34-4382759
type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
Initial return See 140 MILAN AVENUE	419-668-9297
Termination Specific City or town, state or country, and ZIP + 4	G Gross receipts \$ 1,901,3
Amended return tions NORWALK OH 44857	O Gloss leccelpts # = / = / = / =
E Name and address of account of the control of the	H(a) to the a comment of the
Application pending GARY FELTER	H(a) Is this a group return for
	affiliates? Yes X
140 MILAN AVENUE	included? Yes
NORWALK OH 44857	If "No," attach a list. (see instructions)
I Tax-exempt status	
J Website [·] ▶ N/A	H(c) Group exemption number ▶ 02
K Type of organization X Corporation Trust Association Other ► L Year of formation	M State of legal domicile
Part I Summary	
Briefly describe the organization's mission or most significant activities	
SOCIAL CLUB FOR VETERANS OF FOREIGN WARS	
3	
u l	
<u> </u>	
2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net asse	ote
3 Number of voting members of the governing body (Part VI, line 1a)	3 7
A Number of voting members of the governing body (Fait Vi, inter Ia)	
4 Number of independent voting members of the governing body (Part VI, line 1b)	
5 Total number of employees (Part V, line 2a)	5 13
6 Total number of volunteers (estimate if necessary)	6
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assess Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 419,68
b Net unrelated business taxable income from Form 990-T, line 34	7b -14,24
Pnor	
8 Contributions and grants (Part VIII, line 1h)	9,629 14,93
9 Program service revenue (Part VIII, line 2g)	36,744 211,4:
M I	30,942 41,19
11 Other revenue (Part-VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,496 235,0
	58,811 502,59
12 Total reveniue addunies of through T (must equal Fait Viii, Column (A), line (2)	
	64,969 35,3
14 Benefits paid to or for members (PartiX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1.	
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	57,017 156,50
2 16a Professional-fundraising fees (Part IX, column (A), line 11e)	
b Total fundfalsing expenses (Part IX, column (D), line 25)	第二次では、10mmでは、1
	03,776 415,50
	25,762 607,44
	66,951 -104,8
To Revenue less expenses Subtract line to from line 12 Beginning of C	
<u> Ul</u>	31,099 1,426,10
20 Total liabilities (Part X, line 10)	$\frac{31,039}{6,172}$ $\frac{1,420,10}{6,09}$
	24,927 1,420,00
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and ballot the transfer of the transf	nd to the best of my knowledge
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which p	reparer has any knowledge
Sign X In here	X 5/16/20
Here Signature of officer	Date
x James Herman Quarter master	
Type or print name and title	
A	Preparer's identifying numb
Paid Preparer's Kundul U. Kurthsotts Date Check self-	(see instructions)
Propagar's Signature RANDALL A. RUTHSATZ () STITLE Empl	loyed ►
Y I KANDALLA RUTHSATZ & CO INC	EIN ▶
Use Only Firm's name (or yours of self-employed),	Phone
address, and ZIP + 4 SANDUSKY, OH 44870	no ▶ 419-625-50
May the IRS discuss this return with the preparer shown above? (see instructions)	
	Yes
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (20

4d	Other program services (Describe in Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service e	xpenses ▶ 519,346		

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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) X notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 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," X complete Schedule D. Part I. 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III R 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," X 9 complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 X 10 quasi-endowments? If "Yes," complete Schedule D, Part V is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 11 X VII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII Yes 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X 13 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? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X

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X

19

20

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

_ <u>Pa</u>	art IV: Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
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			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		_	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			₩.
••	Part VI	37		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	_38_	X	

Pa	art 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	l 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	16			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	16			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table			l	
	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	13			
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)				1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	у				
	this return?			3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3Ь	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		X
b	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 Bar	nk		i		
	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	n?		5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ıng				
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds			<u> </u> _	
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal				
	benefit contract?			7е	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	3				1
	required?			7h		<u> </u>
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	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter		Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter		ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	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 10	1417	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	1

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.

