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## Form **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

Open to Public Sa

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the	2009 calendar year,	or tax year beginning	07-01 , 2009, a	nd ending	06	-30 ,20 10
B C	heck if a	applicable Please	C Name of organization VFW POST 27	79		г	Employer identification no.
Ad	ddress	change use IRS	David Duranges As WB SALLEY				57-0299341
$\equiv$	ame ch	i i i i i i i i i i i i i i i i i i i	Number and street (or P O box if mail is not	delivered to street address)	Room/suit		E Telephone number
$\equiv$	tial retu	type type	1575 RUSSELL ST		T CONTESTIN	Ĭ [	(803) 534~3280
$\overline{}$	eminate	Specific	City or town, state or country, and ZIP + 4		<u> </u>	<del></del>	G Gross receipts
$\equiv$	nended	usuu.	Orangeburg, SC 29116-131	L <b>1</b>		ľ	7.00 67.0
$\equiv$		Team	ne and address of principal officer CHARLES		<del></del>		\$ 769,676
U ~	opacauc		HAMMOND CROSS RD, Saint M		H(a) Is th	nis a group retu lates?	ım for
		·		<del></del>			= =
		npt status X 501(c)  ► N/A	(4) (insert no) 4947(a)(1) or	527	H(b) Are	all affiliates ind lo," attach a lis	cluded? Yes No it (see instructions) 1747
				1			
		organization X Corporati	on Trust Association Other	L Year of format	ion M	State of legal	I domicile SC
Par	T	Summary		A			
	1		organization's mission or most significan	activities SUPPORT VI	ETERANS OF F	GN WARS	SUPPORT VFW
A C G		CHILDREN'S HOM					
c G t o		RED CROSS SA	LVATION ARMY CONNIE MAXW	ELL CHILDREN'S HOME			<del></del>
į v			1				
V e i r	2		if the organization discontinued its ope	·			1
t n	3		embers of the governing body (Part VI, Ii				· · · · · ·
'а еп	4		ent voting members of the governing bo	* *		1	69
s c e	5		oloyees (Part V, line 2a)				19
& _	6	Total number of volu	nteers (estimate if necessary) • • • • •		• • • • • • • • •		(
_	7a	Total gross unrelated	d business revenue from Part VIII, colum	nn (C), line 12 • • • • • • •		· · · _ 7a	C
	b	Net unrelated busine	ess taxable income from Form 990-T, line	e 34 · · · · · · · · · · · · · · · · · ·		· · · 7b	C
_					Prior Y	(ear	Current Year
R e	8	Contributions and gr	ants (Part VIII, line 1h)				90,627
٧	9	Program service reve	enue (Part VIII, line 2g)		••		0
e n	10	Investment income (	Part VIII, column (A), lines 3, 4, and 7d)				0
u e	11	Other revenue (Part	VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e) • • • • • • • • •			145,381
-	12	Total revenue - add I	ines 8 through 11 (must equal Part VIII,	column (A), line 12) · · · ·			236,008
	13	Grants and similar ai	mounts paid (Part IX, column (A), lines 1	-3), A = BEFE-19			0
-	14	Benefits paid to or fo	mounts paid (Part IX, column (A), lines ( r members (Part IX, column (A), line 4)	CENED			0
E	15		ensation, employee benefits (Part IX, co				177,717
p e	16a	· ·	sing fees (Part IX, column (A), line 11e)	· · ·			- 0
n	l .		penses (Part IX, column (D), line 25) ▶	101910	*	, , ,	
s e	l .	= '	t IX, column (A), lines 11a-11d, 11f-24f)	<del></del>		1 1/4	44,086
8			l lines 13-17 (must equal Part IX, column			_	221,803
	19	Revenue less expen	ses Subtract line 18 from line 12				14,205
Net		THE TOTAL HOLD CAPON	500 Cubitati ilic 10 ilicii ilic 12		Danissian of Co		· · · · · · · · · · · · · · · · · · ·
Assets	20	Total assets (Part X,	line 16)		Beginning of Cu	255,085	End of Year 210,371
or Fund	21	Total liabilities (Part 2	•			233,003	210,371
—Bal-	22	`	alances Subtract line 21 from line 20			255,085	210,371
ances	THE PARTY OF THE				· ·	233,003	210,371
Par	Lillia	Signature Blo	CK ry, I declare that I have examined this return, includi	ng accompanying schedules and stateme	ents, and to the hest of	my knowledge	<del>_</del>
-			ect, and complete Declaration of preparer (other th				
> Sian	1	\ X	IN MILE			بل!	9/28/11
Z		Signature of officer	- /	<del> </del>		Date	1/- 5/70
⊃ Here	•		SALLEY, QUARTERMASTER			Date	5
Li Z		Type or print name	· · · · · · · · · · · · · · · · · · ·		<del></del>		
<b>Ž</b> —		Type of print name	anu ude	D-1-		December 1	-16
Sign Here		Preparer's	@ On nn -A-	Date		Preparer's ider (see instruction	ntifying number ns)
Paid		signature	as V (bleast)		employed	15	300
Prepa	rer's		no figures	09-17-2010		<u>_0_0.</u>	200
Use C		Firm's name (or yours	JEFF#OATS TAX SERVICE		EIN	71.0	0117150
		if self-employed), address, and ZIP + 4	4597 SAVANNAH HWY			>10	17210-5
		address, and zir + 4	North, SC 29112		Phone no	803-247	-5511
May ti	ne IRS	discuss this return w	outh the preparer shown above? (see ins	tructions) · · · · · · · · ·			· · · Yes X No

