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Form

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

Department of the Treasury

Open to Public

			The organization may h	ave to use a copy of this			` 	uirements			spection
A F	or the	2009 càlendar year, or	r tax year beginning		07-01	, 2009, and	d ending		06-	30 , 20) 10
B c	heck if a		C Name of organization VFV	W POST 6791			_		D	Employe	ridentification no
_ ^	ddress c	hange use IRS label or	Doing Business As							36-614	5380
□ N	lame cha	nge print or type.	Number and street (or P O	box if mail is not delivered to s	treet address)		Roon	√suite	E	Telephon	e number
l:	nitial retu	m See =	431 N NELTNOR	BLVD.						(630)2	31-6448
🗌 т	erminate	d Specific Instruc-	City or town, state or countr	y, and ZIP + 4					G	Gross rec	ceipts
	mended	4	WEST CHICAGO,	IL 60185						\$	633,892
	pplicatio	n pending F Name a	and address of principal officer	Steve Bennier							
			Chicago, IL 60				H(a)	Is this a gro affiliates?	oup retur	n for	Yes X No
1 1	ax-exem		19) ◀ (insert no)				Н(b)	Are all affili	ates incl	luded?	Yes No
		▶ N/A					H(c)	If "No," atta Group exer	ıch a lıst	(see instru	ctions)
		ganization X Corporation	Trust Association	Other ▶	LY	ear of formation		M State			IL
Pa		Summary			1			1 0			
L.YYE		Briefly describe the orga	anization's mission of m	ost significant activities:	Vet	erans Se	ervice (rganiz	atio	'n	
	•	Driviny document and orga	21112440170111100101707111	loot orgrinioarit aouvilloo.				- 9			
A C G				•							
† o									-		
l v	,	Check this box ▶ ☐ i	The Tradais detab discours	tound its energians or a	dianasad of n	nore than 25	9/ of its not	acceto			
! r	l -	Crieck this tox > It his	re of the governing bo	thrueu its operations or t					ا د ا		-
t n ia	3	1 1	102						3		
e n s c	4 -		voting members of the						4		0
6	5	1-1	ees (Part V, Tine 2a)	- 1					5		8
&	6		ers (estimate if necessa						6		35
	7a	Total gross unrelated by Net unrelated business	Isiness revenue Irdm P	arl VIII, column (C), line	12				7a		0
	b	Net unrelated business	taxable income from Fo	orm 990-T, line 34			<u></u>		7b		0
R							F	rior Year		Cu	ment Year
θ.	8	Contributions and grants	s (Part VIII, line 1h)				·	1	,213		1,588
8	9	Program service revenu	ue (Part VIII, line 2g) .								0
o "	10	Investment income (Par	rt VIII, column (A), lines	3, 4, and 7d)				2	,292		2,009
֓֞֞֞֞֟֞֜֞֟֓֞֟֞֟֓֓֓֓֞֟֝֓֓֟֝֟֝֓֓֟֝֟֝֓֓֟֝֟֝֓֓֓֟֝֟֝֓֓֟֝֟֝֓֓֓֟֝֓֡֡֝֟֝֓֓֡֝֟֝	11	Other revenue (Part VIII	I, column (A), lines 5, 60	d, 8c, 9c, 10c, and 11e)				105	,708		96,891
	12	Total revenue - add line	es 8 through 11 (must ed	qual Part VIII, column (A)), line 12)			109	,213		100,488
<u>√4</u> ∌	13	Grants and similar amo	unts paid (Part IX, colur	nn (A), lines 1-3)							0
	14	Benefits paid to or for m	nembers (Part IX, colum	n (A), line 4)							0
IJ× ⊒C∵	15	·	sation, employee benefi					33	,640		33,559
□P	16a	Professional fundraising									
Qň		Total fundraising expens	-			0			*********		
ULS 70		Other expenses (Part I)	, , ,	· · ———				82	,508		85,605
Z		Total expenses. Add lin					<u> </u>		,148		119,164
8	19		s Subtract line 18 from						,935	<u> </u>	(18,676)
Na	+	,	- Cabilactimo to nom					of Current Y			nd of Year
Asset	s 20	Total assets (Part Y line	e 16)				Бодивиц		,785		777,553
or Fund	21	, ,	line 26)				·		,641		40,086
Bal-			nces. Subtract line 21 f				-		,144		737,467
ances	rt II	Signature Block		101111111111111111111111111111111111111			•	730	, 144		737,107
1 2	13 41]	, `	declare that I have examined	this return, including accompan	ving schedules	and statements	and to the be	st of my know	Medge		
		and belief, the true, correct,	and complete Declaration of	preparer (other than officer) is b	pased on all info	mation of which	preparer has	any knowled	ge		
Sig	n	1 Carland	1 M						1	11-5	5-10
		Signature of officer	1/000						Date	, 0	
Her	е		, ,						Date	•	
			ser, Treasurer								
		Type or print name and	g une		I Basic	1		l p			shor
		Preparer's	Λ.Λ.\.		Date		heck if elf-	_ (coo.in	ers iden istruction	itifying num is)	.uer
Paid	-	signature	644			e	mployed >	KII`		1663	17
	arer's	/8	an x	\	11-04-2	2010					<u> </u>
	Only	Firm's name (or yours	ROBERT J FURY				EIN	•	, _ ,	4.40-	
	-,	if self-employed),	101 W. WASHIN	GTON ST.				36	<u> </u>	<u> 1683</u>	12
		address, and ZIP + 4	WEST CHICAGO,	LL 60185			Phone	ю ▶630	-231	-6448	<u> </u>
May	the IRS	S discuss this return with	the preparer shown ab	ove? (see instructions)						X	Yes No