	Schedule O. See instructions.						
Sec	tion A. Governing Body and Management						
				_	4	Yes	No
1a	Enter the number of voting members of the governing body	1a	7		- 1		i
b	Enter the number of voting members that are independent	1b	7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			-	<u> </u> -		نـــا
	any other officer, director, trustee, or key employee?			2	4		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				ŀ		
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?		4	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	\dashv		X
6	Does the organization have members or stockholders?			6	\dashv	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?			7	a	<u> </u>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7	Ы	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				-		
	the year by the following				_ _		
а	The governing body?			8	a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?			8	b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			1			1
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	\perp		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal					
Rev	renue Code.)						
				_		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10)a		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?			10	ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?			1	1		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				\Box		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	2a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				П	_	
	rise to conflicts?			12	2ь		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				П		
	describe in Schedule O how this is done			12	2c		
13	Does the organization have a written whistleblower policy?			1	3	X	
14	Does the organization have a written document retention and destruction policy?			1	4	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			19	ia	X	
b	Other officers or key employees of the organization				ъb	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?			10	ia l		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				\neg		
	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?			10	b	~	
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 on	ly)					
-	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 interes	t					
	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 > JAMES HEYMAN 140 MILAN AVENUE						
NI	OH 448	57		419-6	569	8 - 0	297

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 hours per				k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD BERGER TRUSTEE		x						0	0	
RICHARD WITTRICH		^			-			U U		<u>'</u>
TRUSTEE	ı	x						o	0	
MICHAEL MEAGROW		-	\vdash							
TRUSTEE		x						ol	0	(
JAMES HEYMAN		Ī					<u> </u>		· · · · · · · · · · · · · · · · · · ·	
QUARTERMASTE	20.00			x				26,000	0	1
GARY FELTER										
COMMANDER				X				0	0	
ROBERT PERKINS										
VICE COMMANDER		<u> </u>		X				0	0	
PETE BRIZIKY										
JR. VICE COM		<u> </u>		X				0	0	
		<u> </u>	_	_						
		-		-						
		 			-		-		•	
		 	 	 						
						 			······································	
		$oxed{oxed}$	<u> </u>	<u> </u>		<u> </u>	<u> </u>			
		 	<u> </u>	_		<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$			
,										

	rt VII Section A. Officers (A)	(B)	<u> </u>		((d Highest Compensated E (D)	(E)	(F)
	Name and Title	Average hours per week	ndividual trustee or director		Check	Key employee	Highest compensated employee	Pormer	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
,											
b	Total		<u> </u>						26,000		
!	Total number of individuals (in- reportable compensation from	•		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in	
3	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	uch i	indıv	idual	-	-		Yes I
;	the organization and related or individual Did any person listed on line 1 services rendered to the organ	a receive or accri	ie co	mpe	ensat	ion f	rom a	any	unrelated organization for	uch	4
Sec	tion B. Independent Contractor Complete this table for your five	ors								n \$100,000 of	
	compensation from the organiz									(B) ton of services	(C) Compensation
_									-		
2	Total number of independent of		_				to th	ose	listed above) who received		
<u>_</u>	more than \$100,000 in comper	nsation from the o	orgar	ızatı	on 🕨	<u> </u>					0 Form 990 (2

Statement of Revenue (B) Related or (C) Unrelated business (D) Revenue (A) Total revenue exempt excluded from tax under sections revenue 512, 513, or 514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 14,910 1f g Noncash contributions included in lines 1a-1f 14,910 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 722210 201,841 201,841 RESTAURANT & BAR 2a 9,573 9,573 b TOTAL DUES f All other program service revenue 211,414 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 40,118 other similar amounts) 40,118 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6,481 6a Gross Rents **b** Less rental exps 6,481 Rental inc or (loss) Net rental income or (loss) 6,481 6,481 Gross amount from (II) Other (i) Securities sales of assets 30,000 1,077 other than inventor b Less cost or other 30,000 basis & sales exps 1,077 c Gain or (loss) 1,077 1,077 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. 1,586,621 See Part IV, line 19 b 1,368,782 b Less direct expenses 217,839 217,839 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 6,281 6,281 11a TOURNAMENT, BOOSTERS, ETC. ATM REBATES 3,525 3,525 919 919 MISCELLANEOUS 27 27 All other revenue Total. Add lines 11a-11d 10,752 502,591 68,001 419,680 0 Total Revenue. See instructions

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).

	All other organizations must c				<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				- ==
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	35,379	35,379		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	26,000		26,000	<u>. </u>
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	114,832	79,732	35,100	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,731	9,421	6,310	
11	Fees for services (non-employees)		<u> </u>		
а	Management	1			
b	Legal	722		722	
C	Accounting	6,800		6,800	
ď	Lobbying	, , -		<u>' </u>	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	300		300	
g	Other				
12	Advertising and promotion	424	424		
13	Office expenses	8,799	4,295	4,504	
14	Information technology	2,	-,-5	-/	
15	Royalties		+		
16	Occupancy	38,106	38,106		
17	Travel	39		39	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings	5,560	·	5,560	
20	Interest	3,330		3,330	.
	<u> </u>				
21 22	Payments to affiliates	49,690	49,690		· · · · · · · · · · · · · · · · · · ·
23	Depreciation, depletion, and amortization Insurance	11,242	11,242		
23	maurance	11,424	11,272		
24	Other expenses Itemize expenses not				
44	· · · · · · · · · · · · · · · · · · ·				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below) COGS	112,945	112,945		
a	CONTRIBUTIONS	91,349	91,349	· +	
b	i i	21,762			
C	TAXES - OTHER		21,762		
d	EQUIPMENT RENTAL AND MAIN	18,132	18,132		·
6	FIREWORKS DONATIONS	13,000	13,000	0.760	
f		36,637	33,869	2,768	
25	Total functional expenses. Add lines 1 through 24f	607,449	519,346	88,103	
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and			f	
544	fundraising solicitation				
DAA					Form 990 (200

Part X · **Balance Sheet** (B) (A) End of year Beginning of year 14,576 49,354 Cash-non-interest bearing 275,104 210,038 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L Assets Notes and loans receivable, net 7 8,035 8,899 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,021,322 other basis Complete Part VI of Schedule D 10a 427,043 642,898 378,424 b Less accumulated depreciation 10b 804,679 777,790 11 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 1,662 1,662 15 Other assets See Part IV, line 11 15 1,531,099 1,426,167 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,172 6,098 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 6,098 6,172 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,484,927 1,380,069 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 40,000 29 40,000 Permanently restricted net assets 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 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 1,420,069 1,524,927 33 33 Total net assets or fund balances 1,426,167 1,531,099 Total liabilities and net assets/fund balances

Form 990 (2009)

orm	1 990 (2009) VETERANS OF FOREIGN WARS POST 2743 34-4382759		Pa	ge 1 2
Pa	art 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 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
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		
	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		
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

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

lame	e of the organization		Employer Identification number
V	ETERANS OF FOREIGN WARS POST 2743		34-4382759
	Organizations Maintaining Donor Advised Fund the organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Acc	
		(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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	nting that grant funds can be	
	used only for chantable purposes and not for the benefit of the donor or d	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	artili Conservation Easements. Complete if the organ	nization answered "Yes" to Form 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	Il that apply)	
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impor	rtant land area
	Protection of natural habitat	Preservation of certified historic stru	ucture
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure include	led in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06	,	2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization d	luring
	the taxable year ▶		
4	Number of states where property subject to conservation easement is loc	ated ▶	
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easemen	•	
	balance sheet, and include, if applicable, the text of the footnote to the organization	ganization's financial statements that describ	pes
	the organization's accounting for conservation easements		
<u>'</u> Κa	Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to		nilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet wo	orks of
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publ	ic service,
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its r	evenue statement and balance sheet works	of art,
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice,
	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 ot		the
	following amounts required to be reported under SFAS 116 relating to the	se items	
	Revenues included in Form 990, Part VIII, line 1		s
b	Assets included in Form 990, Part X		▶ \$
	Delivery And and Demonstrate Device And Notice and All London Street		

che	dule D (Form 990) 2009 VETERANS O	F FOREIGN WA	RS POST 27	43	34-43	82759		Page 2
Pa	rt III. Organizations Maintaining C	ollections of Art, H	istorical Treasu	ıres, or	Other Si	milar Asset	s (continue	d)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check	any of the following t	that are a	significant ι	ise of its		
а	Public exhibition	d 🗍 Loan o	r exchange program	S				
b	Scholarly research	e Other	•					
С	Preservation for future generations						_	
4	Provide a description of the organization's collect	tions and explain how the	y further the organiz	ation's ex	empt purpo	se in		
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be				lar		Ye	s No
Da	rt IV Escrow and Custodial Arran				wered "V	es" to Form		<u> </u>
га	IV, line 9, or reported an amo		•	lion ans	WCICU I	65 10 1 0111	1 330, 1 ait	
4-								
ıa	Is the organization an agent, trustee, custodian of	or other intermediary for c	ontributions or other	assets no	N		□ v •	. [] Na
	included on Form 990, Part X?						∐ Ye	s No
b	If "Yes," explain the arrangement in Part XIV and	complete the following ta	ible.					
						 -	Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form	990, Part X, line 21?					∐ Ye	s 📙 No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complet	e if organization an	swered "Yes" to	Form 9	90, Part	IV, line 10.		
	•	(a) Current year	(b) Pnor year		years back	(d) Three years	back (e) Four	years back
1a	Beginning of year balance							
	Contributions		····					
	Net investment earnings, gains,				•			
Ŭ	and losses							
ч	Grants or scholarships			 				
	ř			·				
e	Other expenditures for facilities							
	and programs	·		 				
t	Administrative expenses			 				
g	End of year balance	_1_		! .				
2	Provide the estimated percentage of the year en	d balance held as						
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► %							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	n of the organization that	are held and admin	stered for	the		,	
	organization by							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sched	ule R?				3b	
4	Describe in Part XIV the intended uses of the org	ganization's endowment f	unds					
Pa	rt VI Investments—Land, Building			. Part X	. line 10.			
	Description of investment	(a) Cost or other basis	(b) Cost or ot		•	umulated	(d) Book	value
	•	(investment)	basis (other			eciation	. ,	
10	Land		86	,000			1	86,000
	Buildings			,830		257,449		78,381
	-			,225		124,447		45,778
	Leasehold improvements			,267		261,002		68,265
	Equipment		329	,20,		_01,002		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Other I. Add lines 1a through 1e (Column (d) must equal	l Form 000 Port V colum	nn (R) line 10(a) \	I		•	2,	78,424
uld	n naa mies ta uuruugii te (Cululliii (a) illust equa	n i onn 330, ran A, colui	(D), IIIIC 10(C))	_			, ,	,

Schedule D (Form 990) 2009 VETERANS OF FOREIGN WA	ARS POST Z/43	<u> </u>	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	•
Financial derivatives			-
Closely-held equity interests			
Other			-
			· -
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990) Part Y line 13		
		(2) 14-15-14-14-14-14-14-14-14-14-14-14-14-14-14-	
(a) Description of investment type	(b) Book value	(c) Method of valuation	_
		Cost or end-of-year market value	
· · · · · · · · · · · · · · · · · · ·			
	<u> </u>		
	<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) Bo	ok value
			
	V-71.L111		

	·		

-W			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 25	j.		
1 (a) Description of liability	(b) Amount		
Federal income taxes	,,,,		
Todala monte taxes	 		
		-	
		1	
	**	-	
		ļ	
			
·			
	-	1	
	<u> </u>	}	
F-L-1 (O-1(I-)I	 	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1		
PIN 48 Footpote In Part XIV provide the text of the footpote to the organizer.	ation's financial statements.	that rangets the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 VETERANS OF FOREIGN WARS POST	274	34-438275	9	Page 4
Pa	rt XI. Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor 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 Statemer	nts W	ith Revenue per Ret	urn	
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				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c]	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	,	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
<u> Pa</u>	art XIII 🕩 Reconciliation of Expenses per Audited Financial Stateme	ents V	With Expenses per R	eturr	<u> </u>
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		1		
а	Donated services and use of facilities	2a		Į į	
b	Pnor year adjustments	2b	<u> </u>		
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	,	1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	d 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	d 4b Also complete		
this p	art to provide any additional information				
					. – – – – –
					. – – – – –

Schedule D (Fo	om 990) 2009	VETERANS OF	FOREIGN	WARS POST	2743	34-4382759	Page 5
*PartXIV	Supplemen	VETERANS OF Ital Information (con	tinued)			<u> </u>	
		· · · ·					
					·		
~							
							_
							