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

EEA

Form	1 990 (2009) VFW POST 2779	57-0299341	Page 2
:Pa	rtallia Statement of Program Service Accomplishments		
1	Birefly describe the organization's mission		
	SUPPORT VETERANS OF FGN WARS SUPPORT VFW CHILDREN'S HOME		
	RED CROSS SALVATION ARMY CONNIE MAXWELL CHILDREN'S HOME		
		_	
2	Did the organization undertake any significant program services during the year which were not listed on	-	
	the prior Form 990 or 990-EZ?	· · · Yes	X No
	If "Yes," describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? · · · · · · · · · · · · · · · · · · ·	· · · Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	ind	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 10,941 including grants of \$ ) (Revenue	\$	)
	VFW NATIONAL PHONE CARDS FOR US MILITARY STATIONED OVER SEAS	-	
	WOUNDED VETERANS VFW CHILDRENS HOME RED CROSS		
	SALVATION ARMY CONNIE MAXWELL CHILDRENS HOME	<del></del>	
		, -·	
		<del></del>	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	
10	(COOCO ) (Expanses + ) (November ) (November )	<b>-</b>	
			<del></del>
		<del>-</del> -	-
			•
		***	
			<del></del>
		<u>.</u>	
		<del></del>	
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	<u> </u>
	, (10000 ) (1000000 t ) (10000000 t )		
			··
		<del></del>	
		<del></del> -	<del></del>
		<del></del>	<del></del>
			<del>-</del>
			· · ·
A =1	Other program services (Describe in Schedule O )		<del></del>
4d	(Expenses \$ including grants of \$ ) (Revenue \$	,	
4.			<del></del>
4e	Total program service expenses 10,941		

P	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			- 1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes."			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b> _		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	H		
	complete Schedule D, Part ill	8		<sub>v</sub>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		X
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	•		
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	•		X
	quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		.,
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-10		X
• •	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11		37
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		~ ( c) ~ x * x	X
	Schedule D, Part VI	*, , , ,	, %.e., g	,
	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		*	4
	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	<b>a</b>		
,	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	, ~	1,323	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	,	y ^ '	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	, ۳۰	×	<i>Ž</i> .
,	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	3 4		· ; * *
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<b>k</b> //	* 4.
-	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	40	" Ž(rt	
124	Most the exception included in except dated, independent audited financial statements for the towns of	12	<b>**</b> **	X
	if "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •	,, *		, ' .
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	²' • ·	i. 3
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b		144		_ <u>X</u>
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	l	v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		<u>X</u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		<u> X</u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	]	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		_ <u>X</u> _
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ł	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''-		<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	.,	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
	If "Yes," complete Schedule G, Part III - · · · · · · · · · · · · · · · · ·	,,	ι,	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	_X	· ·
		4U	I	Λ

