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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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

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

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

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Inspection

## A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable	C	D Employer identification number
<input type="checkbox"/> Address change	WASHINGTON VETERANS BENEVOLENT ASSN, INC	26-3845712
<input type="checkbox"/> Name change	1007 EAST THIRD STREET	E Telephone number
<input checked="" type="checkbox"/> Initial return	WASHINGTON, MO 63090-3203	636-239-4363
<input type="checkbox"/> Termination		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

I Website: ► N/A	G Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( 19 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 18,962.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 18,962.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less. direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less. cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► )	8
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 18,962.
10 Grants and similar amounts paid (attach schedule)	10 10,000.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 26,167.
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► )	16
17 Total expenses. Add lines 10 through 16	17 36,167.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -17,205.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 520,362.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 503,157.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)	
(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22 283,673.
23 Land and buildings	23 203,253.
24 Other assets (describe ► SEE STATEMENT 2 )	24 16,231.
25 Total assets	25 503,157.
26 Total liabilities (describe ► )	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 503,157.

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

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Form 990-EZ (2009)

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b> (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>VETERANS ASSOCIATION</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		

28 PROVIDE SOCIAL ACTIVITIES, ENTERTAINMENT, EDUCATION, MUTUAL AID AND OTHER BENEVOLENT ASSISTANCE TO VETERANS AND TO HOLD TITLE TO REAL ESTATE AND PERSONAL PROPERTY TO BE USED FOR SUCH PURPOSES.

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

28a

29 -----  
-----  
(Grants \$ ) If this amount includes foreign grants, check here

29a

30 -----  
-----  
(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

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

32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BOB KLOEPPEL WASHINGTON, MO 63090	PRESIDENT 2.00	0.	0.	0.
GEORGE GERNER WASHINGTON, MO 63090	VICE PRESIDENT 2.00	0.	0.	0.
WAYNE MORITZ WASHINGTON, MO 63090	SECRETARY 2.00	0.	0.	0.
GROVER CRISMON WASHINGTON, MO 63090	TREASURER 2.00	0.	0.	0.
DAVID ANDERSON WASHINGTON, MO 63090	DIRECTOR 1.00	0.	0.	0.
TOM HOMEYER WASHINGTON, MO 63090	DIRECTOR 1.00	0.	0.	0.
DAVID GILDEHAUS WASHINGTON, MO 63090	DIRECTOR 1.00	0.	0.	0.
ED WINZEN WASHINGTON, MO 63090	DIRECTOR 1.00	0.	0.	0.
ORVILLE MILLS WASHINGTON, MO 63090	DIRECTOR 1.00	0.	0.	0.
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## Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 3

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

section 4911 ► **N/A**; section 4912 ► **N/A**; section 4955 ► **N/A**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► **NONE**42a The organization's books are in care of ► **DON KAMPSCHROEDER**Telephone no ► **636-239-4363**Located at ► **1007 EAST THIRD STREET WASHINGTON MO**ZIP + 4 ► **63090-3203**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country: ►

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year► **43**  **N/A**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000. . . . ►

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p> <p>► <u>Robert Kloepper</u> Signature of officer</p> <p>► <u>Robert Kloepper PRESIDENT</u> Type or print name and title</p>	Date
		11-10-10

Paid Pre- parer's Use Only	Preparer's signature ► <i>Tom Unnerstall</i>	Date <b>11/5/10</b>	Check if self- employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <b>P00368221</b>
	Firm's name (or yours if self- employed), address, and ZIP + 4 ► <b>UNNERSTALL AND UNNERSTALL, CPA, P.C.</b>		EIN ► <b>20-0141333</b>	
	► <b>18 WEST SECOND STREET</b>		Phone no ► <b>(636) 239-6439</b>	
	► <b>WASHINGTON, MO 63090-2531</b>			

May the IRS discuss this return with the preparer shown above? See instructions.

**BAA**

**Form 990-EZ (2009)**

**2009****FEDERAL STATEMENTS****PAGE 1****CLIENT WVBA5000****WASHINGTON VETERANS BENEVOLENT ASSN, INC****26-3845712**

11/03/10

05.04PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**DONEE'S NAME: **AMERICAN LEGION CLUB  
WASHINGTON, MO 63090**CASH AMOUNT GIVEN: **\$ 10,000.****STATEMENT 2  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
DUE FROM AMERICAN LEGION POST . . . . .	\$ 0.	\$ 3,775.
MACHINERY AND EQUIPMENT . . . . .	11,375.	12,456.
<b>TOTAL</b>	<b>\$ 11,375.</b>	<b>\$ 16,231.</b>

**STATEMENT 3  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? **NO**

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? **NO**