- - -	- 	-		· — — — —		_	

Total

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▲ Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number VETERANS OF FOREIGN WARS POST 2743 34-4382759 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Panil Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund (i) Name of individual (II) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have (or retained by) (or retained by) or entity (fundraiser) from activity custody or fundraiser listed in organization control of col (i) contributions Yes No

3 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

34-4382759

Page 2

Р	art l						Form 990, Part IV, line eceipts greater than \$		rted
		more man \$13	(a) Event #			vent #2	(c) Other events	(d) Total ev	ents
								(add col (a)	through
Jue			(event type))	(ever	t type)	(total number)	∞l (c))
Revenue	1	Gross receipts	<u>.</u>						
	2	Less Chantable contributions	·						
	3	Gross revenue (line 1 minus line 2)	ı						
	4	Cash prizes							
		·						-	
	5	Noncash prizes							
suses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Direc	8	Entertainment							
	9	Other direct expenses				<u>. </u>			
	10	Direct expense summary	Add lines 4 through	9 ın çolumn (d	i)		•	k	
	11 art	Net income summary Com	ombine line 3, column	(d), and line 1	10 swered "Yes"	to Form 990 F	Part IV, line 19, or repo	orted more	
	uit;		on Form 990-EZ,		1	10 1 01111 000, 1			
Revenue		•	(a) Bingo			abs/instant ressive bingo	(c) Other gaming	(d) Total gamii col (a) through	
Rev	1	Gross revenue				1,244,627	341,994	1,58	6,621
ses	2	Cash prizes							
Expenses	3	Noncash prizes				·		ļ	
Direct E	4	Rent/facility costs					•		
	5	Other direct expenses				1,061,276		†	8,782
	6	Volunteer labor	Yes No	%	Yes X No	%	Yes %		
	7	Direct expense summary	Add lines 2 through	5 ın column (c	i)	ę	•	1,36	8,782
	8	Net gaming income sumr	mary Combine line 1,	column d, and	d line 7		>	21	7,839
9	En	iter the state(s) in which the	e organization operate	es gaming acti	ivities OI	I			Yes No
a b	Is	the organization licensed to	-	-				9a	Х
		ito, Explain							
10a	We	ere any of the organization'	's gaming licenses rev	voked, susper	nded or terminate	d during the tax yea	ar?	10a	x
b	lf"	'Yes," Explain							
11	Do	oes the organization operate	e damino activities wit	th nonmembe	re?			11	X
12	ls 1	the organization a grantor,	beneficiary or trustee			rtnership or other e	ntity		
	for	med to administer charitab	ie gaming?	_				12	X

Sche	dule G (Fo	rm 990 or 990-EZ) 2009	VETERANS	OF	FOREIGN	WARS	POST	2743		34-438275	9	Р	age 3
	•	•										Yes	No
13	Indicate ti	he percentage of gaming activi	ty operated in										
а	The organ	nization's facility							13a	100.00%			ì
b	An outsid	e facility						Ĺ	13b	%			i
14		ne name and address of the pe	erson who prepares	the or	ganızatıon's gamı	ng/special	events bo	oks					- 1
	and recor	ds.											1
	Name >	JAMES HEYMAN											
		140 MILAN AVENUE											·
	Address 🕨	NORWALK							ОН	44857			,
													'
15a	Does the	organization have a contract v	vith a third party fron	n whoi	m the organizatio	n receives	gaming						ļ
	revenue?										15a	X	<u> </u>
b		enter the amount of gaming rev	=	_		016	24,	977	and the	he			1
		f gaming revenue retained by t	· -	\$	128,	810							Į,
С	If "Yes," 6	enter name and address of the	third party										1
	Name >	TOE PHER DOE											
	Name -	262 EAST COLE ROA	מע										
	Address >	FREMONT	_						ОН	43420			İ
	, Iddi 000 P												
16	Gaming r	manager information											
	_	•											
	Name 🕨	MILLIE STALEY											
	Gaming r	manager compensation > \$	35,	100)								\ '
			CTID MANA	∼ਦਾਨ									
	Description	on of services provided	CLUB MANA	3CK									
	Dire	ctor/officer X Em	ployee	lne	dependent contra	etor							
		otorromocr == Em	pioyee [_,	acpendent contro						İ		
17	Mandato	ry distributions											
а	is the org	janization required under state	law to make chanta	ble dis	stributions from th	ne gamıng	proceeds t	0			_		
	retain the	state gaming license?									17a	X	
b	Enter the	amount of distributions require	ed under state law d	stnbu	ted to other exen			pent					
	in the oro	ianization's own exempt activit	es during the tay ve	ar 🕨	\$	91.3	349				1	l	1