Pa	rt IV   Checklist of Required Schedules (continued)			
24	4 1 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		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		v
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		$\vdash$	_ <u>X</u> _
	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		$\vdash$	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<del> </del>		Λ.
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del>                                     </del>	Λ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		<del></del>	
	to defease any tax-exempt bonds?	24c		
đ	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		Х
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	ìi	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	<del></del>		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			7,7,0
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	3	<b>1</b>	· •
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		<u>X</u>
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		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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	_		٠.
20		37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	,		
	19' Note. All Point 390 liters are required to complete occidence O	38		Х

<b>D</b> -	AV Change Double DO Filling and To Comple			ugo v
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			т
4-	The About the market and the Day 2 of Form 1006. Applied Commence and Towns 14-1 of	A72	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
_	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		138E	
_	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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			*
_	instructions)	-:	:	250
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			45
_	this return? · · · · · · · · · · · · · · · · · · ·	3a	ļ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		l	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	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 Bank			, ,
	and Financial Accounts			ادستكا
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	l _		
6-	Prohibited Tax Shelter Transaction?	5c	ļ	
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?			
h	organization solicit any contributions that were not tax deductible?	6a	<u> </u>	<u>X</u> _
b	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •			l
7	Organizations that may receive deductible contributions under section 170(c).	6b		- 2
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	38.	n 11	1 10
a	and services provided to the payor?	7a		لست ا
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<del> </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		<b></b>
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •	<u> </u>		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<i>"</i> ()	Ĩ,	
	benefit contract?	7e		/* '
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	<u> </u>		
	required? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ر. وي الإ	- 3. J
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	, ž., .	o ₹:4. % 1. \$	
	organization, have excess business holdings at any time during the year?	8		3
9	Sponsoring organizations maintaining donor advised funds.	-		ا بردن
а	Did the organization make any taxable distributions under section 4966?	9a		ا المحدد ا
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	7.4		:
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·		, ,	• •
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •		, -	· *
11	Section 501(c)(12) organizations. Enter	1 .		
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	**1	y**	3
b	Gross income from other sources (Do not net amounts due or paid to other sources against	]		,
	amounts due or received from them ) · · · · · · · · · · · · · · · · · ·	]		! 
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**,		*

		299341		Page (
Pa	rt vi Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in			
	Schedule O See instructions			
<u>Sec</u>	ction A. Governing Body and Management		-,	<u>,                                     </u>
			Yes	No
1a	Enter the number of voting members of the governing body	6		,
b	Enter the number of voting members that are independent · · · · · · · · · · · · · · · · · · ·	69		, .
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2	1 1
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	· · · 3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • •	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			<del></del>
	of the governing body?	• • 7а	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	· · 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7	- <del></del>	<del>† ,</del>
	the year by the following	دو	<i>'</i>	1 *
а	The governing body? • • • • • • • • • • • • • • • • • • •	• • 8a	X	
b	Each committee with authority to act on behalf of the governing body?	· · 8b	$\frac{\Lambda}{X}$	<del> </del> -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		+^	$\vdash$
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9	1	<sub>v</sub>
202	tion B. Policies (This Section B requests information about policies not required by the Internal	3	_l	X
	enue Code )			
			Т	Τ
10a	Does the organization have local chapters, branches, or affiliates?	40-	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10a		X
	affiliates, and branches to ensure their operations are consistent with those of the organization?			
11	•	· 10b	4	<del> </del> —
• •	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			ľ
110		• • 11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<del> </del>	<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	· · 12a	X_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	· · 12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	· · 12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	• • 14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	*		(1 ×
а	The organization's CEO, Executive Director, or top management official	I	X	
b	Other officers or key employees of the organization	· - 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			٠,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	**. *E24	, , , ,	
	with a taxable entity during the year?	· • 16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	53	þ	142
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		,	* *
	the organization's exempt status with respect to such arrangements?	16b		-
Sec	tion C. Disclosure		Ц	
<u> </u>	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			

- - 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 > WILLIAM B SALLEY (803) 531-8937