	1 990 (2009) VFW POST 6791	36-6145380	Page 2
	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	Veterans Service Organization		
			
		· · ·	
2	Did the organization undertake any significant program services during the year which were not listed on	□ v	□ Na
	the prior Form 990 or 990-EZ?	∐ tes	∐ 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	□ v	□ . 1
	services?	∐ Yes	∐ 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 allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue		· · · · · · · · · · · · · · · · · · ·
74	Community Service & Veterans Support programs	Ψ	′
	Community Service & Veterans Support programs		
			_
		·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	١
76	(Code) (Expenses \$) (revenue	Ψ	′
		· · · ·	
		<u></u>	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
		 .	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			·
			
4d	Other program services (Describe in Schedule O.)		
74	(Expenses \$ including grants of \$) (Revenue \$) -	
40	Total program service expenses ▶		

EEA

20

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," Х 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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," 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 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," 8 Х 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," Χ 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 11 Χ 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 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 12 X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х 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 15 Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Form 990 (2009) VFW POST 6791 Part 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>X</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		X
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
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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			ŀ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	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		<u> </u>
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	ļ .	Х
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?			37
	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):		ŧ	77
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		- T
	Schedule L, Part IV	28b		X
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,	00-		l v
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
04	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
22	Part I	31	-	Λ
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		1
J J	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	- 55	_	1
34	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-		11
33	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		42
50	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
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,	1		
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	ات	 	†
	19? Note. All Form 990 filers are required to complete Schedule O	38		x
	The state of the s			

Form	990 (2009) VFW POST 6791	36-614538	0	P	age 5
Par	t 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		.		
	U.S Information Returns. Enter -0- if not applicable	6			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		Ī		
	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	8			
þ	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		1		
•	instructions)		1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by				7.7
	this return?	<u> </u>	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	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				v
	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		1		
E-	and Financial Accounts.		_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	⊢	5a 5b		X
b	and any analog party to a garage and a party to a province and any and a province		מכ		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		E-		
6-	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?		e-	Х	
_	organization solicit any contributions that were not tax deductible?		6a		
ь	gifts were not tax deductible?		6b	Х	ļ
7	Organizations that may receive deductible contributions under section 170(c).		OD .	Λ	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l			
а	and services provided to the payor?	į	7a		
h	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				-
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		=		
	benefit contract?		7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u> </u>	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	T'			
	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		
9	Sponsoring organizations maintaining donor advised funds.			:	
а	Did the organization make any taxable distributions under section 4966?	[9a]
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	[9Ь		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
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		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				

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.			
ec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			į
b	Enter the number of voting members that are independent			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			İ
	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			
	of the governing body?	7a	Х	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			ĺ
а	The governing body?	8a	X	<u> </u>
Ь	Each committee with authority to act on behalf of the governing body?	8Ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
			Yes	No
0a	Does the organization have local chapters, branches, or affiliates?	10a		X
Ь	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?	10b		L
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
3	Does the organization have a written whistleblower policy?	13		X
4	Does the organization have a written document retention and destruction policy?	14		X
5	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	15a		X
Ь	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.)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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			
	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	ction C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed IL			
8	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 🗵 Upon request			
9	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: ▶ Robert J. Fury CPA (630)231-6448			

101 W Washington St West Chicago, IL 60185

Part VII 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 a	ny current of	ficer, d	lirect	tor, c	or tru	ıstee.				_
(A)	(B)			(0	7)			(D)	(E)	(F)
Name and Title .	Average hours per week	Positi I t d n r i d u r i s e v t c i e t d e o u r a o i r	I t n r s u t s i t	00	КөуөЕ	at apply) H c e I o m g mp h e e o s n y t s e t e d	F	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
Steve Bennier				İ						
President	5.00	}		Х				0	o	
Richard Guyser										
Treasurer	10.00			X				3,600	0	0
	_									
							-			
						1				
1										
		_								
								-		

Form **990** (2009)

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	' (A)	(B)			ŋ	5)			(D)	(E)		(F)	
	Name and Title	Average hours per week	l t d	l t n r	O	K	H c e	F	Reportable compensation from	Reportable compensation from related		stimated nount of other	
			dur Ise Vtc Iet deo ur ao Ir	t s t e u e	1 C 8	y e m p l o y e e	gmp h p o s n y e t a e t e d	r e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	pensation from the anization d related anization	n I
					-								
						-			-	-			
										_			
	1		_										
						_							
1b	Total								3,600	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization ▶	those listed	above)	wh	o re	ceive	ed mor	e th	an \$100,000 in	0			
3	Did the organization list any former officer, director or	trustee, key	employ	/88,	or h	ighe	st con	npen	sated			Yes	No
	employee on line 1a? If "Yes," complete Schedule J for										3		Χ
4	For any individual listed on line 1a, is the sum of report												
	the organization and related organizations greater than												Х
5	individual								for		4		Λ
•	services rendered to the organization? If "Yes," complete		-				-				5	į į	Х
Sec	ction B. Independent Contractors										<u> </u>		
1	Complete this table for your five highest compensated compensation from the organization.	independent	contra	ctor	rs tha	at re	ceived	mo	re than \$100,000 o				
	(A)								(B)			(C)	
	Name and business address			•					Description of s	ervices	Comp	ensation	
										<u></u>			
									<u> </u>		_		
2	Total number of independent contractors (including but	not limited to	o those	- list	ted a	lbov	e) who	rec	erved				
	more than \$100,000 in compensation from the organization						,						

EEA

Part \	AB.	Statement of Revenue					
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Fèderated campaigns 1a					
	Ь	Membership dues 1t	1,005				
Contri- butions,	С	Fundraising events					
gifts,	d	Related organizations	1				
grants	e	Government grants (contributions) 1e	,	f			
and other		All other contributions, gifts, grants,					
sımilar	•	and similar amounts not included above					
amounts	ģ	Noncash contributions included in lines 1a-1f:	5				
	h	Total. Add lines 1a-1f	 	1,588			
			Business Code	T - 100 - 10		111	
	2a			1			
	ь						
Program Service	c						
Revenue	d						
	e						
	f	All other program service revenue	•				
	g	Total. Add lines 2a-2f					
		Investment income (including dividends, interes	• •				
		other similar amounts)		2,009	2,009		
	4	Income from investment of tax-exempt bond pro	ceeds ▶				
	5	Royalties					
		(i) Real	(iı) Personal				
	6a	Gross Rents 6,63	3]			
	Ь	Less: rental expenses					
	Ç	Rental income or (loss) 6 , 63	3				
	ď	Net rental income or (loss)		6,633	6,633		
	7a	Gross amount from sales of (i) Secuntes	(ii) Other				
		assets other than inventory					
	Ь	Less: cost or other basis					
•		and sales expenses]			
ť	c	Gain or (loss)]			
h	ď	Net gain or (loss)	. <u></u> >				
e r	8a	Gross income from fundraising					
_	i	events (not including \$583					
R		of contributions reported on line 1c).					
v		See Part IV, line 18	<u></u>]			
e	b	Less: direct expenses)			‡ ‡	
ü	С	Net income or (loss) from fundraising events	. <u> </u>				
e	9a	Gross income from gaming activities					
		See Part IV, line 19		-t			
	1	Less: direct expenses		***************************************			
	c	Net income or (loss) from gaming activities .	. <u> </u>	64,299	64,299		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	10a	Gross sales of inventory, less				1 1	
	1	returns and allowances	— · · · · · · · · · · · · · · · · · ·				
	Ь	Less: cost of goods sold	32,734	- ↑			
	С	Net income or (loss) from sales of inventory .	<u> ▶</u>	25,959	25,959		
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a			 			
	b		<u> </u>				<u> </u>
	Ċ					_	
	1	All other revenue				<u> </u>	
	1 1	Total. Add lines 11a-11d					
	12∙	Total revenue. See instructions		100.488	98.900	! 0	u 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 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				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,874		30,874	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,685		2,685	
11	Fees for services (non-employees):				
а	Management				
b	Legal,				
C	Accounting	10,935		10,935	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	385		385	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,613		3,613	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,319		14,319	•
23	Insurance	6,876		6,876	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)			1	
а	Donations	14,405	· · · · · · · · · · · · · · · · · · ·	14,405	
b	Expense Schedule Attached	35,072		35,072	
С					<u> </u>
d					-
e			·		-
ť	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	119,164	0	119,164	0
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
	rundraising solicitation			1	

³ art X	Balance Sheet			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	52,452	1	20,455
2	Savings and temporary cash investments	110,109	2	112,118
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		1 1	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
. .	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete] [
•	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	2,267	8	2,117
9	Prepaid expenses and deferred charges		9	
10a			 	mn
	other basis. Complete Part VI of Schedule D 10a 780,648			
Ь	Less: accumulated depreciation 10b 137,785	638,957	10c	642,863
11	Investments - publicly traded securities		11	
12	· · · · ·		12	
13	Investments - program-related. See Part IV, line 11	*	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	803,785	16	777,55
17	Accounts payable and accrued expenses	2,838	17	2,66
18	Grants payable	2,030	18	2,00
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20	=
21	·		21	
22	Payables to current and former officers, directors, trustees, key		 •• •	
""	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	
24	Unsecured notes and loans payable to unrelated third parties	44,803	24	37,41
25	Other liabilities. Complete Part X of Schedule D	44,003	25	3/,41
26	·	47,641	26	40,08
- 20	Total liabilities. Add lines 17 through 25	4/,041	20	40,000
_	_			
F u 27	complete lines 27 through 29, and lines 33 and 34.		27	
n	Unrestricted net assets		28	
d 28	Temporarily restricted net assets			
B 29	Permanently restricted net assets		29	
a	Organizations that do not follow SFAS 117, check here ► 🗵			
	and complete lines 30 through 34.		1	
a 30 n	Capital stock or trust principal, or current funds		30	
c 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32	Retained earnings, endowment, accumulated income, or other funds	763,079	32	737,467
33	Total net assets or fund balances	763,079	33	737,467
34	Total liabilities and net assets/fund balances	810,720	34	777,553

•			
Form 990 (2009)	VFW POST	6791	

Part XI **Financial Statements and Reporting** X Cash Accrual Other Accounting method used to prepare the Form 990: If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X Were the organization's financial statements audited by an independent accountant? 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 Х 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 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 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

Form **990** (2009)

36-6145380

Page 12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

VFW POST 36-6145380 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a 🗌 Typel **b** Type II c Type III-Functionally integrated **d** Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s). h (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (f) listed in your the organization in organization in col above or IRC section governing document? col (i) of your (i) organized in the support? US? (see instructions)) Yes No Yes No Yes No Total

rt II Support Schedule for Org	anizations D	escribed in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	80 Pag i)
(Complete only if you checked the b			•			
ction A. Public Support				-		
endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					:	
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions by each person (other than a governmental unit or						
publicly supported organization) included				1		
on line 1 that exceeds 2% of the amount				1		
shown on line 11, column (f)		Ī		1		
Public support. Subtract line 5 from In 4						
ction B. Total Support						
ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4	<u></u>					
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. Add lines 7 through 10 .						
Gross receipts from related activities, etc. (se	e instructions)				. 12	
First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>		•	,	, , ,	<u>,</u>
ction C. Computation of Public Su						
Public support percentage for 2009 (line 6, co	olumn (f) divided	by line 11, column	(f))		. 14	%
					. 15	%

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

.

36-6145380 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 773 944 1,213 1,005 5,565 1,630 Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus. under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 773 944 1,630 1,213 1,005 5,565 Amounts included on lines 1, 2, and 3 received from disqualified persons . . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b Public support (Subtract line 7c from 5,565 line 6.) Section B. Total Support (b) 2006 (c) 2007 (d)2008(e) 2009 (f) Total (a) 2005 Calendar year (or fiscal year beginning in) ▶ 944 773 1,630 1,213 1,005 5,565 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 5,018 2,292 2,009 18,863 sources 4,594 4,950 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 4,594 4,950 5,018 2,292 2,009 18,863 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 24,428 and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 22.78 % Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 77.22 18 % Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	of the organization	Employer identification number
	V POST 6791	36-6145380
Par		ACCOUNTS. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
_	(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 (during year)	
4	Aggregate value at end of year	_
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
_	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
Dai	purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	
		ine 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	important land area
	Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Protection of natural habitat Preservation of a certified historically	
	Preservation of open space	one sudetale
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	priestion
-	easement on the last day of the tax year.	7 V 4 11 0 1 1
	E	Held at the End of the Tax Year
а	Total number of conservation easements	2a
ь	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	ation during
	the tax year ▶	•
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y	rear
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	▶ \$_ [†]	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	lescribes
	the organization's accounting for conservation easements	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance she	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	den af nu
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu	blic service,
	provide the following amounts relating to these items:	⊾ ¢
	(i) Revenues included in Form 990, Part VIII, line 1	
9	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	
	following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1	▶\$
a h	Assets included in Form 990, Part X	
Þ	Assess included in Form 550, Fait A	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)		ule D (Form 990) 2009 VFW POST 6791					-614538	-	Page 2
collection items (check all that apply): a Public admittable on the programs	Par	t III Organizations Maintaining C	collections of	Art, Historica	l Treasures, o	or Other Sim	<u>ilar Asse</u>	≥tS (contin	iued)
Public exhabition d Loen or exchange programs	3	Using the organization's acquisition, accession, a	nd other records, c	heck any of the fo	llowing that are a	significant use of	ıts		
b		collection items (check all that apply):							
c Prisearotaton for future generations Part XIV Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV S During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No No Part IV Escrow and Custodial Arrangements. Complete in Grganization answered "Yes" to Form 990. Part XI, line 20, or proported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermedieny for contributions or other assets not included on Form 990, Part XV. and complete the following table: C Beginning belance Amount Tell T	а	Public exhibition	d 🗌 Loa	n or exchange pro	grams				
c Prisearotaton for future generations Part XIV Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV S During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No No Part IV Escrow and Custodial Arrangements. Complete in Grganization answered "Yes" to Form 990. Part XI, line 20, or proported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermedieny for contributions or other assets not included on Form 990, Part XV. and complete the following table: C Beginning belance Amount Tell T	ь	Scholarty research	e 🗌 Oth	er					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV	С	Preservation for future generations							
Part XIV During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rate funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, Irea 9, or reported an amount on Form 990, Part X, Irea 21. Is its the organization an agent, frustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X; Irea 21. Is its the organization an agent, frustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X; Irea 21. C Beginning balance	4		ons and explain ho	w they further the	organization's exe	empt purpose in			
5 During the year, did the organization solicit or receive donations of art, hatorical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrive and Custodial Arrangements. Complete if organization answered "Ves" to Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? yes No If "Yes," explain the arrangement in Part XIV and complete the following table: Beginning balance			•		J				
sasets to be sold to raise funds rather than to be maintained as part of the organizations collection?	5		eive donations of a	rt. historical treasu	res, or other simil	ar			
Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		- · ·						Yes	☐ No
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par					_			
1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table: Comparison	F		~						
Included on Form 990, Part X? It Yes, "explain the arrangement in Part XIV and complete the following table: Beginning betance	1a				or other assets no				
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount Amount								☐ Yes	□No
C Beginning balance C C	h								
c Beginning balance	V	ii res, explain the anangement in Part XIV and	complete the lollow	ring table.			Amou		
d Additions during the year 16	_	Paginning balance				10			
e Distributions during the year									
f Ending balance									
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Part	e	Distributions during the year				· le			
B If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back b Contributions	Ţ								
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back			990, Part X, line 21	?				∐ Yes	⊔ No
Beginning of year balance Beginning of year balance Contributions Contribution Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contri									
1a Beginning of year balance	Pal	t V Endowment Funds. Complete if	the organization a	nswered "Yes" to I					
b Contributions		'	(a) Current year	(b) Pnor year	(c) Two years t	oack (d) Three y	ears back	(e) Four year	rs back
c Net investment earnings, gains, and losses . d Grants or scholarships	1a								
d Grants or scholarships	b	Contributions	_						
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	С								
and programs	d	Grants or scholarships						************	
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	e					1	1		
f Administrative expenses		and programs							
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	f	Administrative expenses							
a Board designated or quasi-endowment ▶	g	End of year balance					I		
a Board designated or quasi-endowment ▶	2	Provide the estimated percentage of the year end	balance held as:	-			_		
b Permanent endowment ▶	а								
Term endowment ▶	b								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10	С								
Organization by: (i) unrelated organizations 3a(i)	3a		of the organization	n that are held and	administered for	the			
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Fart VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land 13,000 13,000 b Buildings 455,660 91,321 364,339 c Leasehold improvements 311,988 46,464 265,524 e Other 311,988 46,464 265,524								Ye	s No
(ii) related organizations		•						3a(i)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI									_
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI	h	• •						—	_
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	4	•	-					<u> </u>	
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation	Pa				m 990 Part X line	2 10	*		
Ia Land 13,000 13,000 b Buildings 455,660 91,321 364,339 c Leasehold improvements 311,988 46,464 265,524 e Other 0ther	. p. (5A)								
1a Land		Description of investment	1	1		• •	1	(d) Book val	iue
b Buildings	1-	Lond		9111)		оергестацоп			3 000
c Leasehold improvements			•				321		
d Equipment		•			433,660		, 341		,1,333
e Other	-	•			211 000		164		SE E24
		• •			311,988	46	,404		,5,544
						_ .			12,863