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

MB No 1545-0047	2009	
0		(

Open to Public Inspection

Employer identification number 34-4382759

							20120		
Part	General Information on Grants and Assistance	Assistance							1
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ie amount of the gice?	rants or ass	istance, the grantees'	eligibility for the grants	or assistance, and		X Yes	Š
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	itoring the use of	grant funds	in the United States					,
Part II	Grants and Other Assistance to Governments and Form 990, Part IV, line 21, for any recipient that rec Part IV and Schedule I-1 (Form 990) if additional st	vernments an ecipient that resident if additional seconds.	d Organi sceived n	Organizations in the Unseived more than \$5,000	Organizations in the United States. Complete if the organization answered "Yes" to evived more than \$5,000. Check this box if no one recipient received more than \$5,00 page is needed	plete if the org f no one recipi	ianization ansi ent received r	Organizations in the United States. Complete if the organization answered "Yes" to seived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance]
							,		
						-			
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 34-4382759 Schedule I (Form 990) 2009 VETERANS OF FOREIGN WARS POST 2743 Partill

Page 2

(a)	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
CASH PAYMENTS	YMENTS	293	35,379			
MPart IV	Partiv Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I,	line 2, and any other addi	tional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MEMBERS PETITION THE QUATERMASTER FOR ASSISTANCE IN PAYING EXPENSES. THE

PAYMENTS ARE MADE DIRECTLY TO THE VENDORS IN THE MAJORITY OF CASES SO THAT

THE ORGANIZATION IS ABLE TO DETERMINE THE USE OF THE FUNDS.

SCHEDULE O '(Form 990)

Department of the Treasury Internal Revenue Service

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

VETERANS OF FOREIGN WARS POST 2743

Employer Identification number 34-4382759

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

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION. MEMBERS MUST BE VETERANS

TO FULLY PARTICIPATE IN THE VOTING PROCESS. SOCIAL MEMBERSHIPS ARE

AVAILABLE BUT ARE NOT PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE GOVERNING BODY ARE ELECTED BY ALL MEMBERS OF THE ORGANIZATION PERMITTED TO VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
ALL DECISIONS ARE SUBJECT TO FINAL APPROVAL FROM THE VOTING MEMBERSHIP.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A REVIEW HAS BEEN DONE WITH THE QUARTERMASTER OF QUESTIONS, AMOUNTS, ETC.

ON THE FORM 990 PRIOR TO FILING. THIS RETURN WILL BE DISCUSSED AND

REVIEWED AT A FUTURE TRUSTEE MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS

NECESSARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE COMPENSATION IS VOTED ON BY THE MEMBERSHIP AT THE GENERAL MEETING AS NECESSARY.

Schedule O (Form 990) 2009

Name of the organization

VETERANS OF FOREIGN WARS POST 2743

Employer identification number

34-4382759

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCH G, PART III, LINE 17B - REQUIRED DISTRIBUTIONS PER STATE LAW

STATE

DISTRIBUTION AMOUNT

OHIO

\$ 91,349

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Form ,99	, 0	For calendar year 2009,	or tax year beginning	07/01/09 ,a	nd ending 06	/30/10	2009
ame		r or oaronaar your 2000,	or tax year beginning	01702700 ,a	na chang ••		tification Number
VETERAN	IS OF	FOREIGN WARS	POST 2743			34-4382	759
V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(A)	(B)	(C)	Others	34 4302	Total
Gross receipts	;	8,544	0	0		0	8,544
Less contrib	utions	0	0	0		<u> </u>	0
Gross revenue	•	8,544	0	0		<u> </u>	8,544
Less direct e	•	2,263	0	0		0	2,263
Net income (lo	ss)	6,281	0	0			6,281
Description	(A)	TOURNAMENT	, BOOSTERS, ET	<u>C.</u>			
	(B)						
	(0)		1,450				
	(C)						
	Others						
							
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