1530 NORWAY RD Orangeburg, SC 29115

# 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

Check this box if the organization did not compensate	any current of	fficer,	dire	ctor,	or t	rustee				
(A)	(A) (B) (C)				(D)	(E)	(F)			
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	I t d nrı dur ı se v t c ı e o u o I r	n r s u t s i t	f f c	Key employee	emp-oyee compensated	ForEer	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BOBBY MAST										
COMMANDER	5.00			X				6,450		
PHILIP BLEDSOE		1								
POST SENIOR VICE COMMANDER	0.50			X						
WILLIAM B SALLEY			<u> </u>							
QUARTERMASTER	6.00			X		'		6,000		Ì
RAY F STEFFEN									-	
POST JUNIOR VICE COMMANDER	0.50			X						
JERRY CASSELMAN									V	
POST ADJUTANT	0.50			X						İ
CHARLES L BELL										
POST SERVICE OFFICER	0.50	ĺ		X			;			
								-	<del></del>	
			ļ			L_				
			<u> </u>	<u> </u>						
			L							L
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		ļ	$oxed{oxed}$	L		<u> </u>				
	<del> </del>	<u> </u>							<u> </u>	
		L.,						<u> </u>	<u></u>	

$\overline{}$	m 990 (2009) VFW POST 2779									57-029	9341 Page 8
P	Section A. Officers, Directors, Trustees,	Key Employe	es, and	d Hi			mpen	sate	d Employees (cor	tinued)	<del></del>
	; · (A)	(B)	1		-	C)			(D)	(E)	(F)
	Name and Title	hours per		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					
			<u></u>					_			
_								<u> </u>			
				-							
								-			
							. <u>-</u>	İ			
							!		· · · · · ·		
					<u> </u>						
1b	Total		• • •	••	<u> </u>	• •	<u></u>	<b>•</b>	12,450	(	0
2	Total number of individuals (including but not limited to reportable compensation from the organization	o those listed	d above	e) wi	ho re	ecen	ved mo	ore t	·	<del></del> -	)
3	Did the organization list any <b>former</b> officer, director or employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of repo	or such indivi	dual ensatio	n an	d ot	 her	 compe	nsat	tion from		Yes No 3 X
5	the organization and related organizations greater that individual										4 X
Se	services rendered to the organization? If "Yes," completion B. Independent Contractors	ete Schedule	e J for	such	n pei	son	••	••			5 X
1	Complete this table for your five highest compensated compensation from the organization	Independer	nt contr	acto	rs th	at r	eceive	d m	ore than \$100,000	of	
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation
						-					
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organic		to thos	se lis	sted	abo	ve) wh	o re	ceived		

236,008

145,381

e Total. Add lines 11a-11d • • • 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 requi	red to complete colur	nns (B), (C), and (D).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				1
2	Grants and other assistance to individuals in			, ,	
	the U.S. See Part IV, line 22 · · · · · · · · · · · L			* 21	
3	Grants and other assistance to governments,			, 431	*, , , , , , , , , , , , , , , , , , ,
	organizations, and individuals outside the			,	الموسد
	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	12,450		12,450	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·		1:		
7	Other salaries and wages	153,523			153,523
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	11,744			11,744
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	385		385	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 •			4	
f	Investment management fees • • • • • • • • • • • • • • • • • •	·	, <u>-</u> .	*	
g	Other · · · · · · · · · · · · · · · · · · ·	10,941	10,941		
12	Advertising and promotion	9,913			9,913
13	Office expenses · · · · · · · · · · · · · · · · · ·	2,133		2,133	
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	5,566		5,566	
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,703		4,703	
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization				
23	Insurance · · · · · · · · · · · · · · · · · · ·			<del>                                     </del>	
24	Other expenses Itemize expenses not	* "		~ ~	, - "
	covered above (Expenses grouped together	2 2 3 ,	~2,	1 - 1 - 1 - 1	* 1.
	and labeled miscellaneous may not exceed	, , ,		x , h +	, , , , , , ,
	5% of total expenses shown on line 25 below )			· · · · · · · · · · · · · · · · · · ·	* *
а	NATIONAL DUES	128		128	<del>                                     </del>
b	PEST CONTROL	420		420	<del></del>
c	BINGO PICKUP	6,275		6,275	
d	PUBLIC DECORATIONS			<u> </u>	
e	LICENSE FEES AND TAX	3,622		3,622	
f	All other expenses	3,022		<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24f	221,803	10,941	35,682	175,180
26	Joint Costs. Check here Inf following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				]
	from a combined educational campaign and		1		1
	fundraising solicitation	<u> </u>		<del></del>	Form 990 (2009)

