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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2009

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

Sponsoning 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

. 20 A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable 6111 use IRS label or VFW POST 75-6055806 Address chance Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite print or E Telephone number Instal return type. 1817 P.O. Box 3533 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-ARLINGTON, TX 76007 Number ▶ Application pending G Accounting Method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► X if the organization is not required to attach Schedule B (Form 990. I Website: ▶ 990-EZ, or 990-PF). J Tax-exempt status (check only one) — **≥** 501(c) (19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 Investment income 4 5a 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ ____ _____ of contributions ATTACHED Less: direct expenses other than fundraising expenses 6b h Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c c R Other revenue (describe ▶ 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) . 10 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 REANNED IN 0 1 WK Ş 14 Occupancy, rent, utilities, and maintenance . . 14 15 Printing, publications, postage, and shipping . 15 16 Other expenses (describe ▶ 16 17 Total expenses. Add lines 10 through 16 . 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 58,863 end-of-year figure reported on prior year's return) 19 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 64,211 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 30.73 20.654 22 Cash, savings, and investments 23 <u>38,209</u> 23 Land and buildings 24 Other assets (describe ▶ 24 25 Total assets 25 26 Total liabilities (describe ▶ 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 58 863 64.211 Form 990-EZ (2009)

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

Cat. No. 10642l

| art III | Statement of Program Service Accom | | uctions for Part I | 1.) | | Expenses |
|--|--|--|--|--|-----------------|--|
| escribe anner, | ne organization's primary exempt purpose? what was achieved in carrying out the orgonization the services provided, the number of the primary title. | ganization's exempt purpos of persons benefited, and o | ses. In a clear a other relevant info | nd concise rmation for | 501(c) organ | ured for section (3) and 501(c)(4) uzations and section a)(1) trusts; optiona hers.) |
| В | | | | | | • |
| | | | | | | |
| (Gra | nts \$) If this amount | includes foreign grants, che | eck here | . • | 28a | |
| 9 | | | | | | |
| | | | | | | |
| (Gra | nts \$) If this amount | includes foreign grants, che | eck here | , ▶□ | 29a | |
| 0 | | | | | | |
| | | | | | | |
| | | includes foreign grants, che | | . ▶ 🗆 | 30a | |
| | er program services (attach schedule) | includes foreign grants, che | | | 210 | |
| | nts \$) If this amount al program service expenses (add lines 28a | | | > | 31a 32 | |
| art IV | List of Officers, Directors, Trustees, and Ke | y Employees. List each one ev | en if not compense | | | |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contribution employee benefit deferred compe | plans & | (e) Expense account and other allowances |
| | rt Garcia | Gommander | | - | | - |
| | Mazourka Dr., Arlingtun, TX d Thorson | 20 Hrs Quartermaster | | | | 0- |
| | Newcastle, Arlington, TX | 15 Hrs | -0 | - | | — |
| <u> 3</u> | t Haxdon | Sr. vice commandor | -0 - | -8 | | * |
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OVFW Post 6111 supports veterans and those currently serving in the military that are in need. VFW Post 6111 supports the VFW National Home and local ROTC programs.

| Part | Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|------|--|-----|------------|------------|
| - | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | × |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | × |
| 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? | 35a | | × |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | ļ | |
| 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 | 36 | | × |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 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? | 38a | - | × |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 1 | | |
| 39 | Section 50 r(c)(7) organizations. Enter: | | 1 | 1 |
| 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 ▶ | | | |
| 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 | 40b | 7 | Ά |
| С | 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 | | | |
| е | 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 | 40e | - | × |
| 41 | List the states with which a copy of this return is filed. ▶ Oden, UT | | | |
| 42a | The organization's books are in care of ▶ Ronald Thorson. Telephone no. ▶ (817) |)45 | 3-1 | 589 |
| | Located at ► 1802 Newcastle, Arlington TX ZIP+4 ► 70 | 06 | 3 | |
| 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 | | Yes | No |
| | account)? | 42b | | X |
| | 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. | | | |
| С | 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: | 42c | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | . 7 | <u>/A\</u> | ▶ □ |
| | | ĺ | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | . 55 | × |
| 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. | 45 | | <u>~`</u> |
| | | | | <u> </u> |

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| Form 990 | D-EZ (2009) | | | | _ | Page 4 |
|-----------------|---|---|---|--|------------------------------|-----------------|
| Part \ | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an | section 4947(a)(1) none 17(a)(1) nonexempt chari ad 51. | xempt charitab table trusts mus | le trusts only. A t answer question | II section ns 46-49 | ∌b |
| | Did the organization engage in direct or indirect | | | | Yes | No |
| | candidates for public office? If "Yes," complete \$ | | | | 46 | X |
| | Did the organization engage in lobbying activities | | | | 47 | ↓X. |
| | Is the organization a school as described in section | | | E | 48 | ↓X. |
| | Did the organization make any transfers to an ex | * | d organization? . | | 49a | ↓X . |
| | If "Yes," was the related organization a section 5 | | | | 49b | <u> </u> |
| 50 | Complete this table for the organization's five his employees) who each received more than \$100,000. | | | | | |
| | | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Expe | |
| | (a) Name and address of each employee paid more than \$100,000 | hours per week devoted to position | | employee benefit plans & deferred compensation | account other allow | |
| | | | | | | |
| | | HONE | | | | |
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| | | | | | | |
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| | | | | | | |
| f | Total number of other employees paid over \$100 | 0.000 | 1 | | | |
| | (a) Name and address of each independent contractor | paid more than \$100,000 | (b) Ty | pe of service | (c) Compens | sation |
| | | | | | | |
| | | | | | | |
| | | | 7 | ONE | | |
| | | | | | | |
| | | | | | | |
| d | Total number of other independent contractors e | each receiving over \$100,00 | 00▶ | | | |
| | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration | ed this return, including accompan of preparer (other than officer) is b | ying schedules and sta ased on all information | tements, and to the best of which preparer has a | t of my know any knowledg | /ledge ge |
| Sign Here | Soul & st | | | 5 May 10 | | |
| | Signature of officer Owntroometer | | | Date / | | |
| Deid | Preparer's Preparer's | Date | Check if | Preparer's identifying num | nber (See instru | ictions) |
| Paid Prepare | signature / Non Clause | 5/4/1 | | | 27 | |
| Use On | vours it self-employed) Don Kawe | reek Ct. Kenneda | 1)e 78 76060 Ph | | 72-128 | 3 |
| May th | e IRS discuss this return with the preparer shown | above? See instructions | , , , , , , , | ▶ 🗀 | Yes 🗵 | No |
| | | | | For | m 990-E Z | Z (2009) |

VFW Post 6111 Income Statement For the Period Ended December 31, 2009

TOTAL RECEIPTS

| Membership Fees, Canteen Sales and Video Gaming | 16 | 3,520.36 |
|---|----|----------|
| Interest on Checking | | 1.37 |
| Interest on CD | \$ | 207.93 |
| | 16 | 3,729.66 |

TOTAL EXPENSES

| Beer | (25,448.15) | |
|----------------------------------|---------------|--------------|
| Liquor | (22,769.36) | |
| Soft Drink Supplies | \$ (2,616.00) | |
| Canteen Supplies | (47,669.70) | |
| State Comptroller Liquor Tax | (11,887.68) | |
| Electricity | (6,238.17) | |
| Water | (598.49) | |
| Propane Gas | (770.79) | |
| Trash Pickup | (796.33) | |
| Telephone | (659.88) | |
| Security Monitoring | (263.40) | |
| Mowing | (225.00) | |
| Bank Fees | (961.33) | |
| Bank Interchange Fees | (208.49) | |
| Tax Preparation Fees | (99.00) | |
| Equipment | (7,037.34) | |
| Awards | (563.00) | |
| Membership Dues and VFW Programs | (939.00) | |
| DJ/Karaoke Services | (4,695.18) | |
| Donations | (2,526.00) | |
| Post Supplies | (12,658.12) | |
| Satellite TV | (914.56) | |
| Repairs | (3,048.08) | |
| Insurance | (3,594.50) | |
| Lease Payments | (288.68) | |
| Permits | (580.00) | |
| Buddy Poppies | (325.00) | (158,381.23) |
| | | |

5,348.43

NET RECEIPTS (EXPENDITURES)