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
Financial deriv	vatives		-	
Closely-held e	equity interests			
Other				
-				
			 	
			· · · · · · · · · · · · · · · · · · ·	_
				••-
1	<u> </u>			
	b) must equal Form 990, Part X, col (B) line 12)			······································
Part VIII	Investments - Program Related.	See Form 990. Part X. line 13.		
EX				
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
		 		
· · · · · · · · · · · · · · · · · · ·		1		<u> </u>
		+		· · · · · · · · · · · · · · · · · · ·
r		+		
· ·				·
		 		
		1		
		- 		
	(b) must equal Form 990, Part X, col (B) line 13)	t.		
Part IX	Other Assets. See Form 990, Part X, lin			
	(a)	Description		(b) Book value
1				
				-
		····		
		· · · · · · · · · · · · · · · · · · ·		
•				
				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. See Form 990, Part X,	line 25.	· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Amount	4	
Federal incon	ne taxes			
			4	
			_	
			4	
			_	
			_	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)		7	
	,			

EEA

Schedu	rie D (Form 990) 2009 VFW POST 6791		145380	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	S		
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	<u> </u>	
6	Investment expenses	6		
7	Prior period adjustments	7		
	Other (Describe in Part XIV.)	8		
8		9		
9	Total adjustments (net). Add lines 4 through 8	10		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Fai	Reconciliation of Revenue per Audited Financial Statements With Revenue			
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	_		
ь	Donated services and use of facilities	_		
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)		1	
е	Add lines 2a through 2d	20	e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	····		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
ь	Other (Describe in Part XIV.)	\neg		
~	Add lines 4a and 4b	-	_]	
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
5	TXIII Reconciliation of Expenses per Audited Financial Statements With Expense		<u> </u>	
سيعا	moraganit		Tictain	
1	Total expenses and losses per audited financial statements	<u> </u>		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	_		
Ь	Prior year adjustments	_		
C	Other losses	_	1	
d	Other (Describe in Part XIV.)	_		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1	. 3	B	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		1	
ь	Other (Describe in Part XIV.)		1	
c	Add lines 4a and 4b	. 4	С	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	5	-
Pa	T XIV Supplemental Information			
سسسا	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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 4b. Also complete			
	part to provide any additional information			
4 110 1	and to provide any additional morniation.			
	· · · · · · · · · · · · · · · · · · ·			
				_
_				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization enswered "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

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

VFW POST 6791						36-6	145380
Part I Fundraising Activi	ties. Complete if the	e organization	answered	"Yes" to Form 990, P	art IV, line 1	7.	
 Indicate whether the organization Mail solicitations Internet and email solicitations 	raised funds through	e []	Solicitation Solicitation	n of non-government g n of government grants	rants	-	
c Phone solicitations		g 🗌	Special fu	ndraising events			
 d	990, Part VII) or entit	y in connectio	n with prof	essional fundraising s	ervices?		es 🗌 No
to be compensated at least \$5,00		•	•	· ·			
(i) Name of individual or entity (fundralser)	(ii) Activity	(iii) Did fundr custody or c contribu	ontrol of	(iv) Gross receipts from activity	(or retai	nt paid to ned by) or listed in	(vi) Amount paid to (or retained by) organization
		Yes	No	_			
1							
							-
			ļ				
Total				or has been notified to	in overnit for		_
3 List all states in which the organiz registration or licensing.	ation is registered or	iicensed to se	DIICIT TUNGS	or has been notined it	is exempt if	om	
					· · · · · ·		
							· .
					<u> </u>		
							·
							

	lule G		POST 6791	nswered "Yes" to Form 990		6145380 d	Page
1 14	* * **	more than \$15,000 on Form 990				u	
	-		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total E	
R		• •	(event type)	(event type)	(total number)	Add col (a)	-
v	1	Gross receipts					
e n	2	Less: Charitable					
ן נ		contributions					
	3	Gross revenue (line 1					
+		minus line 2)					
	4	Cash prizes					_
)			-				
	5	Non-cash prizes					
	6	Rent/facility costs					
		•					
	7	Food and beverages					
	8	Entertainment		:			
	·	Littertailinent					_
	9	Other direct expenses					_
	40	5			_	,	
	10 11	Direct expense summary. Add lines Net income summary. Combine line				(
a	rt II						
		than \$15,000 on Form 990-EZ	, lıne 6a.	1			
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gam col (a) throug	-
							• • • •
	1	Gross revenue	116,202	353,524	95,243	56	4,969
ı					50.444		
ı	2	Cash prizes	99,972	271,667	70,444	44	2,083
	3	Non-cash prizes					
1							
	4	Rent/facility costs					
	5	Other direct expenses	12,275	32,958	13,354	5	8,587
		Outor direct experience	X Yes 100.00 %				
	6	Volunteer labor	☐ No	☐ No	☐ No		
1	_	Discot comments Add Specific	0 About the 5 in a closure (d)		_	, 50	0 670
	7	Direct expense summary. Add lines	s 2 through 5 in column (a)			(50	0,670
	8	Net gaming income summary. Com	nbine line 1, column (d), and	line7	<u> </u>	6	4,299
						F	Yes I
9		ter the state(s) in which the organization		· · · · · · · · · · · · · · · · · · ·		9a	x
a b		the organization licensed to operate of 'No," Explain:	gaming activities in each or	tnese states?		Ja	^
_		TTO, EXPLAIN.				_	
		ere any of the organization's gaming I	licenses revoked, suspend	ed or terminated during the	tax year?	10a] ;
þ) If "	'Yes," Explain:					
	_	-		-			
1		pes the organization operate gaming a				11	
2		the organization a grantor, benefician	-			40	╽ ╽.
	for	rmed to administer charitable gaming	?		<i></i>	12	

Sched	ule G (Form 990 or 990-EZ) 2009 VFW POST 6791 36-61453	80	P	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:		- 1	
a	The organization's facility		-	
Ь	An outside facility		1	
14	Provide the name and address of the person who prepares the organization's gaming/special events books		1	
	and records:			
	Name > Robert J. Fury, CPA			
	Address ► 101 W Washington St. West Chicago, IL 60185			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			‡ -
	☐ Director/officer ☐ Employee ☐ Independent contractor		:	
17	Mandatory distributions:	 - -		ļ ļ
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	X	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year > \$ 14,405			<u> </u>

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990.

Open to Public inspection Employer identification number

VFW POST 6791	36-6145380
O1. Members or stockholder classes and rights (Part VI, line 6)	
Part VI:	
Line 6, 7a, 7b.	-
VFW members elect officers anually.	
Line 8a, 8b:	
Minutes are recorded of all committee & membership meetings.	
· · · · · · · · · · · · · · · · · · ·	

Form 4562

Depreciation and Amortization

OMB No 1545-0172

2009

(Including Information on Listed Property) Department of the Treasury Attachment Sequence No. 67 Internal Revenue Service ► See separate instructions. ▶ Attach to your tax return. Name(s) shown on return Business or activity to which this form relates Identifying number VFW POST 6791 FORM 990 - 1 36-6145380 Part **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 14,205 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property year placed in (e)Convention (g)Depreciation deduction (business/investment use penod only-see instructions) 3-year property 19a Ь 5-year property 7-year property 10-year property 15-year property 18,225 MO S/L 114 20-year property 20 25 yrs S/L 25-year property Residential rental 27.5 yrs. MM S/L ММ S/L property 27.5 yrs. Nonresidential real 39 yrs. MM S/L MM S/L property Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs 40-year MM S/L 40 yrs. Part IV Summary (see instructions) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 14,319

For assets shown above and placed in service during the current year, enter the

990 Overflow Statement		2009 Page 1
Name(s) as shown on return		FEIN
VFW POST 6791		36-6145380

Gaming Income

Description		Amount
Bingo Sales	\$	115,146
Bingo Supplies sold	,	1,056
Lightning Raffle Sales		20,850
Poker Gaming Receipts		74,388
Pull Tab Sales		353,524
Sundry Income		5
Total:	\$	564,969

Gaming Expenses

Description	Amount
Bingo Cash Prizes	\$ 99,972
Bingo Licenses	200
Bingo Supplies	6,415
Bingo Taxes	5,660_
Lightning Cash Prizes	15,450
Poker Cash Prizes	54,994
Poker Expenses	10,922
Poker Licenses	200
Poker Taxes	2,232
Pull Tab Cash Prizes	271,667
Pull Tab Licenses	500
Pull Tab Supplies	12,989
Pull tab taxes	19,469
Total:	\$ 500,670

990 Overflow Statement		2009 Page 2
Name(s) as shown on return		FEIN
VFW POST 6791		36-6145380

Part IX: Line 24 b: Other Expenses

Description		Amount	
Alarm & Fire System		\$	415
Awards Expenses			28
Bank Fees			528
Filing Fees			25
Illinois State Dues			1,496
Licenses & Permits			2,050
Meetings Expenses			3,956
Postage			274
Real Estate Taxes			738
Refunds - Hall Security Deposits			900
Repairs & Maintenance			2,250
Sales Taxes Paid			4,221
Snow & Lawn Service			3,711
Telephone			1,374
Utilities			12,629
VFW Supplies			479
Rounding			(2)
	Total:	\$	35,072