Par	<del>T</del> X	Balance Sheet			99341 Page II
	;	•	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	92,315	1	24,038
	2	Savings and temporary cash investments	110,443	2	134,006
	3	Pledges and grants receivable, net	<del></del>	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	· · · · · · · · · · · · · · · · · · ·	Y .* .*	of the factors and
		employees, and highest compensated employees. Complete Part II of	, ", ", ", ", ", ", ", ", ", ", ", ", ",		
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section		<del>                                     </del>	12 12 12 12 12 12 12 12 12 12 12 12 12 1
_		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			, , , , ,
A S		Part II of Schedule L	• •	6	
S	7	Notes and loans receivable, net		7	
θ	8	Inventories for sale or use		8	
I S	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·	<del></del>	9	
	10a	Land, buildings, and equipment cost or	×	3	****
		other basis Complete Part VI of Schedule D · · · · · 10a 52,327	*		
	Ь	Less accumulated depreciation · · · · · · · · · · 10b	52,327	10c	
	11	Investments - publicly traded securities	52,321	-	52,327
	12	Investments - other securities See Part IV, line 11		11	
	13	Investments - program-related See Part IV, line 11	<del></del>	12	
	14	Intangible assets		13	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		14	
	16		255 205	15	
	17	Total assets. Add lines 1 through 15 (must equal line 34)	255,085	16	210,371
	18	Grants payable	<del></del>	17	
	19	Deferred revenue		18	
ī	20	Tax-exempt bond liabilities		19	
a	21	·		20	
D i	22	Escrow or custodial account liability Complete Part IV of Schedule D		21	, <u>, , , , , , , , , , , , , , , , , , </u>
į	22	Payables to current and former officers, directors, trustees, key			
į t		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	- **-		
ì	23	Secured mortgages and notes payable to unrelated third parties		22	
e	24	Unsecured notes and loans payable to unrelated third parties		23	
3	25	Other liabilities Complete Part X of Schedule D		24	
	26	· · · · · · · · · · · · · · · · · · ·		25	
	20	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here			; ; ;
N F e u	27	complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	255 225		
t n	27	Temporarily restricted net assets	255,085	27	210,371
, d	28 29			28	
A S B	29	Permanently restricted net assets	> 111 −141° 1 −21° 1 −	29	
s a		Organizations that do not follow SFAS 117, check here		1	
e I ta	20	and complete lines 30 through 34.		***	
s n	30	Capital stock or trust principal, or current funds	····	30	<del>-</del>
С	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
0 0 r s	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	255,085	33	210,371
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	255, <sub>085</sub>	34	210,371

### 990, 2009 **Overflow Statement** Page 1 FEIN Name(s) as shown on return VFW POST 2779 57-0299341 FUND RAISING EVENTS Description Amount BINGO 4000 \$ 59,698 BINGO SCDOR 9,640 15,922 DANCE 3,636 BUDDY POPPY SALES Total: 88,896 INCOME Description Amount 679,049 BINGO Total: 679,049 **EXPENSE** Description Amount BUILDING RENT 36,000 JANITORAL 16,500 305,000 ODEAN BLEWER 3 PERCENT TO VFW 2779 52,101 BANK CHARGES 72 LICENSES 3,605 292 OFFICE 831 TELEPHONE 69,469 BINGO TAX 31,019 SUPPLIES 7,705 UTILITIES WAGE GARNISHMENT 2,765 5,541 INSURANCE PRINTING PUBLICATIONS POSTAGE 2,122 VOICE OF DEMOCRACY 646 Total: 533,668 OTHER EXPENSE Description Amount DONATIONS 10,941 10,941 Total: