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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under 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.

A For the 2009 calendar year, or tax year beginning 07-01, **2009, and ending** 06-30, **2010**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization ELEVENTH ARMORED DIV ASSOC</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 2328 ADMIRAL ST</p> <p>City or town, state or country, and ZIP + 4 ALIQUIPPA, PA 15001</p>	<p>D Employer identification number 23-7159772</p> <p>E Telephone number (724) 375-6295</p> <p>F Group Exemption Number ▶</p>
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.11TH ARMORED DIVISION.COM

J Tax-exempt status (check only one) - 501(c) (19) ◀ (insert no) 4947(a)(1) or 527

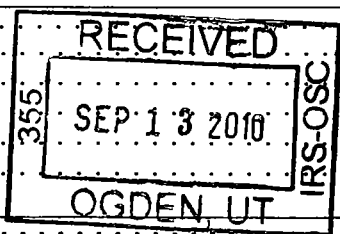
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check 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 ▶ \$ **41,941**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

	Description	Line	Amount
R Revenue	1 Contributions, gifts, grants, and similar amounts received	1	8,689
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	31,951
	4 Investment income	4	301
	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 ▶ <u>STM141</u>)	8	1,000	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	41,941	
E Expenses	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	100
	14 Occupancy, rent, utilities, and maintenance	14	12,000
	15 Printing, publications, postage, and shipping	15	8,137
	16 Other expenses (describe ▶ <u>STM130</u>)	16	18,486
	17 Total expenses. Add lines 10 through 16	17	38,723
A Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,218
	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	41,466
	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	44,684



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	41,466	44,684
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	Total assets	41,466	44,684
26	Total liabilities (describe ▶ _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,466	44,684

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Part V 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
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		X
37 a	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
38 a	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	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	
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	40e	X
41	List the states with which a copy of this return is filed		
42 a	The organization's books are in care of ROBERT PFEIFFER Telephone no 724-375-6295 Located at 2328 ADMIRAL STREET Aliquippa, PA ZIP + 4 15001		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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	42c	X
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	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization a section 527 organization? 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 ▶

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.

Sign Here

Signature of officer: Robert Pfeiffer Date: 9/19/10
 Robert Pfeiffer, SECY/TREAS
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Harriet Kulha Date: 09/22/10 Check if self-employed: X
 Preparer's Identifying No. (See inst.):
 Firm's name (or yours if self-employed), address, and ZIP + 4: HARRIET KULHA
2020 Main St., Ste 7
Aliquippa, PA 15001
 EIN: Phone no: 724-375-1608

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

EEA Form 990-EZ (2009)

Federal Supporting Statements

2009 PG01

Name(s) as shown on return

FEIN

ELEVENTH ARMORED DIV ASSOC

23-7159772

PG 2 PART IV OFFICERS

Statement #01

Unformatted Statement

NO COMPENSATION, CONTRIBUTIONS TO EMPLOYEES BENEFIT PLANS AND
COMPENSATION, OR EXPENSE ACCOUNTS AND OTHER ALLOWANCES.

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
CONVENTION EXPENSES	18,271
BANK NSF FEES	90
TREAS. BOND	125
Total	18,486

Form 990EZ, Part I, Line 8
Other Revenues Schedule 2

<u>Description</u>	<u>Amount</u>
EUROTOUR REIMBURSEMENT	1,000
Total	1,000

ELEVENTH ARMORED DIV ASSOC
 #23-7159772
 2009 FORM 990-EZ
 PART IV--LIST OF OFFICERS

Title	First Name	Last Name	Address	City	St	Zip
President	DANIEL W.	O'BRIEN	1720 LEXINGTON PL	WENATCHEE	WA	98801-1762
IP President	ROBERT	BABCOCK	4084 SHOREWOOD DR	ROCKFORD	IL	61101-9373
1st VP	RALPH	STORM	2840 STARR AVE	EAU CLAIRE	WI	54703-1088
2nd VP	GERALD L.	COCKRELL	PO BOX 607	BUFFALO GAP	TX	79508-0607
3rd VP	MERTON	HAYNES	42 HEDGE LN	LANCASTER	NY	14086-1469
Bd. of Gov.	FRANK	STOUT	5535 Victoria Ln.	LOCKPORT	NY	14094-5374
Bd. of Gov.	HOWARD	GREINETZ	7000 E QUINCY #413	DENVER	CO	80237-2217
Bd. of Gov.	MURRAY	SCHULALTER	15 HAWTHORNE DR	LIVINGSTON	NJ	07039-1227
Bd. of Gov.	DOROTHY	GILDOW	3755 SW 5TH DR	GRESHAM	OR	97030-6419
Bd. of Gov.	GEORGE	SHERMAN	20936 N SPRINGS TER	BOCA RATON	FL	33428-1454
Bd. of Gov.	ANN	ARDERY	3219 GUNSTON RD	ALEXANDRIA	VA	22302-2102
Alt. Bd.	GREG	URDA	223 BUENA VISTA	ANN ARBOR	MI	48103
Alt. Bd.	RANDALL	PETERSON	25125 BEAUMONT ST	LOMBARD	IL	60148-5340
Alt. Bd.	JAMES	DICKINSON	461 N 9TH ST	OSKALOOSA	IA	52577-2341
Alt. Bd.	DARRELL	ROMJUE	17270 LUNDGREN WAY	GLADSTONE	OR	97027-1290
Alt. Bd.	ROGER	MOCKFORD	14590 NE BRAZEE CT	PORTLAND	OR	97230-3847
ALT. Bd.	CHRIS	FALLS	865 MOREFIELD RD	PHILADELPHIA	PA	19115-1916
Sgt. at Arms	JOHN	RASTELLI	174 W COHAWKIN DR	CLARKSBORO	NJ	08020-1119
Asst. Sgt.	BILL	TIENVIERI	8591 TANGLEWOOD TRIL	CHAGRIN FALLS	OH	44023-5635
Secy/Treas	ROBERT	PFEIFFER	2328 ADMIRAL ST	ALIQUIPPA	PA	15001-2204
Counselor	JOAN	ARDERY	9107 RIVER RD	POTOMAC	MD	20854
Chaplain	L. GORDON	BLASIUS	5283 CLOVER DR	SHEFFIELD VILLAGE	OH	44035-1483